

GENERAL OSTEOPATHIC COUNCIL
PROFESSIONAL CONDUCT COMMITTEE

Case No: 912/11259

Professional Conduct Committee Hearing

DECISION

Case of: PEI LING YUEN (KATSI)

Committee: Melissa D’Mello (Panel Chair)
Balbinder Kaur Johal (Lay member)
Catherine Hamilton-Plant (Osteopath)

Legal Assessor: Jeff Widdup

Representation for Council: Andrew Colman (Counsel)

Representation for Osteopath: Philip Dayle (Counsel)

Clerk to the Committee: Sajinee Padhiar

Dates of Hearing: 22nd, 23rd & 24th June 2026

Summary of Decision:

Particulars 1(a), (b), (c) admitted and found proved.
Particulars 2(a), (b), (c) in relation to Appointment 1 admitted and found proved.
Particulars 2(a) and (c) in relation to Appointments 2 and 3 found not proved.
Particular 2(b) in relation to Appointment 2 found proved.
Particular 2(b) in relation to Appointment 3 found not proved.
Particular 3 in relation to Appointment 1 admitted and found proved.
Particular 3 in relation to Particular 2(b) of Appointment 2 found proved.
Particular 3 in relation to Particulars 2(a) and (c) of Appointment 2 and Particulars 2(a), (b) and (c) of Appointment 3 found not proved.

Unacceptable Professional Conduct: Found proved.

Sanction: Admonishment.

Allegation and Facts

The allegation is that you, Pei Ling Katsi Yuen, have been guilty of unacceptable professional conduct, contrary to section 20(1)(a) of the Osteopaths Act 1993, in that:

1. Patient A attended appointments with you on the following dates:
 - a. 6 October 2023 (Appointment 1)
 - b. 13 October 2023 (Appointment 2)
 - c. 16 October 2023 (Appointment 3)
2. During Appointment 1 and/or Appointment 2 and/or Appointment 3, you applied acupuncture treatment to Patient A, which:
 - a. was administered through Patient A's clothing;
 - b. you failed to obtain Patient A's valid consent for;
 - c. was not applied correctly and/or safely.
3. Your conduct at paragraph 2 in its entirety was inappropriate.

Decision:

1. No preliminary issues were raised at the start of the hearing.
2. No conflicts of interest existed.
3. The Committee reminded both Counsel that if reference were to be made to issues relating to Patient A's medical history the evidence would need to be dealt with in private.
4. The charges were read and the following admissions were made by the Registrant:
 - (i) Paragraph 1 was admitted in full.
 - (ii) Paragraphs 2 and 3 were admitted in full in relation to Appointment 1.

5. The Committee was told by Mr Colman that Patient A attended the Richards Clinic in Crawley, West Sussex on three occasions in October 2023. She received treatment there after suffering a lower back injury at work. On each occasion she was treated by the Registrant.
6. Patient A was in severe pain when she first consulted the Registrant. She had been wearing pyjamas at home and had been unable to shower. She attended the clinic in pyjamas and was accompanied by her former husband.
7. During Appointment 1 the Registrant suggested to Patient A that she would benefit from acupuncture. Patient A agreed to this treatment which proceeded by the Registrant inserting the needles through Patient A's clothes.
8. Patient A's complaint to the Council was that she also received acupuncture through her clothes at Appointments 2 and 3. At the second appointment she was again accompanied by her former husband. At the third appointment he was at work and a friend attended with her.
9. Neither the former husband nor the friend gave evidence. The Committee was told that Patient A's marriage had ended since October 2023 and the friend had passed away.
10. The Council's case is that the Registrant did not obtain informed consent in that she did not inform Patient A of the risks arising from acupuncture or of the particular risks of placing the needles through clothes. The Council's case is that inserting needles through clothes is always inappropriate due to the risk of infection.
11. The Registrant admitted that she inserted needles through clothes at Appointment 1. Her case is that at Appointment 2 she administered acupuncture through bare skin after moving Patient A's clothes and that no acupuncture was carried out at Appointment 3.
12. The Registrant also accepted that Patient A's agreement to have acupuncture through her clothes was vitiated because this mode of treatment should not have been proposed by the Registrant.
13. Patient A provided the Council with information about her subsequent medical history which included admission in an emergency to East Surrey Hospital in November 2023 for an infection.

14. The Council did not allege that Patient A's illness was caused by acupuncture and the issue of causation was not therefore one for the Committee to consider.

The evidence

15. The following section of this decision does not set out a verbatim or complete account of the evidence and only describes what the Committee considered to be the main points of the oral evidence.

16. Patient A gave evidence and confirmed that the contents of her witness statement were true to the best of her belief.

17. She was asked a supplementary question by Mr Colman and she described the pyjamas she was wearing at Appointment 1 which had a Christmas theme. The pyjamas were somewhat loose.

18. In cross examination Patient A said that she had a conversation with the Registrant before treatment began on 6 October. She had said that she had been injured at work and since then had been unable to have a shower. The Registrant had suggested acupuncture to her. Before this she had not known that osteopaths could administer acupuncture. She just wanted something to take away the pain and because of the pain the Registrant said she would do it through her pyjamas. She did not pull down her trousers and to the best of her recollection alcohol wipes were not used.

19. Patient A said that she could not fault the Registrant as an osteopath and the acupuncture was her only concern.

20. When she returned for the second appointment she felt better. She had been able to shower and she had changed her trousers. The Registrant had done the same maneuvers as at the previous session and had then asked Patient A if she would like acupuncture. It had seemed to help and she agreed to have it. Patient A said that this was again carried out through her clothes. She could not recall the conversation she had with the Registrant. She said that her clothes had not been moved and she repeated that the Registrant administered the acupuncture through her clothes.

21. Patient A was asked about appointment 3. She said she had been in severe pain and had had pain relief medication prescribed for her. She

- had also been to the hospital about her pain. She had been able to walk into the clinic but she was in a lot of pain and this felt different from the earlier occasions. She said that the appointment was similar to the two earlier sessions but the Registrant could not do the maneuvers because of the pain. She believed that acupuncture took place.
22. In re-examination she said that she had said at the first appointment that she had not changed into fresh pyjamas and she had not been wearing thin black leggings.
 23. In answer to a question from the Committee she said that the Registrant did not move her clothes at the second appointment.
 24. She could not say how many needles had been used at the appointments. It was maybe six but not more than ten.
 25. At the third appointment she said that acupuncture had been applied through her clothes.
 26. After the evidence of Patient A, Mr Colman told the Committee that the remainder of the evidence in support of the Council's case was the treatment notes and the agreed report of Mr Rajendran.
 27. The Registrant gave evidence and relied on the contents of her two witness statements.
 28. In answer to questions from Mr Dayle she said that in October 2023 she had been working as an osteopath for a year.
 29. She described the first appointment and said that it took Patient A five minutes to walk down the corridor. Patient A had said that she had not been able to have a bath but she had changed her pyjamas and was wearing thin black leggings. She could not sit down and was perching on the edge of the bed or was semi reclined. She had taken a case history and then assessed her by maneuvering her joints. She had identified a problem with her sacro-iliac joint and her muscles seemed to be very tight. The Registrant said that she had suggested acupuncture and had discussed the risks which were involved. Patient A's leggings kept "pinging up". She said she would not normally do acupuncture through clothes and because she was not used to people exposing their bottom completely she had foolishly said she could do it through the leggings. Patient A agreed and she then cleaned the skin and the leggings with a wipe. She only needed to use one needle. With hindsight she accepted that she should

- have moved her clothes and covered her with a towel but she referred to her own body shyness and to her lack of confidence at this time.
30. The Registrant said she does not now do acupuncture. She had been aware of the risk of infection at the time and had been hesitant to perform acupuncture through the Patient's leggings.
 31. At the second appointment Patient A had less pain and more movement. She could shower and go upstairs. She got along the clinic corridor in two minutes. They had then had a conversation and she assessed her movements which seemed better. The Registrant said that she had worked on Patient A's soft tissues and had then asked if she could use acupuncture again. Patient A was prone and her trousers were less of an issue. Patient A had pulled down her trousers more than was needed and the Registrant pulled them up. She explained to Patient A that there was less risk if the needles were inserted through bare skin but there could be pain or bleeding or swelling. She had used an alcohol wipe before and after the needling.
 32. The Registrant advised Patient A to return for more treatment on her sacro-iliac joint. At this time, she was moving better and walked down the corridor in only 30 seconds. While assessing Patient A, the Registrant noticed that her skin looked a bit blue. Patient A was happy for treatment to continue and her movement seemed a lot better. On that appointment she did not give Patient A any acupuncture treatment because she was trying to correct the problem with the sacro-iliac joint and needling would not achieve this. The Registrant said that she definitely did not place needles through clothes at the second appointment and she did not use acupuncture at all at the third.
 33. In cross examination she was asked what had made her aware that she should not place needles through clothes. She said that this was when she was contacted by the Council when the complaint was made and before that, on the evening of the first appointment she had been given a lift home by the clinic owner and had discussed Patient A's case. She said it was poor clinical judgment on her part.
 34. The Registrant was also asked whether a reference in her witness statement to modesty related to her or to Patient A. She said it referred to Patient A but the Registrant herself is body shy. She was asked whether the explanation for the needling through clothes was just poor judgment but she said that she still thought modesty was a factor. She had realized it was wrong after playing back in her mind what had happened.

35. The Registrant also accepted that her notes were incomplete. This was due to a lack of time and she did not realise how much information she should include in the notes. She could have been clearer in her explanation to Patient A and she could have asked her to lower her trousers. She had informed Patient A about the risks of acupuncture through clothes but not in detail.
36. In re-examination she said that she now has an increased awareness of the risks of acupuncture through clothes.
37. In answer to questions from the Committee the Registrant said that she uses the computer to keep a record and consent is usually recorded. When asked whether she had made any changes to her practice she said that the clinic's forms have been updated and improved.
38. The Registrant was also asked to describe how she went about obtaining consent and she said that she would describe the techniques which could be used and the alternatives and the risks.
39. The Registrant also described the training she had undertaken on acupuncture and this had involved two weekend courses.
40. The Registrant was asked when she had first referred in these proceedings to her body shyness. She could not recall whether it was in her witness statements but she had been shy about explaining this. She had raised it for the first time at the hearing. She had started to explore more about being open with bodies and she realizes she can cover with a towel any areas she does not need to see.

The submissions

41. In his submissions Mr Colman referred to a clear conflict of evidence. He submitted that Patient A was an honest and fair witness who had been complimentary about the Registrant. In contrast he submitted that the Registrant's evidence had been evasive. Patient A's evidence was also consistent with the clinical notes.
42. Mr Dayle submitted that this was a case of poor clinical judgment and the Registrant had put modesty ahead of safety of the patient. By needling through clothes, the Registrant had vitiated the patient's consent. He submitted that the Registrant had shown herself to be a credible witness.

The Committee's decision on the facts

43. The Committee took into account that the burden of proof remains on the Council to prove the facts on which it relies and that it must do so to the civil standard namely proof on a balance of probability.
44. The Committee accepted the advice of the Legal Assessor.
45. The Council's case is that the Registrant used acupuncture on three occasions when treating Patient A and she did so by inserting needles through her clothes rather than bare skin. If proved, no valid consent will have been given for this treatment and the treatment itself will be incorrect, unsafe and inappropriate. In relation to paragraph 2 (b) of the charge the allegation is that no valid consent was obtained for the treatment. The Committee noted that paragraph 4 of Mr Colman's skeleton argument submits that the Registrant did not warn Patient A about any risks from acupuncture and the Committee therefore considered the evidence in relation to informed consent for acupuncture generally and not relating solely to acupuncture through clothes.
46. The Committee started by considering the credibility and reliability of Patient A and the Registrant. In this case, there is an important conflict of evidence in relation to Appointments 2 and 3 and the Committee therefore had to consider whether the Council had proved to the required standard that Patient A had received acupuncture at the second and / or third appointments and if so whether the Registrant inserted the needles through Patient A's clothes.
47. For the following reasons the Committee find that Patient A was a credible witness.
- Her evidence was consistent with her witness statements.
 - Her account of the needling through her clothes at Appointment 1 was admitted by the Registrant.
 - Patient A gave her evidence in a fair-minded way giving credit to the Registrant for her skills as an osteopath.
48. The Committee went on to consider whether Patient A's recollection of events was accurate and reliable. It finds that Patient A was in considerable pain and stress at each of the appointments and by the time of the second appointment she was taking prescription medication to control her pain. There were a number of times when Patient A said in her witness statement of 20 July 2025 that she was unable to remember aspects of her treatment. Additionally, at Paragraph 16 of her witness statement, she said '*After Appointment 2, I became very forgetful and continued feeling very tired...*' These factors lead the Committee to

- conclude that, in the particular circumstances of Patient A's health, there are inherent risks in assuming that her evidence, while honest, was entirely reliable.
49. The Committee find that the Registrant was trying to assist the Committee. It notes, and gives her credit for, her admissions to needling Patient A through clothes at the first appointment. While her record keeping in relation to all three appointments was poor and lacking important detail the record of the first two appointments shows that acupuncture was provided whereas there is no record of that in relation to the third appointment.
50. Although her evidence about her body shyness was new in that it was not contained in her witness statements, the Committee could identify no inconsistencies in her evidence.
51. This is a case in which the Committee finds that there is a clear conflict of evidence about events about which there is evidence from only two witnesses. It finds itself in the position that both witnesses were honest and both were trying to assist the Committee, but the evidence of Patient A was, through no fault of hers, less reliable because of the medication she was taking at the time and the considerable pain and stress she was dealing with. There were a number of times when Patient A said in her witness statement of 20 July 2025 that she was unable to remember aspects of her treatment.
52. The Committee applied the burden and standard of proof and finds that the Council has not discharged that burden in relation to the allegations of needling through clothes at appointments 2 and 3. The Committee find that the evidence of the Registrant about her reasons for not inserting needles through clothes at those appointments was credible and it accepts that at those appointments Patient A was more mobile and in less pain than at the first appointment.
53. The Committee also attached some weight to the fact that, whereas the clinical notes relating to the first two appointments referred to acupuncture, no such note appears in relation to the third appointment. The Registrant's evidence that the purpose of this appointment was to address the sacro-iliac joint and that needling would not assist this process was credible and supports the Registrant's case that no acupuncture occurred at the third appointment.
54. The Committee carefully considered the evidence relating to the obtaining of consent for acupuncture from Patient A. The Council's case is that

acupuncture through clothes is never appropriate and it is common ground between the parties that Patient A could not give valid consent to that treatment.

55. The Committee carefully considered all the evidence concerning Patient A's consent to acupuncture at Appointment 2. It finds that the process used by the Registrant was unsatisfactory in the following respects:

- She failed to record in the clinical notes what Patient A was told about acupuncture and that she had consented to it.
- The Registrant did not fully explain the risks of acupuncture to Patient A or why it was appropriate treatment for her condition.
- In cross examination she admitted that her explanation to Patient A was unclear and lacked detail.
- She failed to take a sufficient account of Patient A's vulnerability due to her pain and stress when explaining specific aspects of the treatment.

56. The Committee applied these findings to the unadmitted charges and finds as follows:

Particular 2

During Appointment 1 and/or Appointment 2 and/or Appointment 3, you applied acupuncture treatment to Patient A, which:

- a. was administered through Patient A's clothing;*
- b. you failed to obtain Patient A's valid consent for;*
- c. was not applied correctly and/or safely.*

57.2 (a) (b) and (c) Admitted and found proved in relation to Appointment 1.

58.2 (a) Not proved in relation to Appointments 2 and 3

59.2 (b) Proved in relation to Appointment 2. Not proved in relation to Appointment 3.

60.2 (c) Not proved in relation to Appointments 2 and 3.

Particular 3

Your conduct at paragraph 2 in its entirety was inappropriate.

61. Admitted and proved in relation to paragraph 2 (a), (b) and (c) in respect of Appointment 1.

62. Proved in relation to paragraph 2 (b) and Appointment 2. Not proved in relation to 2 (a) and (c) in respect of Appointment 2 and 2(a), (b) and (c) in respect of Appointment 3.

63. The Committee will go on to consider the next stage of the hearing.

The Committee's decision on unacceptable professional conduct

64. In considering the issue of unacceptable professional conduct, the Committee has had regard to its findings of fact and to the submissions of both Counsel. Although Mr Dayle accepted that the Registrant's conduct was inappropriate and reached the level of seriousness to amount to unacceptable professional conduct that remains an issue for the Committee to assess.

65. In making that assessment the Committee has also had regard to the case of *Spencer v GOSC (2012) EWHC 3147* which is referred to in Mr Colman's written submissions.

66. The findings of fact in this case show that at an early stage of her career the Registrant provided Patient A with acupuncture when she had only limited experience and understanding of it. Her decision to place needles through Patient A's clothes was a serious error which exposed Patient A to the risk of infection.

67. In addition, the Registrant failed to obtain the fully informed consent of Patient A to acupuncture and her knowledge of the process of obtaining and documenting consent appeared to be limited.

68. The Committee noted the submissions of Mr Colman in relation to the Osteopathic Practice Standards 2019 (OPS) and accepted those submissions and find that the Registrant's conduct contravened acceptable OPS standards.

69. The Committee therefore concluded that the Registrant's conduct reached the level of unacceptable professional conduct.

The Committee's decision on sanction

70. The Committee has taken into account all of the documentary and oral evidence, together with the submissions of both Counsel. It has also had regard to the Indicative Sanctions Guidance. It accepted the advice of the Legal Assessor.

71. At this stage of the hearing the decision on sanction requires the Committee to make a judgment on the appropriate and proportionate measure which addresses the public interest.
72. In this case the public interest involves the protection of patients and the public, the upholding of public trust and confidence in the profession and its regulatory process and the maintenance of proper standards by registrants.
73. The Committee started by considering the aggravating and mitigating features of this case.
74. The following circumstances amount to aggravating features:
- Patient A was a vulnerable patient who was in considerable pain when she came for treatment.
 - The Registrant's treatment exposed Patient A to the risk of infection.
75. The following circumstances amount to mitigating features:
- The Registrant admitted that she had placed one needle through clothes on one occasion and that she had failed to obtain the patient's informed consent for acupuncture on two occasions.
 - This was an isolated event involving the treatment of one patient at two appointments over an eight-day period.
 - The Registrant's actions were misjudged rather than deliberate and occurred at a time when she was working long hours.
 - The Registrant was at the early stages of her career.
 - The Registrant has reflected on her treatment of Patient A.
 - The Registrant has no previous or other adverse history.
76. The Committee also considered the extent of the Registrant's insight into her failings and whether or not she has remediated those failings. In doing so it has considered whether her actions are open to remediation, and have been remediated and are unlikely to be repeated.
77. Mr Dayle provided the Committee with the current GOsC undertakings in place, two additional witness statements by the Registrant and certificates of courses attended by the Registrant.
78. The Committee accepts that the Registrant has undertaken a considerable amount of continuing professional development and this has included

work on consent issues and on the importance of accurate and detailed record keeping.

79. The Registrant had already provided the Committee with seven character references from patients, all of which praised her skills, manner and professionalism as an Osteopath and described how she had helped them with their health conditions. The Committee noted that three of the references at pages D26, D28 and D29 were of particular weight. The second of those references was from her former practice manager who had also been treated clinically by her. The first and third references were from clients who were aware of the complaint made by Patient A but who were, nevertheless, complimentary about the Registrant.
80. In addition, Patient A herself said this about the Registrant in her witness statement: *"I feel that Katsi was brilliant in everything including her bedside manner"*.
81. The Committee accepts that the Registrant has been subject to undertakings which involved her agreement not to provide acupuncture. She has also said that she has no intention of providing this form of treatment. The Committee is satisfied that she is sincere in that but her present intentions may change and it has therefore considered the level of her insight and the risk of repetition.
82. Taking into account the Registrant's oral evidence under oath, both at the fact-finding stage and at the sanction stage of the hearing, the Committee was satisfied that the Registrant is genuinely remorseful, that she has reflected at length on her treatment of Patient A and that she has learnt important lessons from her process of reflection. This leads the Committee to the conclusion that she has developed insight into her failings and the existence of that insight means that the chances of repetition are greatly reduced.
83. The Registrant's failings in October 2023 were clinical in nature. The Committee is satisfied that they can be remediated and that the courses have enabled her to make good shortcomings in her clinical knowledge and practice. The Committee therefore considers that the risk of repetition is low in this case.
84. The Committee bore in mind the principle of proportionality and balanced the interests of the Registrant with the public interest. Proportionality also

requires the Committee to take the minimum necessary action to address the public interest. It is not part of the role of the Committee to act in a way which is punitive.

85. The Committee started by considering the least serious measure, namely admonishment.

86. The Sanctions Guidance states at paragraph 64:

Admonishment may be appropriate when most of the following factors are present (this list is not exhaustive):

- a. There is no evidence to suggest that the osteopath poses any danger to the public.*
- b. The osteopath has shown insight into their failings.*
- c. The behaviour was an isolated incident.*
- d. The behaviour was not deliberate.*
- e. There has been no repetition of the behaviour since the incident.*
- f. The osteopath had acted under duress.*
- g. The osteopath has genuinely expressed remorse.*
- h. There is evidence that the osteopath has taken rehabilitative/corrective steps.*
- i. The osteopath has previous good history.*

Save for (f) above, which is of no relevance to this case, the other factors set out in paragraph 64 are present.

87. Taking into account the public interest and the principle of proportionality the Committee determined that this case can be concluded by admonishment of the Registrant.

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

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

All final decisions of the Professional Conduct Committee are considered by the Professional Standards Authority for Health and Social Care (PSA). Section 29 of the NHS Reform and Healthcare Professions Act 2002 (as amended) provides that the PSA may refer a decision of the Professional Conduct Committee to the

High Court if it considers that the decision is not sufficient for the protection of the public.

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 we have applied today.