GENERAL OSTEOPATHIC COUNCIL

PROFESSIONAL CONDUCT COMMITTEE REVIEW HEARING

Case No: 1735/3315

DECISION

Case of:	**Alexander Malkani**
Committee:	Ms Rachel Forster (Chair) Ms Manjit Darby (Lay) Mr Jim Hurden (Osteopath)
Location:	Virtual – by remote video-conferencing (GoToMeeting)
Legal Assessor:	Dr Hala Helmi
Representation for Council:	Mr Christopher Geering
Representation for Osteopath:	Present and not represented
Clerk to the Committee:	Ms Sajinee Padhiar
Date of Hearing:	27 May 2026

Summary of Decision:

The Committee determined that would extend the Conditions of Practice Order, with variations, for a further 12 months.

Declarations

1. 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.

2. Each member of the PCC made this declaration.

Background and Summary

3. The Registrant had appeared before the Professional Conduct Committee (the previous Committee) on 10-13,16, and 19-20 June 2025. The previous Committee considered the following amended allegations and made the following findings :

Allegation 1735/3315

The Allegation is that Alexander Malkani (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 27 March 2023 (Appointment 1) and 4 April 2023 (Appointment 2).

Admitted. Found proved

2. During Appointment 1 and Appointment 2, the Registrant applied spinal manipulation treatment techniques to Patient A's cervical and lumbar spine areas (the Treatment).

Admitted. Found proved

3. At Appointment 1 and/or Appointment 2, the Registrant failed to obtain valid consent before carrying out the Treatment

Denied. Found proved in relation to Appointment 1 and Appointment 2

4. At Appointment 1 and/or Appointment 2, the Registrant failed to conduct an adequate osteopathic evaluation of Patient A, in that he:

   a. failed to undertake an appropriate clinical assessment of Patient A; **Denied. Found proved in relation to Appointment 1 and Appointment 2**

   b. failed to consider that severe spinal degeneration may have been present

in Patient A's spine;

Denied. Found not proved

c. failed to adequately assess Patient A's lower limbs for neurological deficit, motor power loss and/or sensory deficit.

Denied. Found proved in relation to Appointment 1 and Appointment 2

5. The Registrant's conduct as set out in paragraph 2 was:

a. contraindicated; and/or

Denied. Found proved in relation to the lumbar spine in relation to Appointment 1 and Appointment 2. Found not proved in relation to the cervical spine in respect of both appointments.

b. not clinically justified.

Denied. Found proved in relation to the lumbar spine in relation to Appointment 1 and Appointment 2. Found not proved in relation to the cervical spine in respect of both appointments.

6. The Registrant's conduct as set out in paragraph 4 was inappropriate.

Denied. Found proved in relation to Allegation 4a and 4c in respect of Appointment 1 and Appointment 2. Found not proved in relation to Allegation 4b.

4. The previous Committee determined that the conduct found proved in allegations 3, 4a, 4c, 5a (in part), 5b (in part) and 6 amounted to Unacceptable Professional Conduct and ordered that the Registrant's registration should be subject to a conditions of practice order for a period of 12 months (to be reviewed). Relevant parts of the previous Committee's decision are set out as follows:

"*134. Regarding Allegation 3 and consent, the Committee noted that the OPS Standard A4 is mandatory in its language – a registrant "**must** [Committee's emphasise] receive valid consent for all aspects of examination*

and treatment". Clause 1 thereof reiterates that consent is a "fundamental part of [a registrant's] practice and is both an ethical and legal requirement."

135. In its findings of fact the Committee has already determined that the Registrant's approach is erroneous. Whilst he may feel he has a patient's agreement to continue; his approach specifically excludes him obtaining informed consent to the techniques he deploys. This was clear from his own evidence and from Patient A's lack of understanding. It is not sufficient for the Registrant to obtain a general agreement to the use of such treatment or techniques as he considers appropriate. Rather the expected approach to obtaining informed consent is to take a patient along a therapeutic journey by tayloring the discussion to the patient's needs, explaining the risks and benefits of the specific treatment (if any) such that <u>they</u> make the decision with the osteopath's advice on what individual techniques or treatment to accept. Whilst the Registrant did make some enquiry of Patient A during his treatment of her, the initial process of a general explanation and discussion was insufficient. There was no adequate discussion of the risk in treating the lumbar region nor apparently were options offered. The Committee was satisfied that OPS Standards A1, A2, A3 were breached. The Registrant did not adapt his standard approach to the individual (Patient A), he did not work in partnership with her, he did not give her the information she needed to make an informed choice regarding the specific treatment used.

136. Given the fundamental need for consent to be obtained the Committee was satisfied that the Registrant's failure was serious and does amount to UPC.

137. Turning to Allegation 4 and the failure to undertake an adequate osteopathic examination or assess Patient A's lower limbs, the Committee again noted that whilst these occurred over a short period of time, there were two specific failings on two occasions. The Committee has already found that the Registrant's initial case history was adequate however, its findings reflect the need to do more in this case due to Patient A's presenting symptoms. These symptoms indicated a risk of a serious underlying lower back pathology.

138. The Committee considered the expert evidence which was to the effect that either the Registrant should have made more detailed inquiry of Patient A concerning her potential neurological symptoms, or he should have undertaken a series of specific tests regarding those symptoms. He did neither. The Registrant thereby deprived himself of information which may have enabled him to better assess risk and better evaluate the safety of treatment. The Committee accepted the submission that this failure breached OPS Standard C1 and in particular C1.1 and C1.2. These require the Registrant to conduct an osteopathic evaluation in order to deliver safe treatment, taking account of the patient's case history, presentation and individual needs.

139. The Committee determined that the Registrant's failings, repeated on at least two occasions, were serious and amounted to UPC whilst acknowledging that the GOsC conceded it could not and did not seek to prove harm was caused to Patient A. This case is about risk of harm and not harm itself.

140. Having concluded that the Registrant put Patient A at risk through the failings found regarding Allegation 4. The Committee concluded that such conduct was inappropriate (Allegation 6) and sufficiently serious to amount to UPC.

141. Turning finally to Allegation 5 and the use of HVT (Allegation 2) when it was contraindicated and not clinically justified. The Committee noted and accepted the proposition that HVT itself is a widely used technique. However, it is not HVT itself that is criticised, rather it is the use of HVT given the weight of the relative contraindications and the lack of clinical justification because of this.

142. The Committee noted the Registrant's case that he had considered the possibility of a potential radiculopathy and/or spinal degeneration. It was his case that it was nonetheless safe to use HVT. Indeed he appeared to consider the use of HVT to be safe in all cases save where there were absolute (red flag) contraindicators. In adopting this approach the Registrant did not pause sufficiently to investigate the symptoms further but went ahead in spite of the contraindications. In so doing he potentially deprived himself of further evidence to evaluate safety.

143. In coming to the above conclusion the Committee accepted the submission that the Registrant's approach breached OPS Standards C1, C1.4.2 and C4 since he did not develop or adapt his approach to the needs of Patient A or seek the best evidence rather he ploughed on which placed Patient A at risk. Whilst again the Committee accepts that no provable harm resulted, the Registrant's actions raised that risk and to do so was a serious failing amounting to UPC.

144. In coming to the above conclusions the Committee was of the view that such failings either individually or when considered together are capable of adversely affecting public confidence in the profession. As such the Registrant's conduct was in breach of OPS Standard D7.

…

161. The Committee next considered a Conditions of Practice Order and, despite the concerns outlined above, it was not satisfied that the Registrant could not or would not remediate. Whilst he had not done so to date, he had undertaken CPD and Mr Corre, on the Registrant's behalf, specifically asserted that the Registrant was open to further learning opportunities and supervision which could be provided through the imposition of a Conditions of Practice Order. Whilst the Committee recognised the force in Mr MacDonald's submission that the Registrant's failings covered more than one area of practice, it also regarded them as

discrete and capable of being addressed. There was also some force to Mr Corre's assertion that the fault(s) in cases involving senior practitioners such as the Registrant often revolve around long-established styles of practice and modes of communication that require challenge, training and support.

162 Overall the Committee determined that the Conditions of Practice Order should focus upon challenging, training and supporting the Registrant in the following matters:

Gaining informed consent.

Improving history taking and the proper consideration of relative contraindications by neurological assessment techniques in order to formulate an appropriate treatment in cases where neurological symptoms are or may be present.

Those standards in the OPS referred to in this determination as having been breached.

The Committee was satisfied that such an order could and should protect the public and enable the Registrant to practise safely.

163. Having determined that a Conditions of Practice Order was at first consideration an appropriate and sufficient sanction, the Committee nonetheless looked at the factors that may yet indicate suspension or removal from the register are appropriate. The Committee concluded that whilst such orders would protect the public for a shorter or longer period of time, their effect upon the Registrant would be unduly punitive. In addition they would deprive the public of a registrant who had served the public for many years and who, subject to remediation, may yet do so.

Conditions of Practice Order

164. This Order shall be of twelve months duration during which the Registrant shall:

(a) Engage and fund a supervisor (details to be provided to GOsC and approved by it within 14 days) with whom he shall develop an appropriate Personal Development Plan to include in-person training on the above mentioned matters (see paragraph 162 above).

(b) Report to his supervisor after each course and provide copies of completion certificates to demonstrate the learning and the fact that he has put such learning into practise.

(c) Meet with his supervisor for a minimum of 2 hours per month (such meeting may be in person or remotely as the supervisor considers appropriate) to discuss a sample of cases and case-notes picked at random by the supervisor taking account of the learning identified as required.

(d) Arrange for his supervisor to attend and observe the Registrant in

consultation at least once every 3 months to ensure the training undertaken has in fact been implemented.

(e) Provide a reflective statement together with any supporting documentation for any review hearing.

(f) Arrange for his supervisor to provide a report for any review hearing."

Submissions on behalf of the Council

17. Mr. Geering, on behalf of the GOsC, described the background of the case to the Committee and the powers available to the Committee at this review. He reminded the Committee that it should follow the procedure set out in Section 22(6) of the Osteopaths Act 1993.

18. Mr Geering highlighted for the Committee that at a point in time, the Registrant's first supervisor had been unable to continue supervising the Registrant because he had in fact been suspended by the GOsC. Mr Geering confirmed that this was neither a reflection on the quality of the supervision provided or on the Registrant himself.

19. Mr Geering submitted that the extent of the compliance and whether there was a lack of it was an issue for this Committee. Mr Geering submitted that from the evidence provided by the Registrant, meetings had not taken place every month and that it was unclear if they had been two hours in duration, as required. In addition, the conditions required that the supervisor would pick a sample of the Registrant's cases and case notes at random to discuss but there was no evidence that this had occurred. Further, the Registrant had not been observed by a supervisor providing treatment until January 2026, six months into the order. Nor had a reflective piece been written for this review hearing. Mr Geering submitted that ultimately the Council was neutral as to what action the Committee should take bearing in mind the overarching objective of protecting the public, upholding the wider public interest including the maintenance of standards in the profession. The Committee should also consider risk to patients and should act proportionately.

Evidence of the Registrant

20. The Registrant had submitted a number of documents in advance of today's hearing as follows:

    i. Personal Development Plan;

ii. CPD Records;

iii. Notes of 10 meetings with his supervisor which took place on 29 June 2025, 21 July 2025, 31 August 2025, 12 October 2025, (a note confirmed that a meeting scheduled in November was cancelled due to the Registrant being unwell), 21 January 2026, 25 February 2026, 5 March 2026, 25 March 2026, 29 April 2026. There was also final note of a meeting which was undated.

iv. Supervisor's report dated 21 May 2026.

21. The Registrant also gave oral evidence under affirmation. What follows is a summary rather than a full transcript of what was said by the Registrant.

22. The Registrant stated that he had learned and changed his practice. He told the Committee that he had changed the way that he now obtained consent from patients. Once he had taken a case history and undertaken relevant tests he would inform the patient about a proposed treatment plan and ask them to read a consent form which referred, amongst other matters, to potential risk of harm arising out of the treatment generally provided by an osteopath. The form also stated that the patient could withdraw their consent at any time. At the bottom there was a space for the patient to confirm that consent was given and to sign to that effect on the form. The Registrant read out the form which he used to the Committee.

23. The Registrant told the Committee that the main problem with Patient A was that he had not undertaken a neurological test and he now routinely carried out neurological, reflex and muscle strength tests with all patients.

24. The Registrant stated that he used to be a bit blase about undertaking HVT and now he adopts a much more cautious approach about doing so using soft tissue manipulation rather than undertaking HVT.

25. The Registrant told the Committee that his first supervisor had come to his practice to supervise him carrying out a session with a patient, and the Registrant had also gone to his first supervisor's practice to observe him with a patient, but it had taken time to set up these sessions because of logistical reasons. Further, his first supervisor was unable to continue his supervision and he therefore had to find a second supervisor which was difficult given the geographical area of the Registrant's practice. When he obtained a second supervisor there was a session whereby his second supervisor showed him some of his own patient notes and asked the Registrant what questions the Registrant would ask the patient and how he would generally deal with the patient. The Registrant accepted that this was not as good as being observed

dealing with the patient himself but it was a compromise due to the second supervisor's professional commitments.

26. The Registrant confirmed that meetings with his supervisors generally took a average of 2 hours.

27. The Registrant accepted that he had not written a reflective statement for this hearing and explained that he had misunderstood this requirement.

28. The Registrant stated that he accepted his approach to obtaining consent from patient A had been inappropriate and that the treatment he gave her was contra-indicated. He also accepted that it gave rise to a risk of harm to her.

29. The Registrant confirmed that he did not feel the need to tailor the general information he gave to a patient regarding risk in the consent form he used to specific conditions or specific patients. He stated that the general wording he used was sufficient to cover most situations. He also stated that when considering what treatment plan to follow, he did not discuss general treatment options with patients but rather he made a decision on a treatment plan for them which he then would discuss with the patient.

30. The Registrant accepted that at meetings with his supervisors there was no review of any samples taken of his own patient records which was then discussed. Rather, the supervisors' cases were discussed. The Registrant stated that the condition governing this requirements did not specifically state that it should be a sample of the Registrant's own patient notes which should be discussed.

31. The Registrant accepted that his practice had not been observed by a supervisor in consultation at least once every three months. However he stated that this was due to holidays, his supervisor's patient bookings and other commitments, but nevertheless, he had been observed on 2 occasions by the first supervisor with patients, and had observed the first supervisor dealing with a patient on another occasion.

32. The Registrant accepted that not all the conditions had been met for various reasons citing, for example, his enforced change in supervisor and the difficulty finding a second. However, he explained to the Committee that he had worked to address the concerns identified and he had learned a great deal regarding dealing with patients and obtaining consent, amongst other matters.

Closing submissions by the Registrant

33. The Registrant told the Committee that he had learnt and worked to improve his practice, and that there were a number of logistical difficulties in complying with the conditions, including a difficulty in finding a second supervisor, following his first supervisor no longer being able to supervise him, through no fault of his own.

Decision of the Committee

34. The Committee took account of all the documents provided to it, the Registrant's oral evidence, and the submissions of Mr. Geering and the Registrant. The Committee accepted the advice of the Legal Assessor. It was reminded of its powers, as set out in Section 22(6) of the Osteopaths Act 1993, and its approach to those powers, as set out in Rules 49 to 51 of the Rules.

35. In accordance with the procedure set out in the Rules, the Committee first considered whether the Registrant had complied with the conditions imposed at the substantive hearing in June 2025.

36. The Committee was satisfied that the condition (a) , imposing a requirement for supervision, had been met. In addition, condition (f), requiring a supervisor's report, had been complied with.

37. The Committee was also satisfied that there had been practical compliance with condition (b) in conjunction with condition (a), namely the requirement for in-person training. Although the courses the Registrant attended had not been all in-person, the Committee was satisfied that the courses he had attended had been relevant to the issues in question, were in-depth, that were from a reputable provider.

38. The Committee considered condition (c) and noted that the wording did not specifically state that the sample of case notes were to be case notes of the Registrant rather than his supervisor, and it was clear from the Registrant's evidence that he had taken the wording at face value. In any event, however, the Committee took into account that discussion of case notes had not taken place every month, nor had condition (d) been complied with every 3 months, although the Committee took into account the reasons given by the Registrant. These included professional commitments of supervisors, and the fact that it had taken time for the Registrant to find a replacement supervisor, particularly considering the challenges presented by the geographical location of the Registrant's practice.

39. The Committee had difficulty understanding why the Registrant had misunderstood the requirement of condition (e), considering that the obligation upon the Registrant was clearly set out. However, the Committee listened to the Registrant's reflections given in his oral evidence and in his

submissions and assessed his understanding of the concerns surrounding his practice found by the previous Committee, and what steps he had taken to address them.

40. The Committee was concerned that the Registrant's understanding of informed consent, as set out in his reflections in his oral evidence, remained insufficient. He stated that having taken a case history, and performed various tests, he formulated a treatment plan in his mind, but did not seek to discuss options as to various treatment plans with patients. He simply informed them of the treatment plan that he had decided to undertake. In addition, he did not change or add to the general wording in the consent form, which spoke of, for instance, potential risk arising out of treatment in a generic manner, without giving patients adapted information pertaining to their specific conditions or the particular treatment he would be undertaking. The Committee considered that the lack of discussion of different options of treatment plans, and a generic formula about risk in general was not sufficient to allow patients to work in partnership and give informed consent.

41. The Committee was also concerned that the Registrant's performance of neurological, reflex and muscle strength testing on all patients was a mechanical attempt to address the concerns found by the previous Committee, without a reflective approach which should have indicated that it was not appropriate to test all patients in this way regardless of their conditions, and that a more reflective and less rigid approach was required. This raised concerns for the Committee about the Registrant's ability to reflect and adapt to the information obtained during case history-taking, as is required of a registered Osteopath, and which is a fundamental aspect of clinical practice.

42. As a result of these matters, the Committee took the view that there was a real risk of harm that remained, as well as a need to address the wider public interest, including public confidence in the profession, arising out of the lack of full compliance with the conditions, and the Registrant's insufficient reflection , insight and understanding demonstrated.

43. The Committee therefore decided to extend the conditions of practice order for a further 12 months, with variation, from the date of expiry. In coming to this decision, the Committee took into account proportionality, balancing the need to protect the public and uphold the public interest, with the Registrant's interests, as well as his partial compliance with the conditions imposed, which has been demonstrated to date.

44. The Committee decided to impose the following conditions of practice order accordingly:

This Order shall be of 12 months' duration during which the Registrant shall:

(a) Continue to be supervised by a supervisor (if the supervisor changes, details to be provided to GOsC and approved by it within 14 days), continuing with

the existing PDP.

(b) Meet with his supervisor once per month (such meeting may be in person or remotely as the supervisor considers appropriate) to discuss a sample of case-notes picked at random by the supervisor from patients you have seen in the preceding month, taking account of the learning identified as required.

(c) Following each monthly supervision, shall produce a written reflection on what was discussed at each supervision session, what he has learned, how he will embed this learning in his practice and how he will change his practice. All such written reflections to be provided to the Council prior to the next review hearing.

(d) Within 6 months of the commencement of this Order, undertake a clinical Test of Competence to be carried out by an independent and objective examiner approved by the Council, with the result to be provided to the Council within 14 days of the receipt of the result.

(e) Arrange for his supervisor to provide a report to the Council prior to the next review hearing.

45. This Order shall be reviewed before its expiry at such time and date of which the Registrant shall be informed. The Review Committee may then make such order as it deems necessary (if any) in accordance with the overarching objective.

46. The above Conditions were provided to the parties in draft form for their comments in accordance with the GOsC's Informal Procedure for Consultation with the Parties on Draft Conditions. Neither party had any comment to make and the Order was thus made final.

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.