

**GENERAL OSTEOPATHIC COUNCIL**  
**PROFESSIONAL CONDUCT COMMITTEE**

**Case No: 898/5676**

**Professional Conduct Committee Hearing**

**DECISION**

**Case of:** Steven Tongue

**Committee:** Sue Ware (Chair)  
David Probert (Osteopath)  
Manjit Darby (Lay)

**Legal Assessor:** Peter Steel

**Representation for Council:** Christopher Gillespie

**Representation for Osteopath:** Sapandeep Maini–Thompson

**Clerk to the Committee:** David Bryan (2 – 4 September)  
Sheena Wynn (5 September)

**Location:** Virtual – by remote video-conference (GoToMeeting)

**Date of Hearing:** 2 – 5 September 2024

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**Summary of Decision:**

**Stage One**

**Decision on Facts (Case No.898/5676)**

The allegation as amended is that Mr Steven Tongue (“the Registrant”) has been guilty of unacceptable professional conduct, contrary to section 20(1)(a) of the Osteopaths Act 1993, in that:

1. Patient A attended appointments with the Registrant on the following dates:
  - a. 28 February 2023 (Appointment 1)
  - b. 17 March 2023 (Appointment 2)
  - c. 12 April 2023 (Appointment 3)
  - d. 19 May 2023 (Appointment 4)

### **Admitted and found proved**

~~2. During Appointment 1 and/or Appointment 2 and/or Appointment 3 and/or Appointment 4, the Registrant failed to establish and/or maintain clear professional boundaries with Patient A, in that he engaged in conduct as set out in Schedule 1.~~

23. During Appointment 1 and/or Appointment 2 and/or Appointment 3 and/or Appointment 4, the Registrant failed to communicate professionally and/or politely and/or considerately with Patient A, in that he engaged in conduct as set out at Schedule 1.

**In the course of his evidence, the Registrant admitted this allegation in respect of Appointment 1: i, iv, vi, viii and ix; Appointment 2: i, iii, iv and v; Appointment 3: iv, v and vi; and Appointment 4: iv, v and vi. Found proved in respect of Appointment 2: ii; and Appointment 4: ii, iii and vii. Found not proved in respect of the remaining allegations in the Schedule.**

34. During Appointment 4, the Registrant failed to respect patients' rights to privacy and confidentiality and maintain and protect patient information effectively, in that he shared confidential private information about another patient with Patient A.

### **Admitted and found proved**

~~5. The Registrant's conduct at particulars 2 and/or 3 and/or 4 was:  
a. inappropriate; and/or  
b. unprofessional~~

## **Schedule 1**

Appointment 1	i.	shared personal information about his private life with Patient A
	ii.	asked Patient A personal questions about her health condition and private life
	iii.	asked Patient A questions about her childhood sexual abuser
	iv.	asked Patient A about the newspaper article she had appeared in that day
	v.	told Patient A that he "hated women" and that he finds them "manipulative and untrustworthy", or words to that effect
	vi.	told Patient A that he regularly sees a 'medium' to talk to his dead girlfriend and father
	vii.	told Patient A that he thinks counselling is "crap", or words to that effect
	viii.	told Patient A about a friend who had a psychotic episode
	ix.	told Patient A personal information about his family life and his relationship with his father
	x.	interrupted Patient A whilst she was disclosing personal information about herself
Appointment 2	i.	told Patient A about a female patient who was overweight and that he "dreaded treating her", or words to that effect, after Patient A had shared feelings about being overweight herself
	ii.	told Patient A that he told some young kids vaping near to where he lived to "f*** off", or words to that effect
	iii.	told Patient A that he was still in love with his dead girlfriend
	iv.	spoke to Patient A about a convicted paedophile
	v.	spoke to Patient A about the court trial she was involved in
Appointment 3	i.	asked Patient A if any of her friends had died
	ii.	told Patient A that he "hated women" and that he had "considered having sex with men if [he] could bear it because it would be easier and more straightforward", or words to that effect

	iii.	told Patient A that he "hated stupid people" and did not "suffer fools gladly", or words to that effect
	iv.	told Patient A personal information about his family and finances
	v.	told Patient A that he previously had a psychotic episode and had wanted to kill his parents
	vi.	spoke to Patient A about the court trial she was involved in
Appointment 4	i.	was rude and/or behaved unprofessionally towards Patient A when she arrived ten minutes late and he commented "I thought you weren't coming...I'll stop doing this then", or words to that effect
	ii.	asked Patient A about the court trial she was involved in and whether the judge was "male, female or an it", or words to that effect
	iii.	became defensive towards Patient A when she challenged his question about the judge and said "well I don't know what they are, do I?", or words to that effect
	iv.	spoke to Patient A about other patients in a rude and demeaning way
	v.	spoke to Patient A about a convicted paedophile
	vi.	spoke to Patient A about the court trial she was involved in
	vii.	told Patient A that he could tell when someone was gay and made the comment "I get them here all the time, pretending to be straight but I know they're gay", or words to that effect
	viii.	smiled at Patient A and said in a rude way "it's nice your husband always pays for you", or words to that effect.

## Stage Two

### Summary of Finding on Unacceptable Professional Conduct

## **Stage Three**

### **Sanction**

#### **Details of Decision:**

#### **Preliminary Matters:**

1. The parties and the Committee introduced themselves..

#### **Declarations:**

2. Prior to the commencement of a hearing, each member of the Professional Conduct Committee (PCC) is required to declare that they know of no reason why they should not sit upon the case. This declaration is intended to ensure that fairness is done and is seen to be done to all parties.
3. Each member of the PCC made this declaration. Mr Propert indicated that he was a tutor at the British School of Osteopathy when the Registrant had been studying there, though he had no recollection of him and did not recognise him. The parties indicated they did not see this as creating a conflict of interest.

#### **Bundles**

4. The Chair indicated that the Committee had been provided with the bundle of evidence in advance of the hearing and had read it.

#### **Amending the Allegation**

5. Mr Gillespie, acting on behalf of the Council, applied to amend the allegations as marked in red under the heading "**Summary of Decisions**" above. Mr Gillespie submitted that the amendments were both necessary and desirable to avoid duplication and simplify the case against the Registrant. Mr Gillespie said that the amendment caused no injustice to the Registrant, as the intention was only to clarify the allegation and the substance of the charge was unchanged. The amendments were agreed by Mr Maini-Thompson on behalf of the Registrant.

6. The Committee accepted the advice of the Legal Assessor about its ability to permit amendment of the allegation under Rule 24 of the General Osteopathic Council Professional Conduct Committee (Procedure) Rules Order of Council 2000 (the Rules).
7. Having considered the proposed amendments and the oral representations the Committee concluded that there would be no injustice in acceding to the application, which had been agreed by the Registrant. The Committee accepted that the effect of the allegation was to clarify and simplify the allegations against the Registrant, which was both desirable and necessary. It therefore allowed the amendments as set out above.

### **Admissions**

8. Following the conclusion of the application for amendments to the allegations, the Registrant made a number of admissions. These, together with the findings of fact consequent upon them, are set out under the heading "**Summary of Decisions**".

### **Background, Summary of Evidence and Submissions**

#### **Opening**

9. Mr Gillespie referred the Committee to the Council's skeleton argument and explained the background to the allegations before the Committee as follows. The Registrant qualified as an osteopath in 2004. At the relevant times, the Registrant was in practice with his sister at Brecklands Osteopaths in Swaffham, Norfolk. The allegations before the Committee concerned the Registrant's treatment of one of his patients there, Patient A.
10. The essence of the complaint was that over the course of four appointments between 28 February and 19 May 2023, the Registrant had made a number of unprofessional and inappropriate comments to Patient A, and had shared confidential information about another patient with her.
11. Prior to seeing the Registrant, Patient A had had two appointments with the Registrant's sister at the same practice. After the Registrant's sister went on holiday, Patient A booked an appointment with the Registrant.

Patient A's husband, Mr A, had also seen the Registrant as a patient on two occasions, the first being before Patient A first saw him.

12. Patient A's first appointment took place on 28 February 2023. On that same day, an article appeared in the local newspaper in which Patient A discussed how she had fought to bring to justice the man who had abused her as a child. Patient A said that at the first appointment:

- (i) The Registrant confirmed that he had seen the newspaper article;
- (ii) The Registrant indicated that he knew of the case because he had treated Patient A's husband, who had mentioned it;
- (iii) The Registrant said he had sent some links to articles relating to PTSD to Patient A's husband and that he would resend them to her;
- (iv) The Registrant had related an account of a near death type experience he had suffered following an accident, and of an incident when he communicated with his dead girlfriend via a medium;
- (v) Patient A said that the Registrant had described counselling as "crap" and about how he had behaved towards former girlfriends; and
- (vi) The Registrant said that he hated women.

13. Mr Gillespie said that the Council's case was that the Registrant had made all these remarks as well as the other remarks set out in the Schedule to the allegations. Mr Gillespie submitted that a consistent theme of Patient A's evidence was that the Registrant would discuss whatever he wanted to discuss without any apparent consideration as to whether his comments were appropriate or inappropriate, welcome or unwelcome.

14. Whatever the Registrant's intentions had been, Mr Gillespie said that the effect of his conversation, which included sharing personal details about his life or his own personal opinions as well as relating stories or facts about his other patients, had been to make Patient A feel anxious, shocked and tense in circumstances where she was feeling vulnerable in any event.

15. Patient A had nonetheless considered that the Registrant had provided appropriate treatment to her at the first appointment and so booked a second appointment with him for 17 March 2023. Mr Gillespie said that the GOsC's case and Patient A's evidence was that although the Registrant had initially treated her very kindly at that appointment, he went on to

make disparaging comments about another patient, saying that she was too big to handle and that he dreaded treating her. This caused Patient A on her account to wonder whether this was "a dig" at her because she had put on weight. Patient A said, and the GOsC alleged that the Registrant had made other inappropriate comments at this appointment as set out in the Schedule to the allegations above.

16. Patient A returned to the Registrant for a third appointment on 12 April 2023. Her evidence was to the effect that the Registrant seemed initially to be in a good mood. However, after an innocuous conversation about the Kings Cross area of London, the Registrant had asked Patient A whether any of her friends had died. Although Patient A was upset by this conversation, she tried to bring up other neutral topics such as music and birdwatching. Patient A said that she felt conflicted because on the one hand she recognised that the Registrant had helped her, but on the other hand his behaviour was extremely odd.
17. Mr Gillespie said that the GOsC's case was that the Registrant went on to make a further series of inappropriate remarks and disclosures as set out in the Schedule. Following this appointment, Patient A had emailed the Registrant with suggestions of where he could go on holiday. Patient A's statement indicated that at this time she was concerned about the Registrant's own mental health.
18. Mr Gillespie said that Patient A's last appointment was on 19 May 2023. She had been delayed in arriving at the appointment because of traffic. She telephoned the practice to say that she was running late, but no one answered, so (according to her account) she left a voice message.
19. Patient A said that when she arrived at the practice, the Registrant seemed angry. Patient A also had the impression that the Registrant had almost forgotten who she was. The GOsC alleged that while he was treating Patient A, the Registrant had made a series of unprofessional comments, which are again reflected in the Schedule.
20. In particular, it was the GOsC's case that the Registrant had referred to the trial of Patient A's abuser, had made references to another paedophile and also made disparaging references to other patients including one whom he named and imitated. Understandably, Patient A was concerned that the Registrant may do the same about her and/or her husband to other patients.



21. After this appointment, Mr Gillespie said that Patient A decided that she would not be returning to the Registrant for treatment. However, she then had second thoughts and emailed him on 25 May 2023 to set out her position. Though that email complained about the Registrant's manner and general demeanour at the last appointment, Mr Gillespie suggested that on the whole its tone was conciliatory.
22. The Registrant responded curtly later that day (25 May 2023) by email to say that it would be best if Patient A found another osteopath.
23. Mr Gillespie said that Patient A had then emailed the Registrant's sister (who was the practice manager) on 26 May 2023 setting out in greater detail the inappropriate nature of the Registrant's conversations with her. Her correspondence with the practice had ultimately resulted in her complaint to the GOsC on 15 June 2023.

## **Evidence**

24. The Committee heard from Patient A and from her husband Mr A on behalf of the Council, both of whom gave evidence on affirmation and adopted the statements that they had provided to the GOsC, and were cross examined by Mr Maini-Thompson on behalf of the Registrant.
25. On behalf of the Registrant, the Committee heard from [REDACTED], the Registrant's sister and the owner of the practice at which he worked, and from the Registrant himself. They too affirmed and adopted their statements, which were in the bundle before the Committee, and were cross-examined by Mr Gillespie on behalf of the GOsC.
26. In the course of his evidence, the Registrant made further admissions which are recorded are set out above under the heading "**Summary of Decisions**".

## **Submissions of the Parties on the Facts**

### **Submissions on behalf of the Council**

27. Mr Gillespie submitted that he stood by the opening he had provided to the Committee and the points set out in his skeleton argument. He observed that allegation 2 had effectively been admitted by the Registrant

in his evidence, in that the Registrant accepted in cross examination that some of the things he had said to Patient A had been inappropriate and unprofessional.

28. Mr Gillespie said that the Registrant had accepted that if a patient said something that is inappropriate, that did not open the door to further inappropriate conversation. Mr Gillespie submitted that the Committee might need to decide who instigated the conversation in question, as this might be relevant to its seriousness.
29. When it came to assessing the reliability of the accounts, Mr Gillespie said that the Committee should ignore the demeanour of the witnesses, as case law demonstrated that this was a wholly unreliable way of assessing truthfulness. There were some pointers in the evidence which, in Mr Gillespie's submission, supported Patient A's account and the GOsC's case, and suggested the unreliability of the Registrant's account.
30. First of all, the Registrant had made some admissions, thus demonstrating that Patient A was not wholly wrong in her account of the appointments.
31. Mr Gillespie said that allegation 3, which was admitted, was also relevant in assessing Patient A's reliability, as it related to a wholly inappropriate comment about another patient.
32. Mr Gillespie suggested that the Registrant's response about this allegation had been incoherent. He referred to the Registrant's email to his insurers on 6 July 2023 in which the Registrant said that he had in fact blurted out an incorrect name ("SH") for the patient he was seeking to imitate, thereby suggesting he had not in fact revealed the actual name of the patient (which was "RH"). However, in her complaint to the GOsC dated 15 June 2023 (i.e. before the date of the Registrant's email to his insurers) Patient A had provided the correct name for the other patient (RH).
33. Mr Gillespie said that the Registrant had explained this in his evidence by suggesting that Patient A and her husband had put their heads together after they complained and had worked out the name of the other patient. Mr Gillespie submitted that this was implausible, and the most likely explanation was that Patient A had accurately remembered what the Registrant had told her. This demonstrated that the Registrant was not necessarily a reliable narrator or historian of what had happened.

34. Mr Gillespie offered as a further example of this the fact that the invoice he had prepared for Mr A had incorrectly stated that the latter was injured as a result of a cycling RTA (road traffic accident). Mr Gillespie said that this suggested that the Registrant had been making mistakes at that time.
35. Mr Gillespie also drew attention to what he said was the Registrant's inconsistency in his evidence. For instance, the Registrant had initially denied having a conversation with Patient A about the circumstances in which he moved from London to Norfolk and about losing money in a business venture, but later accepted that there had been such a discussion.
36. The Registrant had initially suggested that Patient A was seeking "*revenge*" on him, which he had subsequently resiled from. Further, the Registrant suggested that he and Patient A had a good rapport, but he felt uncomfortable or threatened in her presence. Mr Gillespie suggested that these inconsistencies undermined the Registrant's credibility.
37. Mr Gillespie asked the Committee to contrast this with Patient A's consistency throughout her complaint. Her emails, starting with the initial email to the registrant of 25 May 2023 and the subsequent complaint email on 26 May 2023, set out the substance of her concerns which Mr Gillespie said were entirely consistent with her complaint to the GOsC dated 15 June 2023 and her subsequent witness statement.
38. Mr Gillespie said that the Registrant's response was an attempt to mirror Patient A's complaint, so that he asserted that it was Patient A rather than him who had raised inappropriate or unprofessional topics. For instance, the Registrant's assertion that Patient A had said she was "*on a personal crusade against me*" was in Mr Gillespie's submission an inversion of what Patient A had reported him as saying about women.
39. Similarly, the Registrant had asserted in his oral evidence that Patient A had talked about the criminal trial for 20 minutes, but that he had not been interested because of his own trauma. Mr Gillespie said that it clear that the Registrant had nonetheless brought up the subject of other paedophiles. Mr Gillespie said that if the Registrant had been capable of bringing up such an insensitive subject, he was capable of making other insensitive or personal comments.

40. Mr Gillespie said that it was clear looking at the evidence as a whole that Patient A was not lying. In his submission, the balance of evidence was quite clearly in favour of Patient A and the Committee's findings should reflect that.

### **The Registrant' submissions on the facts**

41. On behalf of the Registrant, Mr Maini-Thompson dealt first with the admissions made by the Registrant. He said that the Registrant had admitted allegation 3, following on from the corresponding admission in his statement. Mr Maini-Thompson said the Registrant had expressed his contrition about wrongly disclosing confidential information about another patient.

42. The Registrant had also admitted in part allegation 2, in that he accepted that it was wrong to discuss any matters about other patients with Patient A and that it was wrong to discuss paedophiles on any other occasion. Mr Maini-Thompson said that it was accepted that Patient A was highly vulnerable, but this had been the Registrant's first time dealing with a patient with issues of childhood sexual abuse.

43. Mr Maini-Thompson said that the Registrant also acknowledged it was wrong to talk about personal matters with Patient A, including own troubled family life, struggles with mental health and EMDR treatment. By doing so, Mr Maini-Thompson submitted that the Registrant had displayed high levels of transparency and self-reflection.

44. Mr Maini-Thompson said that just because the Registrant had accepted some allegations did not mean that Patient A was right about everything. Mr Maini-Thompson submitted that Patient A's witness statement gave only snapshots of the conversations and did not reflect what was in fact a consensual dialogue between two adults. That failure went to Patient A's credibility, and gave an incorrect impression of how the conversation was flowing.

45. Mr Maini-Thompson said as regards the statement referred to in the Schedule under Appointment 1 at x. (that the Registrant interrupted Patient A whilst she was disclosing personal information about herself), this could not be found proved, as the only evidence on the point was from the Registrant who said that he had not interrupted her but just listened.

46. Mr Maini-Thompson then confirmed which of the statements listed in the Schedule remained in dispute. These were:

Appointment 1

- a. Asked Patient A personal questions about her health condition and private life;
- b. Asked Patient A questions about her childhood sexual abuser;
- c. Told Patient A that he "hated women" and that he finds them "manipulative and untrustworthy";
- d. Told Patient A that he thinks counselling is "crap".

Appointment 2

- a. Told Patient A that he told some young kids vaping near to where he lived to "f\*\*\* off".

Appointment 3

- a. Asked Patient A if any of her friends had died;
- b. Told Patient A that he "hated women" and that he had "considering having sex with men if he could bear it because it would be easier and more straightforward";
- c. Told Patient A that he "hated stupid people" and did not "suffer fools gladly", or words to that effect;

Appointment 4

- a. Was rude and/or behaved unprofessionally towards Patient A when she arrived late and he commented "I thought you weren't coming"; **[Note: Mr Maini-Thompson indicated that it was not in dispute that Patient A had arrived late or that the Registrant had spoken the words indicated, but it was disputed that the Registrant was rude and/or behaved unprofessionally]**
- b. Asked whether the Judge in Patient A's proceedings was a "male, female or an it";

- c. Became defensive towards Patient A when she challenged his question about the Judge and said, "well I don't know what they are, do I?"
- d. Told Patient A that he could tell when someone was gay and made the comment 'I get them here all the time, pretending to be straight but I know they're gay", or words to that effect;
- e. Smiled at Patient A and said in a rude way "it's nice your husband always pays for you" or words to that effect.

**[Note: Mr Maini-Thompson said that it was disputed that the comment had been made in a rude way]**

47. Mr Maini-Thompson said that there was a procedural error in the way that the GOsC had put its case, in that Mr Gillespie had not put a number of these alleged statements to the Registrant in cross examination. The full scope of the GOsC case had not been put to Registrant, which Mr Maini-Thompson maintained was unfair.

48. Mr Maini-Thompson then made submissions in rebuttal of a number of points made by Mr Gillespie. The first of these was the Registrant's statement in his response to the complaint that Patient A was seeking revenge against him. Mr Maini-Thompson said that the problem with this argument was that Patient A had never said that she was personally wronged by the Registrant. Mr Maini-Thompson suggested that the simplest explanation for this was that the Registrant was trying to describe Patient A's dogged tenacity in complaining against him and his sister.

49. Mr Maini-Thompson said that Mr Gillespie had also suggested there was an inconsistency between the idea of the Registrant having a good rapport with Patient A and his anxiety about treating Patient A. Mr Maini-Thompson suggested that inconsistency was superficial in nature. The Registrant and Patient A had a bond, but that bond was peppered by anxiety about certain topics. Their interactions were largely positive, but not always. Mr Maini-Thompson said that where there was a glaring inconsistency was in Patient A's description of the Registrant as a Jekyll and Hyde character. Mr Maini-Thompson said that was a caricature of the Registrant.

50. Mr Maini-Thompson raised the issue of the conflict between the Registrant's initial denial that he had told Patient A about his move from London and financial matters, and his subsequent acceptance that he had

done. Mr Maini-Thompson said that it was the Registrant's statement that set out the true position. He said that the Registrant had been in an emotive state when he wrote the initial response and so that might explain his mistake.

51. The next point was who had been the instigator of conversations. Mr Gillespie has submitted that because of the inconsistencies in the Registrant's evidence, it was likely that he was not telling the truth and had instigated the conversations. Mr Maini-Thompson suggested that on the contrary, it was perfectly conceivable that Patient A, who had, for instance, volunteered information about her family's Welsh holiday home, could initiate conversations about personal topics.
52. As regards Mr Gillespie's point about consistency, Mr Maini-Thompson said that it was accepted there was some consistency in Patient A's complaint. However, Mr Maini-Thompson said that someone can be consistent in their distortion of the truth. He suggested that the Committee must look at the most accurate and contemporaneous source of evidence, namely the contemporaneous email correspondence.
53. Mr Maini-Thompson submitted that Patient A's emails after the appointments were the most reliable indication of what had happened at the appointments themselves. He said that Patient A's email of 25 May 2023 did not provide many of the crucial details on which the GOsC relied.
54. Mr Maini-Thompson then turned to the issue of the credibility of the witnesses. The Registrant's account of matters was supported by contemporaneous emails from Patient A showing the friendly nature of the appointments. Mr Maini-Thompson said that Patient A had put forward a wholly incredible explanations of that correspondence.
55. As regards Patient A herself, Mr Maini-Thompson said that in her oral evidence Patient A often did not answer questions, gave meandering replies and sounded as if she was giving prepared rebuttals to his questions. In contrast, in his cross examination the Registrant had given focused answers.
56. Mr Maini-Thompson reminded the Committee that he had taken Patient A and Mr A to various emails they had sent to the Registrant in the course of treatment. He said, as contemporaneous records, these were the most reliable indicator of how they were feeling at the time. In her emails

Patient A had expressed her gratitude to a practitioner who she now said told her he hated women.

57. Mr Maini-Thompson submitted that this was not vaguely credible. Mr Maini-Thompson said that Mr Gillespie had excused this correspondence on the basis of Patient A's inexperience with osteopaths. However he suggested that there was no basis on which Patient A would have stayed with a practitioner who had made such deplorable comments, given her experience at the hands of a cruel abuser. She had only first mentioned such remarks in her highly exaggerated complaint to Ms Babbington.
58. The question arose as to why Patient A would make this up. Mr Maini-Thompson observed that the Registrant had perhaps understandably suggested that it was for compensation. The Committee was not however tasked with determining why Patient A did something, or why she had distorted and exaggerated her complaint.
59. Mr Maini-Thompson suggested it was highly unlikely that two sophisticated individuals would book further appointments with a practitioner they claimed made such reprehensible comments. In Mr Maini-Thompson's submission, it equally did not make sense that Mr A would seek to book a third appointment with the Registrant after Patient A's fourth appointment. It was clear that only after Patient A had decided to complain that Mr A thought better of doing that.
60. Finally, Mr Maini-Thompson said that although the Committee was tasked with investigating separately to any other tribunal, in assessing the credibility of evidence it was permitted to look further afield. Mr Maini-Thompson said that the fact that the GOsC's Investigating Committee had twice declined to advance other complaints made by Patient A and Mr A suggested they were capable of embellishing matters. That proposition in Mr Maini-Thompson's view was supported by Patient A bringing a civil claim about the data protection issues after the ICO had indicated it did not intend to take any regulatory action against the practice. This suggested in Mr Maini-Thompson's submission that these were people with an axe to grind.
61. Overall, Mr Maini-Thompson submitted that the balance of the evidence favoured the Registrant's case.

**[Note: Following Mr Maini-Thompson's submissions on the facts, Mr Gillespie confirmed that the two further cases**



**considered by the Investigating Committee did not come about as a result of complaints by Patient A and Mr A. Rather, in the light of the evidence contained in the witness statements they had provided in connection with this case, the GOsC had taken the decision to refer further matters to the Investigating Committee.]**

### **The Committee's Determination on the Facts**

62. The Committee received and accepted the advice of the Legal Assessor. The Committee was advised that the Council bears the burden of proof throughout, and the standard of proof is the civil standard namely the balance of probabilities.
63. As regards the significance of the determination of the Investigating Committee that had been submitted on behalf of the Registrant, the Legal Assessor said that the standard legal advice to the Investigating Committee was that it was emphatically not making any findings on the facts of cases before it, but was simply required to decide whether there was a case to answer.

**[Note: It was apparent from one of the determinations of the Investigating Committee provided to this Committee that the Legal Assessor in this case had also been the Legal Assessor for the Investigating Committee when it considered the matter (albeit that, as is always the case, the names of the osteopath and the witnesses are redacted in the papers supplied to the Investigating Committee, so it would not have been apparent to the Legal Assessor that this case involved the same parties, and further the Legal Assessor plays no part in the decision of the Committee). The Legal Assessor raised this with the parties, who raised no objection to his continuing to sit on this case.]**

64. The Committee was also advised as to the potential problems identified by the cases of *Dutta v GMC* [2020] EWHC 1974 (Admin) and *Khan v GMC* [2021] EWHC 374 (Admin) in making assessments of the credibility of witnesses before considering the documents or other evidence in a case, and in relying on demeanour (in particular the strength or vehemence of the way in which a witness gives their accounts) as a reliable pointer to credibility.

65. The Legal Assessor also drew the Committee's attention to the distillation of the legal principles involved in judicial fact-finding – the "*thirteen axioms of fact finding*" set out by the judge in the case of *Briggs v Drylined Homes Limited* [2023] EWHC 382 (KBD).

66. The Committee accepted that advice and carefully considered all the oral and written evidence in the case as well as the closing submissions on the facts on behalf of the parties. The Committee was particularly mindful of the need to avoid depending on demeanour as a reliable guide to the credibility of any witnesses, and of the need for caution in treating previous inconsistency as a basis for rejecting one party's account in favour of another (on the basis that credibility can be divisible). In respect of the remaining disputed statements itemised in the Schedule, the Committee considered the evidence in the round in each instance before forming a view as to the credibility of the witnesses in respect of each point. Having done so, the Committee found as follows:

*During Appointment 1 and/or Appointment 2 and/or Appointment 3 and/or Appointment 4, the Registrant failed to communicate professionally and/or politely and/or considerately with Patient A, in that he engaged in conduct as set out at Schedule 1.*

*Appointment 1*

- ii. *Asked Patient A personal questions about her health condition and private life;*

67. **Not proved.** It was not clear to the Committee from the oral and written evidence it had received which personal questions were alleged to have crossed the line into unprofessional, impolite or inconsiderate communication, or indeed why, in the context of an osteopathic consultation, it would be unprofessional, impolite or inconsiderate to ask about a health condition.

68. On the basis of the accounts of both the Registrant and Patient A, there had been some discussion about family issues and about Patient A's court case, and mentions of EMDR therapy. In her comments on the Registrant's initial response, Patient A had stated: "*Steven asked personal questions about me*" but it was not clarified in that statement, the oral evidence or otherwise what was unprofessional, impolite or inconsiderate about this. The Committee therefore concluded that this allegation had not been established on the balance of probabilities.

iii. Asked Patient A questions about her childhood sexual abuser;

69. **Not proved.** Again, it was not clear from the evidence available to the Committee that there had been any such questions. It was clear that there had been some discussion of Patient A's case and as noted above, Patient A had referred to "*personal questions*", but it was not obvious that these were about her childhood sexual abuser.

70. This particular detail did not appear in Patient A's initial email of complaint dated 26 May 2023 nor in her first statement dated 2 November 2023. Nor had it been raised in the course of the oral evidence. The Registrant asserted that he had only listened to Patient A spontaneously describing her court case.

71. By contrast, Patient A's perception of the nature of the communication in that appointment in her first statement was that "*the personal information from Steven came thick and fast*" i.e. that he was volunteering information rather than asking her questions, or as Mr Gillespie had put it, was "*on broadcast rather than receive*".

72. The Committee therefore concluded there was no basis on which it could find this allegation proved.

v. Told Patient A that he "hated women" and that he finds them "manipulative and untrustworthy" or words to that effect;

73. **Not proved.** The Committee noted that Patient A had stated in her initial email of complaint dated 26 May 2023 that "*He [the Registrant] hates women. Finds them untrustworthy and manipulative.*" In her statement dated 2 November 2023 she had stated:

*"20. I was disturbed by this comment and I had it in my mind for every single appointment with him. I just kept thinking that he must despise me because of my gender. I told my husband about it when he picked me up later. He made this comment at the first appointment with me and repeated it in slightly different wording at the third appointment."*

74. The Registrant denied that he had said any such thing. Despite recounting that she felt disturbed by the alleged comment, Patient A wrote an email to the Registrant on 1 March 2023 (the day after the relevant appointment on 28 February 2023) expressing her satisfaction with the

treatment and saying it was "*great talking to you*". She made another appointment to see the Registrant.

75. The Committee observed that Patient A's statement appeared to contain a contradiction, in that taking the alleged comments with "*a pinch of salt*" did not sit comfortably with the assertion that she was disturbed by them. The Committee considered it implausible that if Patient A had felt disturbed by such a comment that she would either write the email of 1 March 2023 or return to see the Registrant. It therefore concluded that on the balance of probabilities the Registrant did not make such a comment.

vi. *Told Patient A that he thinks counselling is "crap" or words to that effect.*

76. **Not proved.** Clearly there had been some conversation about counselling, as the Registrant accepted that he had said that counselling had not worked for him in the context of a wider discussion about EMDR therapy, of which there was no contemporaneous note. Patient A had said in her initial email of complaint dated 26 May 2023 (which was some months after the appointment in question) that the Registrant had told her "*counselling is crap*". Her husband reported her as telling him that the Registrant had said counselling was "*shit*". In the absence of any independent corroboration of the words used, the Committee could not be satisfied on the balance of probabilities that the Registrant had used the expression "*counselling is crap*" or similar.

*x. interrupted Patient A whilst she was disclosing personal information about herself*

77. **Not proved.** Again, it was not clear to the Committee where the evidence supporting this allegation could be found, and the matter had not been raised in the GOsC's opening or in Patient A's evidence. As noted above, the thrust of the account of this appointment in Patient A's first statement seemed to be that the Registrant was talking at her rather than interrupting her speech:

*"29. I also had concerns that he wasn't concentrating on treating me as he preferred to talk at me instead."*

*Appointment 2*

ii. Told Patient A that he told some young kids vaping near to where he lived to "f\*\*\* off" or words to that effect.

78. **Proved.** The Registrant accepted in his statement that he had told an anecdote to Patient A about children vaping near he lived, which differed only from Patient A's account in that the Registrant asserted that one of the children had told him to "f\*\*\* off" rather than him telling the children to "f\*\*\* off". The Committee took the view that these were words to the same or similar effect as Patient A had stated.

79. The anecdote was certainly an unprofessional one to tell a patient, as the Registrant appeared to accept in stating: "*I accept that this maybe wasn't the best anecdote to tell upon reflection.*" The Committee therefore found this allegation proved to the civil standard.

Appointment 3

i. Asked Patient A if any of her friends had died;

80. **Not proved.** Patient A had first mentioned this allegation in her complaint to the GOsC dated 15 June 2023. The Committee considered it was plausible that the Registrant had indeed asked such a question, in context of a conversation that Patient A had instigated which touched upon the Kings Cross fire, and also in light of the Registrant's apparent propensity to raise the subject of death during his interactions with Patient A.

81. However, the Committee did not consider that such an inquiry was necessarily unprofessional, impolite or inconsiderate. There could conceivably be professional circumstances in which it was professionally required to ask about patient's experience of death, so in the absence of any further context, the Committee did not consider that this allegation was made out.

ii. Told Patient A that he "hated women" and that he had "considering having sex with men if he could bear it because it would be easier and more straightforward";

82. **Not proved.** Again, there was a straight conflict between the accounts of Patient A and the Registrant which was not elucidated by oral evidence. In her email to the Registrant on 13 April 23, Patient A had stated among other pleasantries: "*Talking to you always puts my mind at rest. You have helped me enormously with getting back onto the road to recovery.*" The

Committee again considered that it was implausible that she would write in such terms or return to see the Registrant if he had used these words which she had previously indicated that she found disturbing.

*iii. Told Patient A that he "hated stupid people" and did not "suffer fools gladly", or words to that effect;*

83. **Not proved.** The Committee noted that this allegation had not been tested in cross examination, nor was there any context for the alleged statement. Looking overall at the evidence, given the Registrant's propensity to talk about other patients, the Committee considered that it was plausible that he had said these words, but without any context for the remarks Committee was unable to conclude on the balance of probabilities that this was an unprofessional, impolite or inconsiderate communication (i.e. it could be part of the non-therapeutic "banter" of which there had been a number of examples in the course of Patient A's appointments with the Registrant).

Appointment 4

*i. Was rude and/or behaved unprofessionally towards Patient A when she arrived late and he commented "I thought you weren't coming";*

84. **Not proved.** There was no dispute between the parties that Patient A had arrived late to the appointment and that the Registrant had said "*I thought you weren't coming*".

85. The words said by the Registrant were on the face of things entirely innocuous. The only evidence that in so commenting the Registrant was being rude or behaving unprofessionally was Patient A and her husband's assessment of how the Registrant seemed and his apparently brusque manner. Mr A stated in his statement that this was the only time that the Registrant's "*demeanour seemed off*".

86. The Committee noted that assessments of demeanour in any context are likely to be subjective and influenced by witnesses' own viewpoint. The Registrant denied being upset, though in oral evidence he said in light of the distressing news he had received earlier that day about the husband of a friend, he perhaps ought to have considered cancelling patients. He had gone on to treat Patient A. Overall, there was insufficient evidence in the Committee's view to establish that the Registrant had been rude or unprofessional in his dealings with Patient A and it therefore did not find this allegation proved on balance of probabilities.

- ii. Asked Patient A about the court trial she was involved in and whether the Judge in Patient A's proceedings was a "male, female or an it";
- iii. Became defensive towards Patient A when she challenged his question about the Judge and said, "well I don't know what they are, do I?"

87. **Proved.** The Committee considered these allegations together as it appeared they were part of the same interaction. Patient A had complained about this in her 26 May 2023 email and had remained consistent in her evidence on this point. Further, the Registrant had accepted in his statement that there had been some discussion of the court case, albeit that he said this was instigated by the Patient A.

88. In light of the other examples of non-therapeutic discussion that the Registrant accepted he had with Patient A (including at the same appointment, the discussion of the other patient, the mention of the other paedophile, the discussion of Prince Harry and Meghan Markle, and the discussion about Philip Schofield), the Committee considered it entirely plausible that he had made such comments. Given the context – a discussion of a court case concerning the abuse of Patient A – the Committee considered that such comments represented a failure on the balance of probabilities to communicate professionally, politely or considerately.

- vii. Told Patient A that he could tell when someone was gay and made the comment 'I get them here all the time, pretending to be straight but I know they're gay', or words to that effect;

89. **Proved.** Patient A had specifically mentioned this alleged comment in her email to [REDACTED] of 26 May 2023, stating that it was a brief conversation and that it had annoyed her slightly.

90. In his first response to Patient A's complaint, the Registrant had stated:

*"Phillip Schofield had also come out as gay which [Patient A] and I discussed.*

*I said to [Patient A] that I never knew whether patients were gay or not and I mentioned a classic example of a patient (I never named either of them) who came in and was overtly macho with me in a display of how much of a macho man he was."*

91. In his statement, the Registrant had given a slightly more circumspect account of the conversation:

*"113. My recall is that the Holly Willoughby and Philip Schofield drama was all over the news as it had only just been brought to the public's attention that Philip Schofield had had an affair with a male member of the TV set up, therefore making him gay.*

*114. It was current affairs and many patients were talking about it.*

*115. I am not sure who raised this issue, ie whether it was Patient A or me however, I mentioned that I had difficulty in telling if someone is gay unless they are extremely, overly so. I think I said I would never have known that Philip Schofield was gay."*

92. The Registrant's accounts nonetheless chimed with Patient A's, in that there was a discussion about whether you could tell whether a person was gay or not, and the Registrant had mentioned in his first account of the conversation a "*classic example*" of a patient who was "*overtly macho*" (but by implication must not have been what he seemed, i.e. he must have been gay and that in some way the Registrant knew this).

93. The Committee therefore considered it was entirely plausible that the Registrant had, as alleged, used the words or similar words to those complained of by Patient A in her email of 26 May 2023, only shortly after this conversation had taken place.

94. To make such a statement as a healthcare professional, without being sure of a patient's own views (or indeed sexuality) was in the Committee's view unprofessional, impolite and inconsiderate. It therefore found this allegation proved.

*viii. Smiled at Patient A and said in a rude way "it's nice your husband always pays for you" or words to that effect.*

95. **Not proved.** While there was consensus between the parties that the Registrant had made some reference to Mr A paying for the appointment (the Registrant said that he had said something like "*Here comes the money man*" in a jovial way), he denied that he had been rude in so doing.

96. Further, Patient A stated in an email to the GOsC on 7 September 2023 that her husband had chatted in a friendly way with the Registrant who



had then said, "*Lovely to see you both*". This seemed incongruous to the Committee with the idea that he was being snide or unpleasant to Patient A in remarking on the fact that Mr A paid for her.

97. Further, there was no evidence that the otherwise innocuous words were intended to be rude other than Patient A's perception of the Registrant's demeanour, which as indicated above was likely to be an insecure basis for a factual finding.

## **Submissions on Unacceptable Professional Conduct ("UPC") and sanction**

### **Submissions on behalf of the Council**

98. Prior to making his submissions, Mr Gillespie said that as a result of discussions with Mr Maini-Thompson, he understood that the Registrant accepted that certain of the matters in the allegations which had been admitted or found proved would amount to UPC. This meant of course that the Committee would inevitably have to consider the question of sanction. Mr Gillespie therefore asked whether the Committee would like him to deal with both UPC and sanction together in his submissions, in order to make best use of the available hearing time.

99. Mr Maini-Thompson confirmed that he agreed with this approach. Having received the advice of the Legal Assessor to the effect that it could deal with matters in this way, the Committee assented to the parties providing their submissions on UPC and sanction together.

100. Mr Gillespie reminded the Committee of the relevant law. He said that notwithstanding any concession of UPC by the Registrant, the Committee was required to come to its own judgment on the question.

101. He submitted that the matters admitted or found proved by the Committee demonstrated a number of breaches of the Osteopathic Practice Standards, in particular:

- A1 (You must listen to patients and respect their individuality, concerns and preferences). While it was not the GOsC's case that the Registrant had deliberately set out to upset Patient A, he had nonetheless upset her. If he had thought about matters he should have steered away from certain topics or desisted when Patient A indicated she was not comfortable;

- A2 (You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them);
- D2 (You must establish and maintain clear professional boundaries with patients, and must not abuse your professional standing and the position of trust which you have as an osteopath). Mr Gillespie said that it was not suggested that the Registrant had set out deliberately to abuse his position of authority, or had pursued an improper relationship with Patient A, but looked at in the round, he had not used his professional position properly when dealing with a vulnerable patient whom he had not previously treated;
- D5 (You must respect your patients' rights to privacy and confidentiality, and maintain and protect patient information effectively). Mr Gillespie said this was a discreet issue, in that the Registrant had admitted failing to respect patients' rights to privacy and confidentiality in respect of the patient he had imitated. Mr Gillespie said that Patient A's concern had been about the Registrant speaking disparagingly of another patient. The underlying point in Mr Gillespie's submission was the fear the Registrant could engender in patients that he might do the same about them; and
- D7 (You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace). Mr Gillespie submitted that by his behaviour towards Patient A, the Registrant had failed to uphold the reputation of the profession.

102. Mr Gillespie reminded the Committee that assessing whether the conduct in question amounted to UPC was a backwards looking process. Any matters of mitigation or remediation were not relevant in assessing whether there had been UPC.

103. Mr Gillespie submitted that the Registrant's conduct did fall so far short of the required professional standards that it could rightly be characterised as UPC. Turning to the matters set out in the Schedule, Mr Gillespie identified that, for instance, the Registrant's comments during Appointment 4 about the judge, and his subsequent reaction when challenged, and his comments about knowing whether someone was gay or not were unacceptable and fell far beneath the required standards of behaviour.

104. Further, the Registrant's comments to Patient A about other paedophiles were grossly insensitive and amounted to UPC. As Patient A had indicated, the fact she had been subject to abuse herself did not mean that she wanted to discuss such topics.
105. Mr Gillespie said that the Committee would want to look at the individual comments that had been found proved, but these could not be viewed in isolation. Mr Gillespie suggested that on their own some of the comments might not amount to UPC, but in the context of the entire conversation they formed part of the overall inappropriate and insensitive discussion.
106. Mr Gillespie concluded his submissions by referring the Committee to what he suggested were the relevant parts of the Hearings and Sanctions guidance.

### **Submissions on behalf of the Registrant**

107. Mr Maini-Thompson endorsed Mr Gillespie's summary of the law. He observed that UPC is conduct which implied a degree of moral blameworthiness and would convey a degree of moral opprobrium to the ordinary intelligent citizen.
108. Mr Maini-Thompson submitted that it was necessary to consider the Registrant's intentions in making the admitted or proven remarks in order to consider whether they amounted to UPC. The Committee therefore needed to consider the subjective mindset of the Registrant. Mr Maini-Thompson said that two adults consensually discussing sensitive matters might be inappropriate, but it was not necessarily UPC.
109. Mr Maini-Thompson said that the Registrant accepted that as regards Appointment 2, items i. (telling Patient A about a female patient who was overweight), ii. (Using the words "*f\*\*\* off*" in an anecdote), and iv. (Speaking about another paedophile in the local area), all were capable of amounting to UPC.
110. Mr Maini-Thompson said that although the Registrant accepted making conversation about Patient A's case, he considered these were consensual discussions about sensitive matters and not therefore UPC.
111. As regards Appointment 3, Mr Maini-Thompson said the Registrant accepted item v. (discussing his own psychotic episode) amounted to UPC.

112. Finally, as regards Appointment 4, the Registrant accepted that items ii., iii. (regarding the comments about the judge in Patient A's case) and v. (his mention of another paedophile) amounted to UPC.
113. Turning to the other admitted or proven matters in the Schedule, Mr Maini-Thompson said that the Registrant accepted in hindsight that some of the conversations during the appointments such as: raising the article about Patient A in paper; the discussion about seeing a medium and mentioning his dead girlfriend; telling Patient A about a friend who had a psychotic episode; discussions of his family and relationship with father; mentioning he was that still in love with his dead girlfriend; discussing Patient A's court case; discussing his personal finances; or talking about whether a patient was gay or not in the context of a discussion about Philip Schofield; could be considered eccentric and/or inappropriate. However Mr Maini-Thompson said they could not be said to be worthy of moral opprobrium or morally blameworthy.
114. Mr Maini-Thompson said that the Registrant also accepted that the admitted Allegation 3 amounted to UPC.
115. Mr Maini-Thompson reminded the Committee that it was required to impose a proportionate sanction. He submitted that in this case, the proportionate sanction would be an admonishment. Mr Maini-Thompson said that the Registrant had learned a lesson and would not make the same mistakes again.
116. Further, the Registrant had undertaken remedial work, including courses on safeguarding and on GDPR, which had helped him to understand his mistake and how to avoid similar problems.
117. Mr Maini-Thompson said that the Registrant had given an account to the Committee of what he had learned, which was plainly sufficient in all the circumstances. Since the case entirely concerned the making of comments during appointments with a patient, Mr Maini-Thompson submitted that there were no conditions of practise that would be appropriate.
118. Mr Maini-Thompson said that the Registrant had demonstrated insight in this case. Consequently, the only reasonable and proportionate sanction would be to impose an admonishment. Mr Maini-Thompson stressed that the Registrant would not consider an admonishment a trivial sanction, given the stress of the proceedings and the reflection about his practice that it had prompted.

## The Committee's Findings on UPC

119. The Committee accepted the advice of the Legal Assessor. The Committee bore in mind that there is no standard of proof and that a determination as to whether the threshold for UPC has been reached is a matter of judgment. The Committee had regard to Section 20 of the Osteopathic Act 1993, which defines UPC as conduct which "*falls short of the standard required of a registered osteopath*". It considered guidance from the Council and the matters set out in *Spencer* that Unacceptable Professional Conduct is conduct which implies some degree of "moral blameworthiness". It bore in mind the case of *Shaw v General Osteopathic Council* [2015] EWHC 2721 (Admin), which indicated that although conduct had to be serious to reach the required threshold, it did not need to be so serious that imposing an admonishment would be too lenient.
120. The Committee considered that the facts found proved collectively demonstrated a serious departure from the standards required of a registered osteopath. The Committee's findings demonstrated that, in summary, the Registrant had initiated inappropriate, unprofessional and, in some instances, grossly insensitive conversations with a vulnerable patient over the course of a number of appointments. Further he had breached another patient's confidence, apparently in an entirely misguided attempt at humour.
121. The Committee considered there had been a clear breach of Standards A1, A2, D2, D5 and D7 of the Osteopathic Practice Standards in respect of the matters it had found proved. The Committee also felt that the Registrant's conduct engaged Standards B2 (You must recognise and work within the limits of your training and competence), since part of the explanation for his behaviour was his unfamiliarity with patients who had experienced childhood sexual abuse or complex PTSD.
122. The Committee was cognisant of the fact that a breach of the OPS does not automatically constitute unacceptable professional conduct. However, in this case in a number of instances, both individually and collectively, the Registrant's thoughtless and grossly insensitive behaviour clearly fell far short of the required standards. The Registrant had, to his credit, accepted to some extent that this was so.

123. The Committee noted that the therapeutic relationship between osteopath and patient is not an equal one. It is always the responsibility of the osteopath to steer the relationship in the appropriate direction, and to consider and respect the needs of each individual patient. For that reason, appropriate and effective communication is a central pillar of the safe practice of osteopathy.
124. The Committee was clear that by his conduct the Registrant had failed to uphold the reputation of the profession and appropriate professional standards. It had no doubt that an ordinary, intelligent citizen considering the facts of this case would consider that they were morally blameworthy.
125. Having regard to the overarching objective, the Committee was of the opinion that a finding of unacceptable professional conduct was justified on the grounds it was necessary to maintain confidence in the profession and promote proper standards of conduct. It therefore found that the facts proved amounted to unacceptable professional conduct.

### **The Committee's Decision on Sanction**

126. The Committee had regard to the submissions of the parties and accepted the advice of the Legal Assessor on sanction.
127. The Committee took into account the guidance in the Council's Hearings and Sanctions Guidance.
128. The Committee did not identify any particular aggravating features of this case.
129. In respect of mitigating factors, the Committee noted that the Registrant had demonstrated adequate insight, in that he had to some extent reflected on what he might do differently if faced with a similar patient in the future, and had undertaken some appropriate remedial learning. He had in his oral evidence expressed some remorse for his conduct, at least in respect of the matters that he had admitted. There

had been no demonstrable harm to Patient A, albeit she had clearly been upset by the Registrant's conduct.

130. The Registrant was of previous good character, and had engaged with the proceedings. The Committee also noted the absence of any subsequent concerns as to the Registrant's conduct.
131. The Committee recalled that the purpose of a sanction is not to be punitive, although it may have that effect. Rather, its purpose is to protect patients and the wider public interest. The Committee bore in mind the necessity for any sanction to be proportionate, taking into account both the Registrant's interests and the need to uphold the public interest, which could include not depriving the public of the services of an otherwise competent practitioner.
132. The Committee first considered whether to admonish the Registrant. Looking at the criteria set out in the Hearings and Sanctions, namely:
- a. There is no evidence to suggest that the osteopath poses any danger to the public.*
  - b. The osteopath has shown insight into their failings.*
  - c. The behaviour was an isolated incident.*
  - d. The behaviour was not deliberate.*
  - e. There has been no repetition of the behaviour since the incident.*
  - f. The osteopath had acted under duress.*
  - g. The osteopath has genuinely expressed remorse.*
  - h. There is evidence that the osteopath has taken rehabilitative/corrective steps.*
  - i. The osteopath has previous good history*

the Committee considered that the majority of these (save f.) were present (although the behaviour had extended over a number of appointments, it was isolated in the sense that it concerned a single patient in a career of over 20 years).

133. Further, the Committee considered that an admonishment would be a proportionate sanction, given the gravity of its findings concerning the Registrant, and would appropriately mark the unacceptability of his conduct in respect of Patient A.

134. By way of a check on its reasoning, the Committee went on to consider whether a conditions of practice order would be appropriate. The Committee concluded that given the circumstances of the case, there were no workable or measurable conditions of practice that would be appropriate, save perhaps the sort of learning the Registrant had already undertaken. To go beyond conditions and impose the more restrictive sanction of suspension would clearly be disproportionate and punitive in this case.
135. Accordingly the Committee determined that the Registrant should be admonished.
136. That concludes this case.

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*Under section 31 of the Osteopaths Act 1993 there is a right of appeal against the Committee's decision.*

*The Registrant will be notified of the Committee's decision in writing in due course.*

*All final decisions of the Professional Conduct Committee are considered by the Professional Standards Authority for Health and Social Care (PSA). Section 29 of the NHS Reform and Healthcare Professions Act 2002 (as amended) provides that the PSA may refer a decision of the Professional Conduct Committee to the High Court if it considers that the decision is not sufficient for the protection of the public.*