

GENERAL OSTEOPATHIC COUNCIL
PROFESSIONAL CONDUCT COMMITTEE

Case No: 860

Professional Conduct Committee Hearing

DECISION

Case of: Peter Rees

Registration Number: 1398

Committee: Sue Ware (Chair)
Caroline Easter (Osteopath)
Rachel Forster (Lay)

Legal Assessor: Peter Steel

Representation for Council: Guy Micklewright

Representation for Osteopath: Sapandeep Maini-Thompson

Clerk to the Committee: Sajinee Padhiar

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

Date of Hearing: 21 July 2025

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Summary of Decision:

Stage One

Decision on Facts (Case No. 860/1398)

The allegation as amended, is that you, Peter Rees have been guilty of unacceptable professional conduct, contrary to section 20(1)(a) of the Osteopaths Act 1993, in that:

1. Patient A attended osteopathy appointments with the Osteopath on:
 - a. 9 March 2022
 - b. 14 March 2022

Admitted and found proved

2. During the appointment on 9 March 2022, you:
 - a. made an inappropriate comment to Patient A by referring to her as 'Nora Batty'.
 - b. ~~failed to show empathy towards Patient A's pain and lack of mobility.~~
 - c. manipulated Patient A's thoracic spine.

Admitted and found proved

3. During the appointment on 14 March 2022, you:
 - a. manipulated Patient A's thoracic spine.
 - b. did not take any or any appropriate action when Patient A advised you of pain in her shoulder.

Admitted and found proved

4. Your treatment as set out in 2c was not in Patient A's best interest in all the circumstances of the case and/or not clinically justified, in that spinal manipulation was contraindicated due to the recurrence of Patient A's [REDACTED] in around 2020.

Admitted and found proved

5. Your treatment as set out in 3a was not in Patient A's best interest in all the circumstances of the case and/or clinically justified, in that:
 - a. Spinal manipulation was contraindicated due to the recurrence of Patient A's [REDACTED] in around 2020.
 - b. ~~you did not obtain adequate information from Patient A in relation to her attendance at hospital on around 12 March 2022.~~

Admitted and found proved

6. Your conduct as set out in 2a, ~~2b~~, 2c, 3a, and/or 3b was inappropriate.

Admitted and found proved

Stage Two

Summary of Finding on Unacceptable Professional Conduct

Unacceptable Professional Conduct found proved.

Stage Three

Sanction

Sanction of Admonishment imposed.

Details of Decision:

Preliminary Matters:

1. The parties and the Committee introduced themselves.

Declarations:

2. Prior to the commencement of a hearing, each member of the Professional Conduct Committee (PCC) is required to declare whether they know of any reason why they should not sit upon the case. This declaration is intended to ensure that fairness is done and is seen to be done to all parties.
3. Each member of the PCC made this declaration.

Bundles

4. The Chair took the parties through the documentation to ensure everyone had the same material.

Amending the Allegation


5. Mr Micklewright, acting on behalf of the Council, applied to amend the allegations as marked in red under the heading **"Summary of Decisions"** above. Mr Micklewright submitted that the intention behind the amendment to withdraw allegation 2b was to reflect the evidence now available in the light of [REDACTED] and the likelihood of proving that allegation.
6. As regards the withdrawal of allegation 5(b) it was apparent that there was no further relevant information that Patient A could have supplied that would have impacted on Mr Rees' approach to treatment. [REDACTED]. It was clear that she would not have been aware of that following her hospital attendance on 12 March 2022. It was not therefore an allegation that had a realistic prospect of success.
7. The proposed amendments were agreed by the Registrant.

8. The Committee accepted the advice of the Legal Assessor about its ability to permit amendment of the allegation under Rule 24 of the General Osteopathic Council Professional Conduct Committee (Procedure) Rules Order of Council 2000 (the Rules).
9. Having considered the proposed amendments and the oral representations the Committee concluded that there would be no injustice in acceding to the application, which had been agreed by the Registrant. The Committee accepted that the effect of the amendments was to reflect the evidence as it now stood (as well as the statement of facts agreed by the Registrant). The amendments did not cause any prejudice to the Registrant, but equally did not cause a risk of under prosecution in the circumstances. It therefore allowed the amendments as set out above.

Admissions

10. Following the conclusion of the application for amendments to the allegations, the Registrant admitted the allegation in its entirety. The Committee therefore found the allegation and the findings of fact consequent upon it proved as set out under the heading **"Summary of Decisions"** above.

Background

11. At the relevant times, Mr Rees practised as a self-employed osteopath at the Stourbridge Osteopathic & Acupuncture Clinic, 15 -17 Lawn Avenue, Stourbridge, DY8 3UR.
12. On 22 March 2022, the Council received a complaint from Patient A about the treatment she had received from Mr. Rees. Patient A said that she had attended appointments with the Registrant on 9 and 14 March 2022 for treatment of lower back pain.
13. Mr. Rees had not previously treated Patient A. 
14. It was clear that Mr Rees was aware of Patient A's previous diagnosis and that she had had reconstructive surgery from his witness statements and from the written transcript he prepared of his notes.
15. During the first appointment on 9 March 2022, Mr. Rees made a comment about Patient A referring to her as "*Nora Batty*", which was a pejorative reference to a fictional character from the TV series "Last of

the Summer Wine” and she felt he was not empathetic. Despite this, Patient A chose to give Mr. Rees “*the benefit of the doubt*” and booked a second appointment, which she attended on 14 March 2022.

16. At that appointment, Patient A said that she informed Mr. Rees that she felt “*locked up*”. He mobilised and manipulated Patient A's thoracic spine, which she said resulted in a loud crack. She cried out in pain and told him that it was painful. Mr. Rees allegedly did not say or do anything in response. After the appointment she again mentioned the pain she was experiencing to Mr. Rees as she was waiting to pay. Patient A said that he was nonchalant and unconcerned.
17. Patient A remained in pain, so she attended her local hospital on 17 March 2022. An x-ray indicated that her right clavicle was fractured.
18. [REDACTED]
19. An expert retained by the GOsC, Mr Tim McClune and an expert instructed on behalf of Mr Rees, Mr Devan Rajendran, produced two joint reports on the case dated 8 February and 10 April 2024 respectively. Those reports concluded that in respect of particulars 3b, 4, 5a and 6 of the amended allegations (as set out above) Mr Rees’s conduct would (should the underlying facts be found proved) be considered to “*fall significantly below the appropriate standard of care*”.
20. Mr Rees signed an agreed statement of facts on 12 February 2025, in which he admitted the particulars of allegation set out at the start of this determination as well as other facts, which included that:
 - he had manipulated Patient A’s spine at both consultations using the “DOG” technique;
 - the “DOG” technique did not constitute gentle spinal manipulation; and
 - following the application of the “DOG” technique at the second consultation, Patient A reported pain in her shoulder, the likely cause of which was that use of the “DOG” technique had fractured her clavicle.

Submissions on Unacceptable Professional Conduct (“UPC”)

21. Mr Maini-Thompson on behalf of Mr Rees accepted that the admitted facts could constitute UPC.
22. Mr Micklewright on behalf of the GOsC said that despite this concession it was for the Committee to determine whether UPC was made out.

The Committee’s Findings on UPC

23. The Committee accepted the advice of the Legal Assessor. The Committee bore in mind that there is no standard of proof and that a determination as to whether the threshold for UPC has been reached is a matter of judgment. The Committee had regard to Section 20 of the Osteopathic Act 1993, which defines UPC as conduct which “falls short of the standard required of a registered osteopath”. It considered guidance from the Council and the matters set out in *Spencer* that Unacceptable Professional Conduct is conduct which implies some degree of “moral blameworthiness”. It bore in mind the case of *Shaw v General Osteopathic Council* [2015] EWHC 2721 (Admin), which indicated that although conduct had to be serious to reach the required threshold, it did not need to be so serious that imposing an admonishment would be too lenient.
24. The Committee considered that the facts found proved collectively demonstrated a serious departure from the standards required of an osteopath. The findings demonstrated that the Registrant had ignored or disregarded complaints of pain by Patient A and had provided inappropriate treatment that resulted in harm to her.
25. The Committee considered that those facts demonstrated breaches of the 2019 Osteopathic Practice Standards, namely: Standards A1 (You must listen to patients and respect their individuality, concerns and preferences); A2 (You must work in partnership with patients); B3 (You must keep your professional knowledge and skills up to date); and C1 (You must be able to...deliver safe, competent and appropriate osteopathic care to your patients).
26. The Committee took account of the fact that a breach of the OPS does not automatically constitute unacceptable professional conduct. However, in this case the Committee considered that, viewed in the round, the conduct of the Registrant fell seriously short of the standard required of an osteopath. It therefore found that the facts proved amounted to unacceptable professional conduct.

Submissions on sanction

Submissions on behalf of the Council

27. Mr Micklewright submitted that the appropriate sanction in this case was a matter of judgment for the Committee, based on what it had heard in this case and informed by the guidance contained in the Council’s Hearing and Sanctions Guidance 2025.
28. In arriving at its determination, Mr Micklewright said that the Committee should act proportionately, having regard to the Council’s overriding objective, namely the protection of the public which in turn involves protecting, promoting and maintaining the health, safety and well-being

of the public; promoting and maintaining public confidence in the profession of osteopathy; and promoting and maintaining proper professional standards and conduct for members of the profession. He took the Committee through the sanctions available to it.

29. Mr Micklewright said that while it was accepted that Mr Rees had demonstrated some insight by his admissions to the allegations, he invited the Committee to consider the stage of the proceedings at which those admissions emerged and what this said about the degree of Mr Rees's insight.
30. Mr Micklewright submitted that the most serious aspect of the case was contained in allegation 3b. Patient A was in pain, had said that she was in pain on no less than 3 occasions and yet Mr Rees had not taken any action in response. Mr Micklewright said that this was a factor the Committee should take into account in arriving at a sanction.

Submissions on behalf of the Registrant

31. Mr Maini-Thompson, on behalf of Mr Rees, submitted that his client was of good character, this being the first time in a 40-year career that he had been referred to the GOsC.
32. Mr Maini-Thompson asked the Committee to note that the first step Mr Rees had taken on hearing from the GOsC was to identify the deficiencies in his own learning and to work on them. Mr Rees had recognised that he had experienced a lapse of judgement with respect to Patient A and would now act differently if the situation presented itself again.
33. Mr Maini-Thompson acknowledged the issue concerning Patient A's pain, but, in the absence of evidence from Patient A, he urged caution on the Committee before it concluded that the admitted UPC was of a severe nature.
34. Mr Maini-Thompson referred to references from patients and colleagues in the bundle before the Committee, which portrayed Mr Rees as a conscientious practitioner of high integrity. Mr Maini-Thompson said that the risk posed by Mr Rees was exceedingly small or non-existent. The Registrant's long unblemished record meant that these events should be seen as an isolated lapse in his long career. Further, Mr Rees had immediately sought to develop his learning.
35. Mr Maini-Thompson acknowledged that the training that Mr Rees had received was not formal CPD. The trainer, Dr Evans had not delivered a formal course, but his detailed statement before the Committee indicated its content and format. The fact that Mr Rees had chosen Dr Evans in fact demonstrated his conscientiousness. At the time the complaint arose, Mr Rees had not been able to find any formal CPD courses that were

immediately available. However, he wanted to ensure that any mistakes he had made with Patient A were not repeated, and thus chose to approach Dr Evans.

36. Mr Maini-Thompson suggested that the appropriate sanction in this case would be admonishment. He said that Mr Rees had demonstrated insight by his admissions and approach to these proceedings, and there was nothing further to address in his learning, as demonstrated by his reflective statement.

37. Mr Maini-Thompson said that if the Committee was unconvinced that an admonishment was appropriate, then a highly particularised Conditions of Practice order, setting out exactly the proposed training and learning that Mr Rees should fulfil in excess of that he had done already, would be an appropriate alternative.

The Committee's Decision on Sanction

38. The Committee had regard to the submissions of the parties and accepted the advice of the legal assessor on sanction.

39. The Committee took into account the guidance in the Council's Hearings and Sanctions Guidance 2025.

40. With regard to aggravating factors, the Committee noted that although Mr Maini-Thompson had told the Committee of his client's remorse, his statements did not seem to contain any proper recognition by Mr Rees of the effect on Patient A of his conduct, whether it be the inappropriate remark, the failure to acknowledge her pain or the inappropriate treatment provided. There were only general expressions of regret and a statement to the effect that he should not have acted as he did.

41. In respect of mitigating factors, the Committee noted that Mr Rees had taken prompt action to address the deficiencies in his knowledge that this case had unearthed. The Committee considered that it was to Mr Rees' credit that he had sought bespoke training from Dr Evans rather than delay in remedying those problems.

42. Further, although there had been a clear development of Mr Rees' position as regards the GOsC prosecution, the Committee also acknowledged his unequivocal admissions, which, combined with the work he done with Dr Evans about "red flags" and manipulation over the three years since Patient A complained to the GOsC, suggested a high degree of insight.

43. The Registrant was of previous good character, and the Committee noted the testimonials received from patients and other professionals attesting to his professionalism, integrity and quality of care.

44. Overall, the Committee considered that the risk of any repetition of similar conduct was slight, given that the issues principally concerned Mr Rees' clinical knowledge, which was remediable, and the insight he had demonstrated by his conduct since this complaint came to light.
45. The Committee recalled that the purpose of a sanction is not to be punitive, although it may have that effect. Rather, its purpose is to protect patients and the wider public interest. The Committee bore in mind the necessity for any sanction to be proportionate, taking into account both the Registrant's interests and the need to uphold the public interest.
46. The Committee first considered whether to admonish Mr Rees. While it considered that the failings in this case were serious, they represented a single case in a professional career of over 40 years.
47. As set out above, Mr Rees had demonstrated significant insight in his approach to these proceedings. The Registrant first took steps to remedy his identified failings in July 2022, including the training with Dr Evans referred to above, introducing a revised case history form and revising his clinical approach. In addition he had undertaken refresher training with Dr Evans in 2023 and 2024 and had produced a reflective statement for this hearing, which included examples of how he had amended his clinical practice.
48. There had been no further complaints since this matter came to light and the Committee had assessed the risk of repetition as low. Accordingly there was no evidence that Mr Rees constituted a danger to the public. The Committee concluded that all these factors meant that a sanction of admonishment would adequately address the particular circumstances of this case.
49. By way of a check on its reasoning, the Committee went on to consider whether a Conditions of Practice Order would be appropriate. The Committee concluded that it would not be possible to formulate suitable conditions of practice, as Mr Rees had already addressed the conduct of concern by training and reflection, and therefore to order him to complete further such CPD would seem redundant.
50. The Committee concluded that to admonish the Registrant would appropriately mark the seriousness of the UPC found proved in this case and would underline to the Registrant, the profession and the public that such behaviour was unacceptable. The Committee hoped at the same time that in the light of that decision, Mr Rees would continue to reflect on his communication skills, as well as his clinical knowledge, given the stress placed on working in partnership with patients by the OPS.

51. The Committee therefore ordered that the Registrant, Mr Peter Rees, be admonished.

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 nature of the Allegations and the steps taken by the Committee in respect of the osteopaths so named.