GENERAL OSTEOPATHIC COUNCIL

PROFESSIONAL CONDUCT COMMITTEE

Cases No: 852/1528 and 852/1528

Professional Conduct Committee Hearing

DECISION

Case of:	Hector Wells
Committee:	Sue Ware (Chair) Natalie Harvier (Lay Member) Abby Mulholland (Osteopathic Member)
Legal Assessor:	Gary Leong
Representation for Council:	Guy Micklewright
Representation for Osteopath:	Sapandeep Maini-Thompson (Until 13 May 2025)
Clerk to the Committee:	Sajinee Padhiar
Date of Hearing:	9 to 16 December 2024 (remote), 7 to 13 May 2025 (in person), and 13 October 2025 to 15 October 2025.

Summary of Decision:

The Committee's full decision is set out below.

The Particulars found proved in relation to Patient A are as follows: 1, 2(c), 2(d), 2(f), 2(g), 2(h), 2(k), 2(l), 4(a) and 4(b) (in relation to 2(d), 2(f), 2(g)), and 5 (in relation 2(d), and 2(g)).

The Particulars found proved in relation to Patient B are as follows: 1, 2(a), 2(b), 2(c), 2(d), 2(e), 2(f), 2(g), 2(h), 2(i), 2(j), 2(k), 2(l), 2(m), 2(n), 2(o), 2(p), 2(q), and 2(r), 3 (in relation to 2(f), 2(g), 2(h), 2(i), 2(j)), 4 (in relation 2(a), 2(b), 2(c), 2(d), 2(e), 2(f), 2(g), 2(h), 2(i), 2(j), 2(k), 2(m), 2(n), 2(o), 2(p), 2(q), and 2(r)

Allegation and Facts:

Case 852/1528 (Patient A)

The allegation is that Mr Hector Wells ("the Registrant") has been guilty of Unacceptable Professional Conduct contrary to section 20(1)(a) of the Osteopaths Act 1993, in that:

1. *On 19 November 2021 Patient A attended an osteopathy appointment with the Registrant ("the Appointment")*

2. *During the Appointment, the Registrant:*

    a) *Asked Patient A to expose her chest for him to look "leerily" at, or words to that effect*

    b) *Asked Patient A if he could continue to stare at her chest, or words to that effect*

    c) *Asked Patient A if he could touch Patient A's arm whilst he touched an 'earthing blanket'*

    d) *Asked Patient A to put her legs around him whilst he thrusted his hip*

    e) *Lifted and pulled Patient A's leg beyond "the point of comfort"*

    f) *Placed weighted copper bags on Patient A*

    g) *Rolled Patient A's head with the weighted copper bags on her and adjusted her neck*

    h) *Made Patient A uncomfortable by asking what Patient A would do if the Registrant gave Patient A a skull filled with "dog shit" and asked Patient A to take it, or words to that effect*

    i) *Failed to take an adequate clinical history*

    j) *Failed to carry out an adequate clinical examination and/or assessment*

    k) *Failed to adequately discuss treatment options*

l) Failed to adequately discuss the risks and benefits of each treatment option

3. During the Appointment, the Registrant administered techniques and treatment to Patient A in a manner that was not appropriate and/or justified

4. The Registrant's treatment as set out in paragraph 2a to 2h was

a) Inappropriate

b) Not clinically justified

5. The Registrant failed to obtain valid consent for the treatment set out in paragraph 2a to 2h

6. The Registrant's treatment as set out in paragraph 2a to 2f was a transgression of professional and/or sexual boundaries

7. The Registrant's treatment as set out in paragraph 2a to 2d was sexually motivated

Case 885/1528 (Patient B)

The allegation is that Mr Hector Wells ("the Registrant") has been guilty of Unacceptable Professional Conduct contrary to section 20(1)(a) of the Osteopaths Act 1993, in that:

1. Patient B attended one osteopathy appointment on 15 August 2022 with the Registrant ("the Appointment")

2. During the Appointment, the Registrant:

a) Placed a mobile telephone on Patient B's chest and called the mobile telephone from his landline

b) Called his mobile telephone whilst alternately lifting each of Patient B's legs up off the table

c) Held two lots of 1.5 or 2 litre water bottles cable-tied together in between his legs, and lifted Patient B's legs

d) Lifted Patient B's legs without the water bottles in between his legs

e) Put the water bottles on Patient B's chest and lifted Patient B's legs

f) Placed weighted copper bags on Patient B's chest

g) Placed weighted copper bags on Patient B's head

h) Asked Patient B to hold "an earth strap" with both hands over her eyes

i) Pulled Patient B's arm across her chest and manipulated it in different positions

j) Repeatedly engaged Patient B in conversation around her previous trauma

k) Recorded the treatment given to Patient B using CCTV

l) Asked Patient B to record the treatment on her phone

m) Allowed a dog to enter and remain in the treatment room

n) Left the treatment room without informing Patient B

o) Answered a telephone call during the appointment with Patient B

p) Failed to carry out an adequate clinical examination and/or assessment

q) Failed to adequately discuss treatment options

r) Failed to adequately discuss the risks and benefits of each treatment option

3. The Registrant failed to obtain valid consent for the treatment set out in paragraph 2a to 2j)

4. The Registrant's actions as set out in paragraph 2a) to 2r) above were inappropriate.

Background:

Preliminary Matters:

1. In accordance with Rule 6 of the General Osteopathic (Professional Conduct Committee) (Procedure) Rules Order of Council 2000 ("the Rules"), the Committee considered whether there was any reason why any member of this panel of the Committee would not be eligible to hear this case. The Committee determined that there was no such reason.

2. At the start of proceedings, in relation to Patient A, the Registrant made admissions to some of the particulars. During the hearing and before closing submissions, the Registrant made admissions to further particulars.

3. During the Hearing the Council withdrew Particular 2(i) in relation to Patient A in accordance with the evidence of the expert.

4. In relation to Patient A, the Registrant admitted Particulars 1, 2(c), 2(f), 2(g). Accordingly the Committee found those particulars in relation to Patient A proved by admission.

5. In relation to Patient B, the Registrant made admissions to Particular 1, and particular 2 in its entirety. Accordingly, the Committee found those particulars in relation to Patient B proved by admission.

Evidence

6. The Committee initially received a bundle of documents consisting of 412 pages and video evidence provided by Patient A and Patient B taken on their respective mobile phones during their treatment sessions.

7. When the hearing resumed on 7 May 2025, the bundle of documents was revised to include parts eighteen to twenty and now consisted of 740 pages. The Committee also received further video evidence in the form of the Registrant's CCTV footage of the session with Patient B. The CCTV system was installed between the time of Patient A's session and Patient B's session.

8. The Committee found this to be an unusual case evidentially as the Registrant had not only asked the Patients to record their treatment on their

mobile phones but he had also recorded Patient B's session on CCTV. It is a very rare case that the Committee has such direct real evidence of sessions that are being complained of.

The Committee noted that the video evidence in relation to Patient A consisted of footage recorded on her mobile phone covering part of the theraputic encounter. The video evidence in relation to Patient B consisted of footage recorded on her mobile phone as well as footage recorded by the Registrant's CCTV system covering the whole of the theraputic encounter with Patient B.

Submissions of the Parties on the Facts

9. At the end of the evidence in relation to Patient A, Mr Micklewright submitted that it was clear that the Registrant had taken an adequate clinical history. The evidence of the expert witness was that the Registrant had obtained an adequate clinical history.

10. In that light, the Council applied to withdraw Particular 2(i) in relation to Patient A. Mr Micklewright submitted that it was proper and just to permit the withdrawal of the particular in circumstances where it was clear it was not capable of proof. It would not be in the interest of justice to continue with that particular and withdrawing it would not amount to under-prosecution on the part of the Council.

11. Mr Maini-Thompson supported the application.

12. The Committee determined that it was right and proper to allow particular 2(i) in relation to Patient A to be withdrawn. It was clear from the evidence that there was no case to answer on that particular and the matter is therefore withdrawn.

Background

13. The Registrant is an experienced Osteopath. He also pioneered an adjunctive treatment to Osteopathy referred to as the Wellsbeing technique.

14. This case is in relation to the treatment provided to Patient A and Patient B by the Registrant.

15. Patient A attended the Registrant's Clinic on 9 November 2021 and Patient B attended his clinic on 15 August 2022.

The Committee's Determination on the Facts

16. The Committee has carefully considered all the evidence in this case. It has noted the submissions of Mr Micklewright on behalf of the Council and Mr Maini-Thompson on behalf of the Registrant.

17. The Committee heard evidence from Patient A, Patient B, Mr Hearsey as the expert witness and the Respondent.

18. The Committee found Patient A and Patient B to be open and honest witnesses who were doing their best to assist the Committee. However, both Patient A and Patient B appear to have been influenced in their recollections and views by members of their family before they had formed a settled opinion. This is dealt with below in the Committee's determination in relation to the respective patients.

19. The Committee found Mr Hearsey to be a competent expert witness who was also doing his best to assist the Committee. He was not wedded to his opinion, which was based upon information that he was provided. When some of that information was further clarified, he modified his opinion in line with that clarification. The Commitee recognised that he was not an expert in the Wellsbeing technique and was not qualified to comment on it.

20. During the initial hearing, at times it was clear he having difficulty managing with the technicalities of a remote hearing. That is the reason why the Committee determined that when the hearing resumed in May 2025, it was to be held in person.

21. The Committee found the Registrant's evidence to be open and honest. The Registrant had difficulty with unclear and ambiguous questions as well as hypothetical questions. His answers were often long and verbose and he often did not present information in a logical, sequential way. He was uncomfortable answering question without the use of notes and at times struggled with compound questions.

22. At several points in the proceedings, the Registrant also sought to make admissions to several of the outstanding Particulars. However, when probed by the Legal Assessor as to the basis of those admissions, it was clear that they were equivocal.

23. When asked a question that in anyway touched on the technique he was passionate about, he would answer the question, incorporating his technique in great detail, often requiring an intervention to bring him back to point. As indicated, the Committee found the Registrant's evidence to be open and honest. The Committee was satisfied that the Registrant did not seek to mislead the Committee nor misrepresent his views or actions during the sessions with Patient A or Patient B.

24. The Committee also reminded itself of the Legal Assessor's advice that it could take into account the Registrant's good character and that it was relevant in two ways. Firstly, he has given evidence and his good character is a positive feature which the Committee should take into account when considering whether it accepted the evidence of the Registrant. Secondly, the fact that he has not transgressed in the past may make it less likely that he acted as is now alleged against him. The Legal Assessor cautioned the Committee and advised that character evidence of itself does not amount to a defence to any of the particulars or the allegation. The weight that is to be given to character evidence in any particular case is a matter for the Committee. Whilst it is not evidence in that it goes directly to the allegation, it is a matter to be put into the balance when the Committee is evaluating all of the evidence in the case.

25. 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. The Committee was advised to look carefully at the wording of the Allegation and each Particular in turn, in order to see precisely what the Council had charged and therefore what it had to prove. The Committee was advised as to how it should approach the issue of the Registrant's character, and in particular that he had not previously been subject to disciplinary proceedings. The Committee was advised that such evidence should be taken into account in assessing both the Registrant's credibility and propensity, but that the weight to be attached to such evidence was a matter for the Committee's judgment.

26. The Committee attention was drawn to the fact that both Patient A and Patient B appear to have spoken to friends and family about their respective treatments before they form their own view. The Legal Assessor advised that it was a matter for the Committee, but it should be alive to the possibility that the witnesses' recollection might have been tainted by the speculation of others.

PATIENT A

27. Patient A told the Committee that at the time of her treatment with the Registrant, she was working at a Chiropractic practice as a massage therapist.

28. The Committee made the following determinations in relation to the factual particulars denied by the Registrant in relation to Patient A

Particulars 2(a) and 2(b)

2. During the Appointment, the Registrant:

a) Asked Patient A to expose her chest for him to look "leerily" at, or words to that effect

b) Asked Patient A if he could continue to stare at her chest, or words to that effect

29. Patient A gave evidence to the Committee in accordance with her witness statement. The Committee found her to be an honest witness who was doing her best to give her evidence as she perceived it to be. However, the Committee treated her evidence with caution. She stated in her statement and in her complaint to the Council on 19 November 2021:

> *After the appointment, I came home and spoke to my partner about what had happened. My partner raised concerns about when Hector Wells asked me to expose my chest, and highlighted that it was not normal practice and counted as sexual assault. I made notes on my phone immediately after I spoke to my partner.*

30. Taking into account that [redacted] there was an understandable propensity for her recollection of what occurred in the session to be coloured by the lens of her previous trauma and potentially tainted by the view of her partner.

31. Patient A was clear that the Registrant had asked her to expose her chest for him to look "leerily" at and if he could continue to stare at her chest. She said that she did not recall him putting his hand on her.

32. The Registrant denied that he had asked Patient A to expose her chest or that he has asked her if he could continue to stare at her chest. The Registrant said that at that point, the treatment had been over, and she asked him about the technique. He said he was giving her a demonstration of the difference between a relaxed touch and a staring touch as she was a fellow practitioner and she had shown interest in the technique. He said he had a standard 'patter' to assist himself in the process and part of the technique involved him staring into the distance in a "scary-wary" way. He said this was part of his demonstration to her about how the autonomic nervous system could affect theraputic touch.

33. Committee asked the Registrant to demonstrate, in the hearing room, on the Osteopath member of the Committee, where he and the patient were situated at that point and where his hands were positioned.

34. The Registrant placed himself and the Committee member in the position that he and Patient A had been and proceeded recreate the demonstration he gave to Patient A. The positions demonstrated was in accordance with Patient A's evidence.

35. The Committee observed that the positions that Patient A and the Registrant were meant that it would be difficult for the Registrant to look at Patient A's chest without straining his neck as their shoulders would have been in alignment and facing in opposite directions. The Registrant was observed in demonstration to put his right palm on the committee member's right scapula. In accordance with Patient A's evidence, the Registrant seated the Patient opposite him.

36. The Committee found Mr Micklewright's submission that the Registrant could have leant back to view Patient A's chest to be unconvincing and speculative. Patient A made no mention of the Registrant leaning back to view her chest.

37. The Committee found that demonstration to be more than merely illustrative of what occurred. It revealed to the Committee a prevailing personality trait of the Registrant. Instead of merely recreating what he did, it was clear that the Registrant was immersed into the technique. He immediately began explaining what he was going to do and as he did the technique, including staring *scarily* into the distance. He did stare into the distance blankly each time he tried to make the technique work. The Committee saw the technique several times because the Registrant because the Registant was keen to perform a treatment.

38. The Committee found both parties to be trying their best to recollect events to the best of their abilities. The Committee preferred the evidence of the Registrant. It determined that the Registrant was enthusiastic in demonstrating and explaining the technique to Patient A and he had a standard 'patter' that he used, as when he demonstrated upon the Committee member. The Committee found the Registrant's language and mannerisms to be unorthodox.

39. The Committee also determined that the evidence before it did not demonstrate that it was more likely than not that the Registrant asked to continue to be able to stare at Patient A's chest.

40. Accordingly, the Committee found Particulars 2(a) and 2(b) not proved.

Particular 2(e)

2. During the Appointment, the Registrant:

e) Lifted and pulled Patient A's leg beyond "the point of comfort"

41. Patient A stated that it can be seen in the video that he stretched her leg until she was uncomfortable, asking her to say "*now"* when it hurt. When it was put to her in cross-examination that at no point did she exhibit any discomfort in what's going on, she replied "*Maybe not outwardly".*

42. The Committee carefully examined the video evidence. At no point is the Registrant seen to pull Patient A's leg.

43. The Registrant explained that by raising Patient A's leg he was trying to establish where the 'stop point' of the movement of her leg was. The 'stop point' being the limit to which the leg can be moved before it becomes uncomfortable. The Registrant is seen to lift Patient A's leg to where he thought the 'stop point' was, and Patient A is observed to indicate that was not the stop point, saying that she was "*quite flexible".* The Registrant is then seen lifting her leg further, saying he needed to get a clear 'stop point'. When Patient A indicated that the stop point had been reached, the Registrant verbally acknowledges that with her and does not push her leg any further and lowers it.

44. The Registrant is then seen to repeat the same process with Patient A's other leg. At no point does the technique appear to cause pain or discomfort to Patient A.

45. The Committee finds Particular 2(e) not proved.

Particular 2(h)

2. During the Appointment, the Registrant:

h) Made Patient A uncomfortable by asking what Patient A would do if the Registrant gave Patient A a skull filled with "dog shit" and asked Patient A to take it, or words to that effect

46. Patient A stated that during the demonstration above, the Registrant took the skull and asked her what she would do if he filled the skull with dog shit and asked her to take it. When she replied she would not, he became insistent that she take it. She said that she again refused and told him that he was making her feel uncomfortable.

47. The Registrant accepts that he handed Patient A a skull and asked her to imagine that it contained "doggie do do" and also asked her to take it from him. He does not accept that by doing so he caused Patient A to be uncomfortable.

48. The Registrant said that was part of his explanation to her to demonstrate that children often accept things which they do not really want to accept because they fear rejection. He said that when they do accept that skull, he would ask them why they thought they did so, and then explain to them that they did so because of the fear of rejection. He said that when he then told them they had the option to refuse to take the skull without fear of rejection, they would then feel free to refuse.

49. The Committee accepted what the Registrant said about what he was doing and what its purpose was. He used hyperbole in his conversation, both to the Committee and also to Patients A and B as shown on the video evidence. In the video evidence, he said things such as "*I am going to lift your leg up until you scream"* and *"I'm going to lift your leg and your leg is going to come out of its socket and I'm going to put it into a Waitrose bag*

for you to hop home with, ok?". It was clear these were intended to be hyperbole and taken to be so by the patients.

50. Therefore, the Committee did not consider it unexpected that the Registrant might have used the words "doggie do do", which is very much in keeping with the manner in which the Registrant speaks.

51. However, this Particular is about whether Patient A felt uncomfortable with being handed the skull, being asked to imagine the contents as "doggie do do" and then being insistently asked to take it when she refused the first time.

52. The Committee was satisfied that Patient A felt uncomfortable with that. In fact, the explanation given by the Registrant as to why he uses that demonstration with children is to elicit an uncomfortable reaction from them. The Committee was satisfied that the Registrant was truthful when he did not appreciate that Patient A was uncomfortable.

53. The Committee finds Particular 2(h) proved.

Particular 2(i)

2. During the Appointment, the Registrant:

i) Failed to take an adequate clinical history withdrawn

54. The evidence demonstrated that there was no case to answer and the Council applied to withdraw this particular and the Committee agreed. During his evidence, the Expert witness stated that he was now of the opinion that the Registrant had taken an adequate clinical history of Patient A when he was asked what was deficient about what the Registrant gleaned from Patient A when he took her clinical history.

55. Therefore, Particular 2(i) in relation to Patient A has been withdrawn

Particular 2(j)

2. During the Appointment, the Registrant:

j) Failed to carry out an adequate clinical examination and/or assessment

56. The Committee considered that in order for this Particular to be properly examined, the surrounding circumstances must be taken into account. This necessarily includes what Patient A's presenting complaint was. Only then can the adequacy or otherwise of his examination or assessment be judged.

57. It was clear from Patient A's evidence that she had sought treatment with the Registrant because she heard from a friend whose daughter had been helped by the Registrant's trauma therapy technique with the recent upset of breaking up with her boyfriend. It was her friend who recommended to Patient A that she sees the Registrant for trauma therapy.

58. Patient A told the Committee that she sought the Registrant's help with her somatic responses to her childhood trauma. She said that when she attended his session, she reiterated that she wanted "*trauma treatment – [redacted] – as well as for a problem with my back."*

59. However, in her oral evidence, Patient A stated that she had attended for treatment for *"childhood trauma and for treatment with neck pain."* This is the first time that she mentioned neck pain. She does not mention in her statement, nor do the clinical notes refer to neck pain. When it was pointed out to her that in the video evidence she mentioned her lower back and was asked if she was suffering from lower back pain or sciatica at the time, she replied "*I remember going to him for neck pain. I do not recall having sciatica at the time."*

60. It is not disputed that the trauma treatment provided by the Registrant to his patients come under the heading of "Adjunctive therapies." These include therapeutic activities that are in addition to more typical osteopathic approaches and might include acupuncture, fitness coaching, teaching of yoga or pilates.

61. When asked to explain his clinical examination and assessment of Patient A as seen in the video evidence, the Registrant told the Committee that the straight leg raises (SLR) was an assessment method to ascertain whether his trauma treatment would work for her. That was why he did SLRs with bottles of water, mobile phones in his pocket and wires to earth himself or the patient.

62. The Expert Witness said that the SLR was not an appropriate technique to be used with Patient A when carrying out a clinical examination and assessment. Whilst he was unable to comment on whether such was appropriate as an examination or assessment tool under the adjunctive therapy provided by the Registrant, the Expert Witness said that SLRs were inappropriate for Patient A because she suffered from sciatica. He referred the Committee to the clinical notes of Patient A where it was noted that she had a history of sciatica. Therefore, before conducting the SLRs, the Registrant should have carried out an examination and assessment for sciatica.

63. The Committee did not accept the Expert Witness' opinion. His opinion appeared to be based upon the assumption that because Patient A had a history of sciatica, she must have necessarily presented with sciatica to the Registrant. The Committee considered that was not necessarily the case.

64. In fact, when Patient A was asked if she was suffereing from sciatica at the time, she stated that she did not recall having sciatica. The Committee determined that there was no evidence that Patient A was presenting with sciatica to the Registrant. She had not attended for treatment for sciatica nor did she complain about pain relating to sciatica.

65. The Expert Witness commented on how some of the techniques used by the Registrant to examine and assess Patient A were unsuitable for someone presenting with neck pain.

66. The Committee was not satisfied that Patient A had presented with neck pain or that she had informed the Registrant that she suffered from neck pain. Her evidence was not consistent with the other evidence. The Committee carefully watched the video evidence several times and there as no mention by Patient A that she suffered from neck pain. She does mention in the video evidence that she was suffering from lower back pain.

67. In light of the above, the Committee determined that Particular 2(j) is not proved.

Particular 3

3. During the Appointment, the Registrant administered techniques and treatment to Patient A in a manner that was not appropriate and/or justified

68. This Particular relates to the manner of the Registrant during his treatment sessions and not to the techniques that were administered.

69. The Committee noted that the Council did not deal with this particular in their closing submissions in any great detail.

70. Mr Maini-Thompson accepted that the Registrant had a unique manner of speech and communication. His described the Registrant's manner to be 'heterodox'. He submitted that the Registrant's mode of treatment of Patient A is trauma focused and that is what he specialises in - relieving patients of emotional traumas.

71. Mr Maini-Thompson submitted that quite apart from the Council not clearly stating how the Registrant's manner was said to be inappropriate nor unjustifiable, the video evidence is clear that there was nothing inappropriate nor unjustifiable about the Registrant's manner.

72. The Committee noted that whilst the Registrant's manner and style was unusual and unique, and could be viewed as eccentric, the Expert Witness gave evidence that he found nothing wrong with the Registrant's communication.

73. The Committee watched the video evidence several times and agreed with the Expert's evidence. At no point during the session when the Registrant administers treatment does Patient A appear uncomfortable. His communication is broadly appropriate despite the use of hyperbole. The Committee, whilst finding the Registrant's communication style to be very informal could see nothing wrong in the manner in which the Registrant administered his techniques or treatment.

74. Accordingly, the Committee finds Particular 3 not proved.

75. The manner in which the allegation is drafted meant that it would be difficult to consider Particular 4 without first determining Particulars 5, 6 and 7 as any transgression there would impact on the Committee's consideration and detemination of Particular 4.

76. Therefore the Committee first determined Particulars 5, 6 and 7 before determining Particular 4. The Committee's determination on Particular 4 is to be found later in this determination after its determination on Particulars 5, 6 and 7.

Particular 5

5. The Registrant failed to obtain valid consent for the treatment set out in paragraph 2a to 2h

77. The manner in which Particular 4 is drafted means that the Committee must consider the sub-particulars of Particular 2(a) to 2(h) that have been found proved individually to consider whether firstly they constitute treatment, and if so whether valid consent had been obtained. Those particulars that fall to be considered are 2(c), 2(d), 2(f), 2(g), and 2(h) as Particulars 2(a), 2(b) and 2(e) have been found not proved.

78. In relation to Particular 2(c), the Committee has determined above that this was not part of the treatment that the Registrant administered to Patient A, therefore no consent was required. In any case, the substance of 2(c) is actually the act of the Registrant asking for consent.

79. Therefore, the Committee finds Particular 5 in relation to Particular 2(c) is not proved.

80. In relation to Particular 2(d), the Committee determined that was part of the treatment phase of the session. The Registrant has accepted that he did not obtain consent before providing that treatment.

81. Therefore, the Committee finds Particular 5 in relation to Particular 2(d) proved.

82. In relation to Particular 2(f), in the video evidence, the Registrant is clearly seen explaining what the purpose of the copper-laden bags were for. He clearly tells Patient A what he intends to do with them, and Patient A clearly consents to their use as part of the treatment.

83. Therefore, the Committee finds Particular 5 in relation to Particular 2(f) not proved.

84. In relation to particular 2(g), the Registrant admitted that he did not gain consent from Patient A before he treated her neck.

85. Therefore, the Committee finds Particular 5 in relation to Particular 2(g) proved.

86. In relation to Particular 2(h) where the Registrant handed Patient A the skull and asked her to take it, the Committee determined that was not treatment but rather the Registrant giving an explanation to Patient A of what his technique entailed when it came to children who came to him for treatment.

87. Therefore, the Committee finds Particular 5 in relation to Particular 2(h) not proved.

Particular 6

6. The Registrant's treatment as set out in paragraph 2a to 2f was a transgression of professional and/or sexual boundaries

88. Only particular 2(c) to 2(f) fall to be considered, Particulars 2(a), 2(b) and 2(e) have been found not proved.

89. The Committee took into account the CHRE's document on *Clear sexual boundaries between healthcare professionals and patients: responsibilities of health care professionals [2008]* when considering this allegation. The Committee also took into account the Osteopathic Practice Standards, specifically the section on professionalism.

90. In relation to Particular 2(c), the Committee has determined above that this was not part of the treatment that the Registrant administed to Patient A. In any case, Particular 2(c) is framed as the Registrant asking for permission. The Committee determined that it could not, even if it was treatment, be considered a breach of professional and/or sexual boundaries for a practitioner to ask for consent.

91. Therefore, the Committee finds Particular 6 in relation to Particular 2(c) not proved.

92. In relation to Particular 2(d), the technique administered was part of his treatment. It is alleged by the Council that this technique was sexually motivated. The Committee considered firstly whether this was sexually motivated (see below), and determined that was not. Therefore, the Committee considered whether the technique itself as administered was a breach of professional boundaries or sexual boundaries.

93. Patient A's evidence was that the Registrant asked her to wrap her legs around his body. The Committee noted that was a valid position for an Osteopathic technique. In fact, the technique administered resembled a valid Osteopathic technique. Patient A told the Committee that the

Registrant thrusted his hips into her pelvis when administering the technique.

94. The Committee considered that the video evidence demonstrated otherwise. From the video it appears that the Registrant's pelvis is not in close proximity to Patient A's pelvis. What was described by the Council as "thrusting" appeared to the Committee to be a sideways motion of his body as he moves hers, which resembles an osteopathic technique.

95. Therefore, the Committee finds Particular 6 in relation to Particular 2(d) not proved.

96. In relation to Particular 2(f), this relates to the use of the copper-laden bags during the treatment of Patient A. From the video evidence, the Registrant had explained their use to Patient A and had obtained her consent for their use. In the circumstances, there was no breach of professional boundaries nor of sexual boundaries.

97. Therefore, the Committee finds Particular 6 in relation to Particular 2(f) not proved.

98. Therefore the Committee finds Particular 6 not proved in its entirety.

Particular 7

7. The Registrant's treatment as set out in paragraph 2a to 2d was sexually motivated

99. Particulars 2(a) and 2(b) were not proved and therefore the only Particulars to be considered as part of Particular 7 are Particulars 2(c) and 2(d).

100. As indicated above, 2(c) was not part of the Registrant's treatment of Patient A and as such, Particular 7 in relation to 2(c) fails. However, the Committee determined that it would provide further elaboration so as not to give the impression that this charge in relation to 2(c) was not founded due to a mere technicality.

101. The evidence of Patient A was that this was part of the conduct forming Particulars 2(a) and 2(b), which the Committee has found to be not proved.

102. The Registrant admits that that he did ask Patient A if he could touch Patient A's arm whilst he touched an 'earthing blanket'. He told the Committee this

was because he wanted to demonstrate to her that there was a palpable difference between being touched by him whilst he was connected to the 'earthing' blanket and when he was not. This was what he was trying to demonstrate to the Committee member when he was asked to recreate the respective positions of himself and Patient A during this point in the session.

103. The Committee accepted the Registrant's explanation and determined that there was no sexual motivation on the part of the Registrant when he asked Patient A if he could touch her arm whilst he touched an 'earthing blanket.' There was no doubt that the Registrant truly believed that there was a demonstrable difference between the two touches, and he was very enthusiatic about this in his evidence. The Committee found the Registrant to be open and transparent and was satisifed that there was no sexual motivation on the part of the Registrant in relation to his actions set out in Particular 2(c) nor any of his actions during his interaction with Patient A.

104. The Committee finds Particular 7 in relation to Particular 2(c) not proved.

105. In relation to Particular 2(d), Patient A said she perceived it to be sexually motivated. The Committee found that Patient A was giving her evidence as best as she could. However, the Committee was unable to ascertain with any clarity whether she perceived the treatment to be sexually motivated at the time or retrospectively after she has spoken to her partner.

106. Neverthess, it is the intent of the Registrant that the Committee must ascertain based upon the evidence before it.

107. The Expert Witness stated that the

> *"Registrant applies a technique to Patient A's pelvis which also resembles osteopathic technique although the methodology as to the validity of the use of the technique is unclear and, again, the technique used does not correlate with Patient A's osteopathic clinical records."*

108. It was ascertained that his comment that "*the technique used does not correlate with Patient A's osteopathic clinical records"* was based upon the premise that Patient A had presented with sciatica, which the evidence did not demonstrate.

109. The Expert Witness commented upon the technique and its use in an standard Osteopathic application. He was not able to comment upon its use

as an adjunctive treatment and states, *"It is for the GOsC's Professional Conduct Committee to decide if they feel that the techniques used by the Registrant in the clinical management of Patient A are clinically justified."*

110. In his evidence, the Registrant was asked what he was trying to achieve with that technique. He stated that he was carrying out that treatment because he thought it was clinically justified and it was aimed at releasing smooth muscle tension and the pelvic floor.

111. The Committee accepted the Registrant's explanation and that there was no sexual motivation on his part.

112. Accordingly the Committee found Particular 7 in relation to Particular 2(d) not proved.

113. Therefore the Committee determined that Particular 7 is not proved in its entirety.

Particular 4

4. The Registrant's treatment as set out in paragraph 2a to 2h was

a) Inappropriate

b) Not clinically justified

114. The manner in which Particular 4 is drafted means that the Committee must consider the sub-particulars of Particular 2 that have been found proved individually to consider whether firstly they constitute treatment, and if so whether they are inappropriate or not clinically justified. Those particulars that fall to be considered are 2(c), 2(d), 2(f), 2(g), and 2(h).

115. The Committee considered that Particular 2(c) is not treatment as it was part of his demonstration of his technique. Therefore, Particular 4 in relation to 2(c) is not proved.

116. In relation to Particular 2(d), the Committee determined that on the evidence before it, it did resemble an Osteopathic technique. As indicated above, the Committee has determined that Particular 2(d) was not sexually motivated nor breached professional or sexual boundaries.

117. The question then was whether it was inappropriate or not clinically justified. The Committee has determined that the Registrant had carried out an adequate clinical examination and assessment of Patient A. However, what he failed to do was to come to a diagnosis and/or to note such diagnosis down on the patient's record.

118. In the absence of a diagnosis that justified the treatment set out in Particular 2(d), the Committee determined that treatment was inappropriate and was not clinically justified.

119. Therefore the Committee finds Particular 4(a) and 4(b) proved in relation to Particular 2(d).

120. In relation to Particular 2(f), the situation is the same. The Registrant has not come to a diagnosis of Patient A and/or he has failed to note a diagnosis down that would justify the treatment set out in 2(f).

121. Therefore the Committee finds Particular 4(a) and 4(b) proved in relation to Particular 2(f).

122. In relation to Particular 2(g), the situation is the same. The Registrant has not come to a diagnosis of Patient A and/or he has failed to note a diagnosis down that would justify the treatment set out in 2(g).

123. Therefore the Committee finds Particular 4(a) and 4(b) proved in relation to Particular 2(g).

124. In relation to Particular 2(h), the offering of the skull to Patient A was not treatment nor did it take place when treatment was being undertaken.

125. Therefore the Committee finds Particular 4(a) and 4(b) not proved in relation to Particular 2(h).

126. Therefore, the matters to which the Committee finds proved in relation to Particular 4(a) and 4(b) are particulars 2(d), 2(f), and 2(g)

PATIENT B

127. As noted above, at the start and during the hearing, the Registrant made admissions to Particulars 1 and 2 in its entirety. He denied Particulars 3, and 4.

128. Patient B gave evidence to the Committee in accordance with her witness statement. The Committee found her to be an honest witness who was doing her best to give her evidence as she perceived it to be. However, the Committee had cause to treat her evidence with caution. She stated:

> *I went to my Mother's house to collect my son about half an hour after the appointment. Whilst there I watched the videos and was shocked to see what he did to my head when I had the pads on it and the earth strap over my eyes as seen in Exhibit [redacted]/03. This was the first time I realised that Mr Wells' groin had been on the pads on my head. It looked very wrong, so I showed my family, but when they saw what happened initially they didn't want to watch any more of it, thinking it was odd too. However they thought that I shouldn't make a fuss and say anything about it. As what I'd seen upset and concerned me now, I showed the video one of my friends who is a massage therapist and has also studied and undertaken some alternative therapies before. I thought she might be able to advise if what had happened was usual osteopathy, or not. My friend was shocked and believed I had been taken advantage of, and possibly even sexually assaulted. I showed a couple of other friends and they were all concerned by the treatment in Exhibit [redacted]/03 where Mr Wells rubbed his groin on the pads on my head and made grunting and puffing noises too. They also thought the whole treatment was unusual and advised that I reported it to the police. It was at that stage that I looked up what qualifications and associations Osteopaths should have. I found out about the General Osteopathic Council and looked to see whether Mr Wells was registered with them. As Mr Wells was registered with the GOsC, I called the concern department the next day, 16 August 2022 and expressed my concerns about the treatment as outlined in my concerns form. I present a copy of my complaint form to the GOsC as Exhibit [redacted]/04. I wanted to see what the GOsC might say about the treatment I had before reporting it to the police as sexual abuse, especially as it didn't seem clear as to whether the treatment table was between my head and his groin and I wasn't sure whether it would still be sexual abuse if his groin rubbed the pads that were on my head rather than my head directly. It was all*

a grey area, very confusing but also rather upsetting. I also wanted to know whether the treatment Mr Wells had given me was osteopathy or his own "Wellsbeing Technique", as after looking Mr Wells up on the GOsC website I Googled him further and found videos he had posted on YouTube presenting his "Wellsbeing Technique" to other practitioners. He was offering to provide training in his technique, which is how I realised what Mr Wells had used on me. Still to this day I don't know, whether he used any osteopathy on me, but the fact that my concern has been taken very seriously by the GOsC has lead me to believe he didn't.

129. What caused the Committee concern was that Patient B was shocked by the treatment upon watching the recording made on her mobile phone but then her view escalated after she showed the recording to her friend who told her that she had been taken advantage off, and possibly even sexually assaulted. Patient B then showed the footage to more friends and they advised her to report it to the police.

130. The Committee cannot discount the possiblity that Patient B's view of her treatment and her recollection may have been tainted by what she told her friends and/or what they told her. The possibilty of her evidence being tainted by 'confirmation bias' also could not be ruled out.

131. The Committee therefore placed less weight upon Patient B's evidence and relied primarily on the video evidence comprising of the footage recorded on Patient B's mobile phone and the CCTV system installed by the Registrant. This evidence is direct and best evidence.

Particular 3

3. The Registrant failed to obtain valid consent for the treatment set out in paragraph 2a to 2j)

132. The Committee first considered Particulars 2(a) to 2(j) to determine if they were in fact treatment. Only if they were then the Committee would go on to consider if the Registrant had obtained consent from Patient B to carry out that treatment.

133. These were all matters that occurred when the Registrant was demonstrating his techniques to Patient B and did not form part of his

treatment of her. The Committee considered that the CCTV evidence contained two distinct sections. The first section was a recording of the initial phase of the session where the Registrant is seen assessing Patient B and demonstrating his Wellsbeing technique. The second section begins when treatment starts and ends when treatment ends. The conduct set out in Particulars 2(a), 2(b), 2(c), 2(d) and 2(e) is seen in the first section. This accords with the evidence of both the Registrant and Patient B.

134. The Committee determined that Particulars 2(a), 2(b), 2(c), 2(d) and 2(e) were not treatment as set out in Particular 3.

135. Therefore the Committee determined that Particular 3 was not proved in relation to Particulars 2(a), 2(b), 2(c), 2(d) and 2(e).

136. The Committee determined that particulars 2(f), 2(g), 2(h), 2(i) and 2(j) were treatment administered by the Registrant. Not only were they shown to be carried out in the CCTV recording of the treatment part of the session, they were clearly being administered as treatment by the Registrant. This also accords with the evidence of Patient B and the Registrant.

137. The Registrant has admitted particulars 2(p), 2(q), and 2(r). This means he failed to carry out and adequate clinical examination and/or assessment of Patient B, he failed to adequately discuss treatment options is Patient B, and he failed to adequately discuss the risks and benefits of each treatment option. The Committee took into account the expert witness' evidence and the Osteopathic Practice Standard. All of these are essential in order for a Patient to give informed consent to any treatment proposed by the practitioner.

138. In light of those admissions, the Committee determined that Particular 3 is proved in relation to Particulars 2(f), 2(g), 2(h), 2(i) and 2(j)

Particular 4

4. The Registrant's actions as set out in paragraph 2a) to 2r) above were inappropriate.

139. The Committee noted that this Particular is about the Registrant's action and not about the treatment he administered.

140. Mr Micklewright in his closing submissions said that it was clear what it was referring to and that it was for the Committee to determine whether or not those actions were inappropriate or not. He submitted that it is a straightforward exercise to whether or not something was inappropriate and it is to be compared with the other evidence, which is primarily going to be the evidence that of the Expert Witness. He also submitted that reference to the osteopathic standards would assist the Committee.

141. Mr Maini-Thompson submitted that Particular 4 was unfair because of the undefined and vague use of the word "*inappropriate"*. He submitted that it was a word that can have a number of meanings. He said that *"Something could be clinically inappropriate, something could be sexually inappropriate, something could be lacking in etiquette and therefore socially inappropriate. But this particular allegation does not specify the metric by which the propriety of Mr. Wells's conduct is being assessed…".* Mr Maini-Thompson submitted that it was simply not good enough for the Council to capriciously say that when the term "*inappropriate"* relates to treatment, it is about clinical propriety but when it was in relation to the skull, it mean professional propriety.

142. The Committee determined that whether something was appropriate or inappropriate was dependent on the circumstances prevailing at the time and unique to each case. Therefore, the Committee did not consider the actions of the Registrant as set out in Particulars 2(a) to 2(r) in isolation but also considered the surrounding circumstances as well.

143. In relation to Particulars 2(a), 2(b), 2(c), 2(d) and 2(e), these are adjunctive therapy techinques. The Registrant admits (Particulars 2(q), and 2(r)) that he did not discuss those techniques nor their risks and benefits with Patient B and as a result did not obtain valid consent to carry out those techniques with her.

144. Therefore, the Committee determined that Particular 4 in relation to Particulars 2(a), 2(b), 2(c), 2(d), and 2(e) to be Proved.

145. In relation to Particulars 2(f) and 2(g), these related to the use of weighted copper bags by the Registrant in the treatment of Patient B. It appeared to the Committee from the evidence of the Registrant that there was a two-fold purpose to their use.

146. The first purpose being as part of orthodox Osteopathy the simulation of multi-hand techniques. Multi-hand techniques are multi-person techniques,

where each Osteopath works in conjunction with the others to apply the technique. The weight of each bag containing copper was intended to simulate another pair of hands.

147. The second purpose appeared to be more esotheric and allied to the adjunctive therapy promoted by the Registrant. The copper in the bags would act as a conductor in those circumstances.

148. Whichever they are, the Registrant admits (Particulars 2(q), and 2(r)) that he did not discuss those techniques nor their risks and benefits with Patient B and as a result did not obtain valid consent to carry out those techniques with her. His explanation of their use as seen on the CCTV footage was rudimentary at best and inadequate.

149. Therefore, the Committee determined that Particular 4 in relation to Particulars 2(f), and 2(g) is Proved.

150. In relation to Particular 2(h), the Registrant accepts that he asked Patient B to hold “an earth strap” with both hands over her eyes. Seen in the context of the Registrant enthusiasm for his Wellsbeing technique, the Committee understand why he did that.

151. However, Patient B did not attend his clinic for anything that might involve his trauma relief technique. She had attended with musculoskeletal issues and was seeking the assistance of an Osteopath using osteopathic techniques and not adjuctive treatment techniques. In those circumstances, it was incumbent upon the Registrant to respect those wishes and not carry out any adjunctive techniques without first raising them with the Patient and obtaining consent. The Registrant had not obtained Patient B’s consent to carry out this adjunctive technique.

152. Therefore the Committee finds Particular 4 in relation to Particular 2(d) to be proved.

153. In relation to Particular 2(i), this relates to the Registrant pulling Patient B’s arm across her chest and manipulating it in different positions. He had a working diagnosis of a disc prolapse and he had given her treatment for this.

154. The Expert Witness evidence is that the Registrant carried out a ‘full range of motion’ test on Patient B’s shoulder and that it was inappropriate due to her presenting complaint.

155. The Committee did not accept the Expert Witnesses evidence on this particular. The Committee disagreed that this was a ‘full range of motion test’ on the shoulder. The Committee observed on the video the Registrant adducting Patient B’s arm across her body to demonstrate to her improved range of motion and decreased pain following his treatment.

156. However, the Committee considered that since the Registrant admits that he had not obtained valid consent for his treatment, his actions as part of his treatment of Patient B were inapproriate.

157. The Committee determined that Particular 4 in relation to Particular 2(i) is Proved.

158. In relation to Particular 2(j), the Registrant accepted that he did repeatedly engaged Patient B in conversation around her previous trauma. The Committee could understand why he did that – it was because of his enthusiasm about his Wellsbeing technique. He is obviously evangelistic about that technique.

159. However, unlike Patient A, Patient B had specifically sought his treatment for pain in her neck, left shoulder and left shoulder blade. In those circumstances, it was inappropriate for him to steer the conversation to the issue of any previous trauma that Patient B might have suffered without her first raising it.

160. The Committee determined that in these circumstances, Particular 4 in relation to Particular 2(j) is proved.

161. In relation to Particular 2(k), the use of CCTV in these circumstances were governed by the In the UK, data protection is governed by the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

162. The Registrant told the Committee that he had sought the advice of the Council and other professionals about installing CCTV in his treatment room and they all did not raise any issues. He also said that he made it clear to

the CCTV vendors what the intended use was and they did not raise any issues. The Committee accepted the Registrant's testimony about this. It was naïve of the Registrant to accept what they said, particularly that of the vendor whose prime objective would have been to make the sale. Naïveté is one of the personality traits subconsciously displayed by the Regisrant throughout the hearing.

163. One requirement under GDPR was to make it clear to those who would be recorded that there was a CCTV system in place and thus giving them the option to remain and be recorded or to leave. Patient B was not given that information clearly nor before or at the start of her session.

164. The Committee determined Particular 4 in relation to Particular 2(k) is proved.

165. In relation to Particular 2(l), it is alleged that it was inappropriate to ask Patient B to record the treatment on her phone. It was not clear to the Committee why this was considered inappropriate by the Council.

166. The Committee did not find it inappropriate for the Registrant to ask Patient B to record the treatment on her phone. The same allegation was not made against the Registrant in relation to Patient A and the Committee failed to see the difference between the two. In any case, Patient B had control of the footage. She had the ultimate choice of whether to make such a recording, and if such recording how the recording was dealt with and whether such recording was to be disposed. This is not the same as with the CCTV where control of the footage was not in the hands of one or more of the persons being recorded.

167. Therefore, the Committee determined that Particular 4 in relation to Particular 2(l) is not proved.

168. In relation to Particular 2(m), the CCTV footage clearly shows the Registrant's dog entering and in the treatment room whilst Patient B's session was ongoing. The Committee did note that the Registrant did ask Patient B about the dog and she said that she was happy for the dog to remain. The Committee understood that practices may have their idiosyncrasies, but a healthcare professional should always be alive to

possible allegies that patients might have. In those circumstances, permission should be sought before any animal is permitted entry.

169. In these circumstances, the Committee determined that it was not appropriate for the dog to be allowed into the treatment room when Patient B was present.

170. Therefore, the Committee finds Particular 4 in relation to Particular 2(m) proved.

171. In relation to Particular 2(n), the Registrant can be seen on the CCTV to leave the treatment room after administering a treatment without informing Patient B he was going to do so. The Committee were told he did that because he had to let his next patient in.

172. The Committee determined that leaving the room to let the next patient in was not inapprorpriate for a sole practitioner. What was inappropriate, was leaving the room without informing Patient B that he was doing so. From the CCTV footage, it can be seen that the Registrant had just administed a technique on Patient B. Whilst he was administering the technique, Patient B had a rolled up face towel over her eyes and could not see the Registrant leave the room. He was absent for a minute and Patient B can be seen to remove the towel from her eye and appear bewildered, wondering what was going on.

173. The Committee determined that Particular 4 in relation to Particular 2(n) is proved.

174. In relation to Particular 2(o), the Committee took into consideration the fact that the Registrant was a sole practitioner and did not have the benefit of a receptionist. It also took into account, from the video evidence, when in the session the telephone was answered. It was answered twice, once in the beginning of the session when the Registrant was carrying out his assessment and then after a treatment had been administed. The phone calls were from other patients of the Registrant as could be heard from the conversation captured on CCTV. The telephone was not answered during the period when Patient B was being treated, The Committee determine that

Patient B's treatment was not interrupted as a result of the telephone calls being answered.

175. Whilst it was not best practice, the Committee did not consider the Registrant answering the phone in those circumstances to be inappropropriate. It would have been different had he answered the telephone to find it was a social call and he continued with the call.

176. Therefore the Committee finds Particular 4 not proved in relation to Particular 2(o)

177. In relation to 2(p), 2(q), and 2(r) those are matters which should had been done in order to obtain valid consent. The failure to do them is clearly inappropriate.

178. Therefore the Committee finds Particular 4 proved in relation to Particulars 2(p), 2(q), and 2(r).

Determination on Unacceptable Professional Conduct

179. When the hearing resumed on 13 October 2025, having been adjourned from 13 May 2025, the Committee considered whether the facts it had found proved amounted to conduct falling short of the standard required of a registered osteopath namely, whether they amount to unacceptable professional conduct ("UPC"). At this hearing the Registrant was present but unrepresented and had submitted written representations.

180. Mr Micklewright submitted that the conduct of the Registrant was so serious that it amounted to UPC. He said that the overall mischief of the Registrant's conduct was a failure, particularly in relation to Patient B was the failure to obtain valid consent. He submitted that most of the actions of the Registrant that breached the Osteopathic Practice Standards (2019 edition) ("the OPS") led to the failure to obtain valid consent from patients A and B.

181. Mr Micklewright reminded the Committee that whilst Patient A had attended the Registrant's practice for adjunctive therapy, Patient B had not and her expectation was that she would receive mainstream osteopathy treatment. As such, the Registrant's failure to inform her that he was going to provide

her with adjunctive treatment was a serious failure such that it amounts to UPC.

182. Mr Micklewright pointed out that even if the Registrant was going to deliver adjunctive therapy to patients A and B, the standards set out in the OPS still applied, particularly in relation to consent.

183. Mr Micklewright submitted the standards of the OPS that the Registrant did not comply with in this case were as follows:

- *A1 - You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy,*
- *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,*
- *A3 - You must give patients the information they want or need to know in a way they can understand,*
- *A4 - You must receive valid consent for all aspects of examination and treatment and record this as appropriate,*
- *B1 - You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.,*
- *C1 - You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.; and*
- *D7 - You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace.*

184. In his written submissions, the Registrant accepted that in relation to Patient A, his failure to obtain valid consent amounted to UPC. He stated that his enthusiasm and high confidence in the efficacy of his treatment method meant he missed this important step and he regrets his failure.

185. The Registrant did not accept that his actions under Particular 2(d), 2(f) and 2(g), whilst found to be inappropriate and not clinically justified, were so serious as to amount to UPC.

186. In relation to Patient B, the Registrant accepts that his failure to obtain valid consent and his failure to discuss the treatment options and the risks and benefits of his treatment plan amounted to UPC. He said that he regrets his failure and that it arose because of his enthusiasm and high confidence in the efficacy of his treatment method. He accepts that his actions under particulars 2(g), 2(p) 2(q), 2(r) and 3 amounted to UPC.

187. The Registrant did not accept that his conduct under particulars 2(a), 2(b), 2(c), 2(d), 2(e), 2(f), 2(h), 2(i), 2(j), 2(k), 2(l), 2(m), 2(n) and 2(o) amounted to UPC.

188. The Committee bore in mind that there is no standard of proof to be applied at this stage and that the consideration as to whether the threshold for unacceptable professional conduct has been reached is a matter of its professional judgment. The Committee took into account the guidance of Mr Justice Irwin in *Spencer v The General Osteopathic Council [2012] EWHC 3147 Admin)* in which it was stated that a finding of UPC implies "*moral blameworthiness and a degree of opprobrium*."

189. It accepted the advice of the Legal Assessor, whose advice accorded with the submissions of Mr Micklewright on the law. The main points of the advice are as follows:

    a) breaches of the OPS are matters to be taken into account and are not determinative of UPC;

    b) possible serious consequences, if any, of the Registrant's actions also are matters to be taken into account and are not determinative of UPC;

    c) the circumstances and context of the Registrant's actions must be taken into account when determining whether they are serious enough to amount to UPC

190. The Committee also accepted the Legal Assessor's advice that UPC is synonymous with the term 'misconduct' in the regulation of other healthcare regulators. He further advised that UPC and the Council's regulation do not include the concept of 'impairment' found in other healthcare regulators. As such, whilst the Registrant has outlined the remedial actions he had undertaken, they are not relevant to the Committee's consideration in relation to UPC. They are relevant to the next stage of proceedings if the Committee finds UPC. The Committee recognises that the Registrant, being

unrepresented from this stage onwards, is making submissions in relation to UPC and sanctions;

191. The Committee considered the matters found proved in relation to each Patient.

Patient A

192. The Committee took into account the context of Patient A's treatment. She had attended the Registrant's clinic for adjunctive therapy (his Wellsbeing technique) and not for mainstream osteopathy. She was not expecting osteopathic treatment.

193. The Committee next considered the treatment that it found inappropriate and not clinically justified, namely 2(d), 2(f), and 2(g). The Committee had determined that whilst the Registrant did carry out an adequate examination and assessment of Patient A, his failure to record his diagnosis meant that the Committee found these actions to be inappropriate and not clinically justified.

194. However, the Committee noted that whilst some of those treatments were unusual, they did resemble some recognisable osteopathic treatments. For example, there is osteopathic treatment administered by more than one osteopath acting in unison and the weighted copper bags were meant to simulate the pressure that would be applied if other osteopaths were present and carrying out the multi-handed techniques.

195. The Committee determined that the treatment that they found to be inappropriate and not clinically justified, taken in the context set out above, was not so serious as to amount to UPC.

196. In relation to the issue of consent, the Registrant admitted that he failed to obtain valid consent before he rolled Patient A's head with the copper bags on her. The Committee considered that the obtaining of informed consent from a patient before treatment is carried out is fundamental to the practice of an Osteopath. Whilst the Committee recognises that no harm was done from the treatment, the importance of informed consent cannot be understated, and the failure to obtain informed consent from a patient will invariably, absent exceptional circumstances, amounts to UPC.

197. The Committee did not accept the Council's submission that the Registrant's action in relation to particular 2(h) could amount to UPC. The Committee found that his actions set out in that particular, whilst unusual, did not amount to treatment nor were they serious enough to be capable of amounting to UPC, in the context of Mr Wells' demonstration to a fellow therapist once her treatment had finished.

Patient B

198. The Committee took into account the context of Patient B's treatment. She had attended the Registrant's clinic for mainstream osteopathic treatments rather than adjunctive therapy and was not expecting adjunctive treatment to be administered.

199. In the context as set out above, his failure to obtain valid consent in relation to Patient B was more egregious than his similar failure in relation to Patient A. It was paramount that there be a discussion on the treatment options of the Registrant's adjunctive therapy and the risk and benefit. This would have enabled Patient B to give or withhold valid informed consent to the adjunctive therapy that the Registrant carried out on her. As such the Registrant's failure to have such a discussion breached standards A3 and A4 of the OPS.

200. This further highlights the seriousness of the actions of the Registrant that the Committee has found to be inappropriate and/or not clinically justified.

201. The Registrant's failure to reach an appropriate diagnosis such as would justify him diverting Patient B from mainstream osteopathy, which was what she expected, breached standard C1 of the OPS.

202. In relation to the recording of the treatment given to Patient B using CCTV, the Committee recognises that it is not wrong *per se* for such treatment to be recorded via CCTV. However, it must be done in compliance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. These are in place for the protection of the rights of the public. The Registrant did not have a GDPR compliant policy in place and as such has failed to comply with the regulation and the 2018 Act.

203. The Registrant submitted that he had spoken to the Council about using CCTV but they were of little assistance to him. The Committee makes the following comments:

a) *Ignorance of the law is no excuse;*

b) The duty to comply with the regulation and the 2018 Act lies upon the data controller, who is in this case the Registrant;

c) It is the responsibility of a person to familiarise themselves completely with the regulation and the 2018 Act, and should obtain such familiarisation from sources that are reliable and capable of enabling familiarisation, before doing any action that turns them into a data controller.

204. Accordingly, the Committee finds Unacceptable Professional Conduct in this case.

DECISION ON SANCTION

205. The Committee then considered what sanction should be imposed. It heard the submissions of Mr Micklewrite on behalf of the Council and of the Registrant.

206. Mr Micklewright indicated that the Council was not seeking any particular sanction and reminded the Committee of the approach that it should take and that it should have regard to the guidance on sanctions set out in the Council's *Hearings and Sanctions Guidance* (May 2025 edition).

207. Mr Micklewright also submitted that this could not be classed as an isolated incident and drew the Committee's attention to a previous case brought against the Registrant in which, notwithstanding no UPC being found, deficiencies in the Registrant's practice in relation to the issue of consent were identified.

208. The Commitee accepted the advice of the Legal Assessor. He advised the Committee that it should bear in mind that its over-arching duty is:

a) to protect, promote and maintain the health, safety and wellbeing of the public;

b) to promote and maintain public confidence in the profession;

c) to promote and maintain proper professional standards and conduct for members of the profession.

209. The Legal Assessor advised the Committee that any sanction it imposes must be the least restrictive sanction that is sufficient to protect the public and the public interest. It should take into consideration the aggravating and mitigating factors in the case. He reminded the Committee that the purpose of a sanction is not punitive, although it may have that effect. The purpose of a sanction is to protect members of the public and the wider public interest. The Legal Assessor advised that the Committee should consider the least restrictive sanction first and moving up the scale of severity only if the sanction being considered is inappropriate. He also reminded the Committee it must apply the principle of proportionality, weighing the Registrant's interest against the public interest.

210. The Committee had regard to all the evidence presented, and to the Council's guidance.

211. The Committee was satisfied on the evidence before it that the Registrant has demonstrated insight into his failings, but still does not have an adequate working understanding of the issues of consent or of the requirements of GDPR on him as an Osteopath. As such, the Committee was concerned that there remains a real risk of repetition of failing to obtain full and informed consent from his clients and compliance with the requirements of GDPR.

212. The Committee considered it to be an aggravating factor in this case that there was a previous case brought against the Registrant in which, although UPC not found, the Committee identified deficiencies in the Registrant's practice in relation to the issue of consent.

213. The Committee considered the mitigating factors in this case to be as follows:

a) The Registrant has fully engaged with the process;

b) No actual physical harm was caused;

c) The Registrant has demonstrated insight into his failings, albeit not full insight;

d) The Registrant has demonstrated genuine remorse for his failings; and

e) The Registrant is of good character and has a previously good professional record

214. The Committee then considered whether to issue an admonishment. It was mindful of its finding that the Registrant was likely to repeat his lack of competence in relation to the issues of consent and compliance with the requirements of the GDPR. It bore in mind that an admonishment would not restrict his right to practise. In these circumstances, the Committee concluded that an admonishment order would not be sufficient to protect the public from the risk posed by the Registrant or, in any event, to satisfy the wider public interest.

215. The Committee next considered the imposition of conditions of practice. The Registrant has expressed a desire to remain in practice as an Osteopath.

216. The Committee is concerned that the Registrant lacked full insight into the implications that his lack of competence could have on patient safety.

217. In the circumstances, the Committee was of the view that conditions of practice would satisfy the wider public interest, and that it was both fair and reasonable to afford the Registrant the opportunity to safety return to independent practise.

218. Taking into account all of the above, the Committee concluded that conditions could be formulated which would adequately address the risk of repetition posed by the Registrant, and in doing so protect patients and the public during the period they are in force.

219. In all of the circumstances, the Committee determined that conditions of practice was both appropriate and proportionate as sanction. It decided to make an conditions of practice order for a period of twelve months.

220. The Committee went on to consider suspension as a sanction and decided that this was not an appropriate sanction to be imposed in this case as there are none of the serious factors outlined in the Council's guidance in relation to suspension of a Registrant's practice.

221. The conditions of practice are as follows:

Conditions relating to your practice as an Osteopath

1. *Attend an in-person training course on the issues and principles of informed patient consent and provide evidence of satisfactory completion of the course by way of certificates or similar.*

2. *Attend a course, online or in-person on the requirements expected of Osteopaths under the General Data Protection Regulation and provide evidence of satisfactory completion of the course by way of certificates or similar.*

3. *Put in place a policy for compliance with the requirements of the General Data Protection Regulation, such as is common in other Osteopathic practices. Provide the Committee reviewing this order with a copy of said policy.*

4. *Write a reflective piece on your understanding of the issues and principles related to obtaining informed consent of patients.*

5. *Write a reflective piece of the changes you has made to your practice in relation your understanding of the General Data Protection Regulation.*

6. *You will be responsible for meeting any and all costs associated with complying with these conditions.*

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.

Section 22(13) of the Osteopaths Act 1993 requires this Committee to publish a report that sets out the names of those osteopaths who have had Allegations found against them. The Registrant's name will be included in this report together with details of the allegations we have found proved and the sanction that that we have applied today.