GENERAL OSTEOPATHIC COUNCIL

PROFESSIONAL CONDUCT COMMITTEE

Case No: 1787/10188

Professional Conduct Committee Hearing

DECISION

Case of:	Ms Rachel Say
Committee:	Ms Melissa D'Mello (Chair) Ms Rachel Forster (Lay) Mr Jim Hurden (Osteopath)
Legal Assessor:	Mr Andrew Granville Stafford
Representation for Council:	Mr Andrew Colman
Representation for Osteopath:	The Registrant was present and represented herself
Clerk to the Committee:	Ms Sajinee Padhiar
Dates of Hearing:	26th to 29th January 2026

Summary of Decision

The Registrant admitted Allegations 1, 2(a), 2(b) and 2(c), and these were found proved by admission.

After hearing the evidence and submissions from the parties, the Committee found Allegations 2(d), 2(e), 3, 4(a), 4(b) (in respect of 2(c), 2(d) and 2(e) only), 4(c), 5(a), 5(b) and 5(c) proved.

The Committee determined that the facts found proved amounted to unacceptable professional conduct.

The Committee suspended the Registrant's registration for a period of three months and directed that a review hearing take place prior to the end of that period.

The Committee did not impose an interim suspension order.

Allegations and background

Allegations (as amended):

The allegation is that Ms Rachel Say (the Registrant) has been guilty of unacceptable professional conduct contrary to s.20(1)(a) Osteopaths Act 1993, in that:

1. Whilst the Registrant was employed by Derby Cottage Clinic, Fordham Road, Newmarket (the Clinic) she treated Patient A between 22 May 2024 and 12 February 2025.

2. The Registrant failed to establish and maintain professional boundaries with Patient A, in that she:

a) on a date unknown exchanged telephone numbers with Patient A;

b) on a date unknown requested that Patient A purchase some food for her, specifically 'Goldfish snacks', not related to related to treatment;

c) between 17 to 24 February 2025, on multiple occasions, met with Patient A for non-osteopathic treatment purposes;

d) on a date unknown, prior to 20 February 2025, kissed Patient A;

e) on a date unknown, subsequent to 12 February 2025, terminated the professional relationship with Patient A in order to pursue a personal relationship.

3. On a date unknown, subsequent to 1 March 2025, the Registrant caused an unnamed person to instruct Patient A to amend their account of the matters that had occurred between them.

4. The Registrant's conduct at particular 2 in its entirety was:

a) inappropriate;

b) a breach of professional and/or sexual boundaries;

c) sexually motivated.

5. The Registrant's conduct at particular 3:

a) was inappropriate;

b) lacked integrity;

c) was dishonest.

Background:

1. At the material time, the Registrant was working as an osteopath at the Clinic. Patient A, who suffered with back problems, began treatment with the Registrant on 22 May 2024. His wife, Person B, was also a patient at the clinic but was being treated by a different practitioner.

2. The Council's case was that the Registrant developed a personal relationship with Patient A that crossed professional boundaries and was sexually motivated.

3. The Council alleged that the Registrant and Patient A exchanged telephone numbers and text messages. Patient A purchased snack food for the Registrant and, on or about 12 February 2025, gave her a Valentine's card.

4. It was accepted by the Council that the Registrant terminated her treatment of Patient A, and there were no further sessions after 12 February 2025. However, the Registrant and Patient A continued to meet outside of work, including at the Registrant's home address. It was alleged that they kissed on one occasion.

5. Person B made a complaint to the Clinic. Person C, the principal of the Clinic, confronted the Registrant and she accepted having a relationship with Patient A that had become physical. The Registrant was suspended and subsequently resigned from the Clinic.

6. It was alleged by the Council that the Registrant got a friend of hers to telephone Patient A, in order to encourage him to amend his account of the relationship to take personal responsibility for it. This, the Council alleged, demonstrated a lack of integrity and/or dishonesty.

Preliminary Matters

Applications to amend:

7. At the outset of the proceedings, Mr Colman, on behalf of the Council, applied to amend the factual particulars in the allegations. The application was to delete the words 'by text' from Allegation 2(b) and change the date from 21 February 2025 to 24 February 2025 in Allegation 2(c).

8. Mr Colman submitted that no injustice would be caused by the amendments. The Registrant accepted that she made the request referred to in Allegation 2(b), but says it was verbally rather than by text message. The proposed amendment to the date range in Allegation 2(c) was to reflect the Registrant's evidence as to when she saw Patient A socially.

9. The Registrant did not object to the proposed amendments.

10. Rule 24 of the GOsC Professional Conduct Committee (Procedure) Rules 2000 (the PCC Procedure Rules) provides that:

> 'If, at any stage of the hearing, it appears to the Committee that the complaint should be amended, the Committee may, after hearing the parties and seeking advice from the Legal Assessor, make such amendments to the complaint as may seem necessary or desirable if it is satisfied that no injustice would thereby be caused.'

11. The Committee heard and accepted the advice of the Legal Assessor. It was satisfied that the proposed amendments would not cause any injustice and, moreover, that it was desirable to allow them. There was clearly no prejudice to the Registrant because the amendments do not alter the substance of the allegations.

12. After Person C had given evidence, Mr Colman made a further application to amend Allegation 1. The change was to substitute the date 12 February 2025 for the date 19 February 2025 as the end date for treatment. This was on the basis that Person C confirmed in his evidence that the last appointment Patient A had with the Registrant was on 12 February, and not 19 February.

13. The Registrant agreed with the application and the Committee was satisfied that it was appropriate to make it, on the basis that it better reflected the evidence before the Committee.

14. The Committee therefore allowed both of the Council's applications to amend.

Decision on admissibility of hearsay:

15. Person B's evidence was largely hearsay in that, as the Council accepted, it was based on accounts of the relationship with the Registrant relayed to

Person B by Patient A, and not on anything she had herself observed. The Committee was therefore required to consider whether the hearsay contained in Person B's witness statement was admissible.

16. The Committee heard submissions from the parties and took advice from the Legal Assessor, which it accepted. The Committee was directed to consider whether the hearsay evidence was relevant to the issues in the case and whether it would be fair to admit it.

17. The Committee was satisfied that the evidence was relevant, because it went to the nature and extent of the relationship between Patient A and the Registrant. In determining whether it was fair to admit this evidence, the Committee considered the following points.

18. Mr Colman told the Committee that he was unaware as to whether the Council had formally asked Patient A whether he was prepared to give evidence. However, he said that the personal embarrassment it would be likely to cause was an obvious reason that Patient A might not wish to give evidence at this hearing. The Committee felt there was force in this explanation.

19. The Committee did not regard Person B's evidence as the sole and decisive evidence in support of the Council's case. The Registrant admitted Allegations 2(a), 2(b) and 2(c), so there was no dispute about those matters. In relation to Allegation 2(d), the Registrant accepted in her reflective statement that an 'awkward kiss' took place on 17 February 2025. In relation to Allegation 2(e), it was not in dispute that the Registrant terminated her treatment of Patient A.

20. In relation to Allegation 3, the Registrant admitted that her friend had contacted Patient A but denied that she had told the friend to instruct Patient A to change his statement.

21. In the Committee's view, whilst Person B's evidence adds helpful context, it is not the sole and decisive evidence on any of the disputed factual particulars. In those circumstances, the Committee was satisfied that there would be no unfairness in admitting it. It therefore allowed the Council to rely on Person B's statement in full.

Decision

Evidence:

22. The Committee was provided with witness statements from Person B and from Person C, both of whom gave oral evidence to the Committee. The Registrant did not give evidence on her own behalf and did not call any witnesses. However, she provided the Committee with a witness statement dated 29 December 2025 and she had previously provided the Council with a reflective statement dated 14 July 2025.

23. Person B's account was primarily based on what her husband, Patient A, had told her about his relationship with the Registrant. He said that he had exchanged telephone numbers with the Registrant, and that he purchased 'Goldfish' snacks for her at her request.

24. The Registrant accepted that Patient A brought her American snacks and that they exchanged text messages. She describes 'sporadic texting' around Christmas and up until early February 2025.

25. On 12 February 2025, at a clinical appointment, Patient A gave the Registrant a bag of American snacks. In the bag was a Valentine's Day card.

26. The Committee was provided with copies of text messages between Patient A and the Registrant following that appointment. Patient A sent a message saying that he hoped that he had not overstepped the mark with the Valentine's card. He wrote:

> 'If I'm being too much let me know that's not my intent. I will say I value the friendship we have so far and I don't want to lose that going forward. I do think you are an amazing listener, mom, friend, and someone I want to be around for sure I'm just following my gut and if you don't feel the same that is completely fine and I absolutely get it.'

27. The Registrant replied with a heart emoji and said:

> 'Thank you so much for the card. It's lovely and a very sweet message. I also value your friendship and I do look forward to keeping in touch. The only thing I struggle with is professional boundaries - on my part. I honestly haven't had conflicting feelings about any other person I've met through work. I really enjoy our conversations. You're interesting, thoughtful and kind. Your gut isn't wrong - I just don't want to muddle anything while you're my patient.'

28. The Registrant states that this prompted her to terminate the therapeutic relationship, telling Patient A he must see another osteopath for treatment. He had no further treatment sessions at the Clinic with the Registrant after 12 February 2025. Patient A asked if they could stay in touch and the Registrant says she agreed, assuming it would be infrequent, friendly communication, as it had been in the past.

29. On 14 February, the Registrant says she texted Patient A asking for help with some electrical work that she was having difficulty with at home. He agreed to help her.

30. Person B's suspicions were alerted during a conversation with Patient A on 16 February 2025. He initially told her he was going to a male friend's house the following day, but subsequently admitted that he was going to the Registrant's in order to do some electrical work.

31. Person B says that Patient A left the house on 17 February 2025 at 1pm and returned at 8.30pm. When he got home, he said he had been fixing lights for the Registrant and that he would have to go back on 21 February to complete the work.

32. The Registrant agrees that she met Patient A on this day. She says that they went for a walk to discuss boundaries. She says that they agreed to stay friends and parted with a hug. She says in her reflective statement:

> 'That evening, or the following day, he asked if I still needed help with the lights. I was unsure, but he expressed a desire to see the new clinic and offered to visit on the Wednesday. On 19th February, he helped me to assemble a chair at the clinic and visited my home to assess the light fixture. When he left, there was a brief, slightly awkward, kiss goodbye.'

33. Person B says that Patient A confessed to her on 20 February 2025 that he had feelings for the Registrant and that he had kissed her.

34. Person B says that, against her wishes, Patient A went to the Registrant's home address again on 21 February 2025. He said he was going in order to finish work on the lights. She says he did not come home for dinner. The Registrant agrees, in her reflective statement, that Patient A visited her house for a couple of hours in the afternoon, but says he left before dark, as her son was due to return home. She adds:

> 'That weekend, he messaged that his wife had become extremely upset, told the children they were getting divorced, and informed his mother. He said he had admitted to the kiss and was struggling emotionally. I did not understand her strong reaction as [Patient A]

had consistently told me that she was aware and supportive. I believed our connection had emerged naturally, post-treatment, and we had both exercised care in managing it slowly.'

35. On 24 February 2025, Person B contacted the clinic and reported that the Registrant was having a relationship with her husband. She had a meeting the following day with Person C.

36. Following that meeting, on 25 February 2025, Person C spoke to the Registrant about the relationship. They had two conversations that afternoon. He described the Registrant's tone as jokey and dismissive. She initially said her relationship with Patient A was totally platonic. In the second conversation she said 'Well was platonic right up to when it wasn't.' She acknowledged gifts, walks, and help with things at home. She also said to Person C that it was 'a lot of hassle for my 1st encounter'. Person C suspended the Registrant from the Clinic, pending further investigations.

37. Patient A was contacted by the Clinic to provide a statement. He wrote a statement, addressed to whom it may concern, on 28 February 2025. In it, he described the Registrant as caring and professional. He said:

'. . . My relationship with [Person B] has been strictly platonic and we are in the process of divorcing. I had relayed to Ms. Say that [Person B] and I were separated and not together. I bring this up because I was the one who asked Ms. Say if she would like to be friends with the possibility of talking outside our appointments. She could not due to professional boundaries and rules. I completely understood when she told me at my very last session. At that point I called and cancelled my remaining sessions at Deby Cottage [sic] as to not put her in any compromising position going forward on my end. At the end of the day Ms. Say remained professional and never crossed any lines or let me. It was me who made her feel like my relationship was over with [Person B] and she believed me under false pretenses [sic]. In no way should she be reprimanded for any actions that were MINE alone. The friendship was formed after I left Derby Cottage and under her assumption that my relationship was over. She has remained professional through everything since. My divorce and own traumas with myself and [Person B] spilled over into her lap and honestly she was just an unaware casualty due to my actions. Please feel free to contact me with any further questions. Sorry to cause so much drama to Ms. Say and Derby Cottage. Derby Cottage is a great place and Ms. Say is in my opinion a huge asset to be lost due to my own recklessness.'

38. Person B reported that Patient A had received a telephone call in early March 2025 from a friend of the Registrant's, encouraging him to rewrite his statement so that the Registrant would not lose her job. Patient A told his wife that the caller said his first statement 'did not read right' and that he needed to accept that the relationship was his fault.

39. In relation to this call, the Registrant says in her reflective statement:

> 'One friend insisted that she call [Patient A] with the aim of asking him to re- write [his statement] in a more professional tone. She did this while I was present, though I did not speak. She was forceful, but I did not direct or edit the content of his statement. She also requested that he send it in to Derby Cottage.'

40. On 3 March 2025, the Registrant made a statement for the Clinic. She stated that, after receiving the Valentine's card on 12 February 2025, she had made it clear to Patient A that she could no longer give him osteopathic treatment. They continued to exchange text messages, and he assured her that he had separated from his wife. He further told her that his wife was supportive of him pursuing a friendship with the Registrant.

41. The Registrant said in this statement that she had seen Patient A on four occasions between 17 and 24 February 2025. However, following her finding out that Person B had complained to the Clinic, the Registrant said that she ended communication with Patient A.

42. On 17 March 2025, Person C spoke to the Registrant again about the relationship. In his notes of this conversation, which he confirmed in his oral evidence to the Committee, he said that the Registrant had accepted there had been 'physical involvement'. He said that he considered that was enough information and there was no need for him to explore in any more detail the nature of the physical involvement. The Registrant resigned from her position at the Clinic later the same day.

43. Patient A sent an email to the Clinic on 18 March 2025. In it he described his relationship with his wife as strictly platonic, and said that they were in the process of divorcing. He said:

> '. . . I communicated to Ms. Say that [Person B] and I were separated and no longer together. This is important to mention as I was the one who initiated the conversation with Ms. Say about the potential of becoming friends and communicating outside of our professional appointments. In response, Ms. Say immediately and professionally clarified that such an arrangement would not be appropriate due to the necessary boundaries in her role. I fully understood and

respected her position when she conveyed this to me during our final session. As a result, I made the decision to cancel my remaining appointments at Derby Cottage to avoid placing her in any potentially compromising situation moving forward.

I would like to emphasize that Ms. Say has maintained the highest level of professionalism and has not crossed any boundaries throughout our time working together. Any misunderstandings or missteps in this regard were entirely the result of my actions. The friendship that developed between us occurred after I had left Derby Cottage and was based on her belief, albeit under false pretenses [sic], that my relationship with [Person B] was definitively over. Ms. Say has continued to demonstrate professionalism in all interactions since.

My personal circumstances, including the complexities of my divorce and emotional challenges, inadvertently affected Ms. Say and created a situation that was beyond her control. She was, in essence, an unintended and unaware casualty of my own missteps.'

44. The Registrant's reflective statement was provided to the Council in July 2025. In it, she said that she had accepted gifts from Patient A and shared her personal number with him. She acknowledged that they had become emotionally close and that there had been poor boundary management on her behalf. She also acknowledged that that there had been a number of non-clinical meetings between them and that a kiss had occurred. She denied, however, that the conduct had been sexually motivated and she denied attempting to influence Patient A's statement.

45. The Registrant provided a witness statement for the Committee, in response to the allegations, dated 29 December 2025.

~~46.~~ She stated that she qualified in 2019 and had worked in health and wellbeing roles since 2001. She has never previously been the subject of a complaint. She described her communication style as empathetic and rapport-building and said her practice has always been patient-centred.

47. In relation to the Allegations, she confirmed that she treated Patient A for a number of months from 22 May 2024 for musculoskeletal back pain. She stated that her interactions with Patient A were professional and clinically appropriate throughout the majority of the period. She says that after receiving the Valentine's card in February 2025, she ended the therapeutic relationship.

48. The Registrant said in her statement that she ended treatment to maintain boundaries, not to pursue a personal relationship. However, she agreed that she met Patient A socially after treatment ended, including going on walks together and requesting practical assistance at her new clinic and her home from Patient A. She accepted that these social interactions, so soon after the end of the therapeutic relationship, represented a failure to maintain professional boundaries.

49. In her statement, the Registrant admitted that a friend of hers had contacted Patient A about the 'tone' of his statement. She admits this was 'ill-judged', however she denied instructing the friend to influence the content of that statement.

50. The Registrant denied any sexual motivation for her conduct, or that she intended to mislead or deceive anyone.

51. The Registrant provided an extensive reflection in her statement. She recognised the power imbalance in the osteopath–patient relationship. She accepted that she had failed to seek supervision early enough and acknowledged the distress that she had caused to Patient A's family and the impact of her behaviour on public confidence in the osteopathy profession.

52. The Registrant outlined in her statements the steps she had taken in respect of remediation, including:

- CPD on boundaries, ethics, and communication;
- coaching and counselling
- formal boundary and communication policies;
- use of dedicated work contact channels;
- clear discharge procedures;
- regular supervision;
- structural safeguards to prevent recurrence.

Submissions of the Parties on the Facts:

53. The Council relied on the admissions made by Patient A to his wife that he had gone to the Registrant's home on 17 February 2025 and to her new clinic on 19 February 2025 to do electrical work. On 20 February 2025, Patient A admitted to his wife that he had feelings for the Registrant and

that the two of them had kissed. The Council submitted that Person B's account was supported by text messages between her and her husband.

54. The Council also relied on the Registrant's admission that she had seen Patient A on four occasions between 17 and 24 February 2025 and that she had described the relationship to Person C as having platonic beginnings and then physical involvement.

55. In his opening, Mr Colman referred the Committee to Standard D2 in the Osteopathic Practice Standards, which requires an osteopath to maintain clear professional boundaries. Mr Colman submitted that the Registrant had, by her conduct, breached this standard, albeit the Council accepted it was not a wilful breach. Furthermore, Mr Colman submitted that the Registrant had accepted in her written reflections that boundaries were crossed, whilst denying sexual motivation. Mr Colman accepted there was no suggestion of sexual predation, but nonetheless the conduct was done in pursuit of a future sexual relationship. Therefore, according to the definition set out the by High Court in *Basson v GMC* [2018] EWHC 505 (Admin), this constituted sexually motivated behaviour.

56. At the start of hearing, the Registrant admitted Allegations 2(a), 2(b) and 2(c). Following the amendment made to Allegation 1, the Registrant also admitted that allegation.

57. In relation to Allegation 4(a), the Registrant admitted her conduct was inappropriate in relation to Allegations 2(a), 2(b) and 2(c), but not in relation to Allegations 2(d) and 2(e) given that those particulars were disputed.

58. In relation to Allegation 4(b), the Registrant admitted that her conduct was a breach of professional boundaries in relation to Allegations 2(a), 2(b) and 2(c) but denied it was a breach of sexual boundaries.

59. In her submissions, the Registrant said she relied upon the written accounts she had given. She acknowledged that there may be some differences between recollections of different people as to the events in question, but asked the Committee to accept that her account was true to the best of her knowledge and belief.

The Committee's Determination on the Facts:

60. The Committee considered the documents before it, the oral evidence of Person B and Person C, the submissions of both parties and the advice of the Legal Assessor. The Committee bore in mind that the burden of proving factual allegations is on the Council and the standard to be applied is proof on the balance of probabilities.

Allegations 1, 2(a), 2(b) and 2(c)

61. Pursuant to Rule 27(1) of the PCC Procedure Rules, the Committee found Allegations 1, 2(a), 2(b) and 2(c) proved by admission

Allegation 2(d)

62. The Committee first had to determine whether the Council had proved, on the balance of probabilities, that the on a date prior to 20 February 2025, the Registrant kissed Patient A. The Committee had regard in particular to the following evidence.

63. Person B said in her witness statement, the truth of which she confirmed on oath, that:

> 'On 20 February 2025 I had another conversation with [Patient A] and we spoke about Ms. Say during the course of this. I introduced Ms. Say into the conversation as I had concerns about the relationship between them. I felt the way [Patient A] was speaking about Ms. Say was unusual and I asked [Patient A] if he had feelings for Ms. Say. [Patient A] replied something along the lines of "Yes. She makes me feel seen and she makes me feel heard". I asked him if he had done anything with her and he said "I kissed her". [Patient A] told me that Ms. Say made him feel good and that he likes her.'

64. The Committee bore in mind that this account was hearsay evidence, because Patient A had not been called as a witness. However, it was corroborated by the following.

65. There was an exchange of text messages between Person B and Patient A on the same day. In one of those, Person B said:

> '. . . I would have to say I'm uncomfortable with you hanging out with her and that you don't kiss people you're comfortable with while you're still married to someone else.'

66. The Registrant herself accepted in her reflective statement that there had been what she described as a 'brief, slightly awkward, kiss goodbye'. This happened on 19 February 2025 at the Registrant's home address after she had asked Patient A for help with some electrical work.

67. The Committee was satisfied on the basis of the above evidence that the Registrant did kiss Patient A on or around 19 February 2025. The Committee therefore went on to consider whether this constituted a failure to establish and maintain appropriate professional boundaries.

68. The Committee had regard to Standard D2 in the Osteopathic Practice Standards (OPS) and the guidance in relation to that standard. Paragraph 2 of the guidance says that professional boundaries may include physical boundaries, emotional boundaries and sexual boundaries.

69. Although the evidence was that the clinical relationship had been terminated by this point in time, the duty to maintain boundaries clearly continues after the treatment relationship ends. The Committee noted that paragraph 5.8 of the guidance to Standard D2 indicates that a personal relationship with a former patient may not be appropriate, depending on the circumstances. Relevant factors include whether the former patient was particularly vulnerable and when the professional relationship ended.

70. The Committee accepted that whether a romantic relationship with a former patient may be appropriate is subjective and fact specific. The passage of time between the end of clinical treatment and the start of that relationship is clearly a relevant factor. In this case, that period was very short. Of significance, in the Committee's view, was the fact that the Registrant has implemented the following policy at her new clinic:

> 'A minimum 6-month cooling-off period must be observed following the end of a therapeutic relationship before any non-clinical contact (including social or romantic) is considered.'

71. Furthermore, the Registrant says in her witness statement:

> 'I also acknowledge that meeting Patient A for non-treatment purposes so soon after the end of the therapeutic relationship created ambiguity about the nature of our interaction and risked undermining the professional frame. Even though no osteopathic treatment took place during these meetings, I now understand that proximity to the clinical relationship made such contact inappropriate.'

72. The Committee considered that the Registrant had failed to take account of Patient A's particular vulnerability in the circumstances of this case. The Registrant was aware, through the information she had been provided by Patient A whilst she was treating him, that his marriage to Person B was failing (albeit the Committee accepts that the information provided to the Registrant by Patient A was that it was amicable). It is commonly understood that divorce, even when amicable, is a stressful experience and leads to the potential for emotional vulnerability that makes the management of professional boundaries even more crucial. The proximity to the termination of the therapeutic relationship is a factor that should

have been given significantly more weight by the Registrant in her assessment of the appropriateness of any relationship with Patient A.

73. The Committee was satisfied that kissing Patient A so soon after she had terminated the therapeutic relationship with him amounted to a failure to establish and maintain appropriate professional boundaries. It therefore found Allegation 2(d) proved.

Allegation 2(e)

74. The Registrant said in her witness statement that, following receipt of the Valentine's card, she told Patient A that the professional nature of their relationship must come to an end. However, it is clear that she maintained contact with Patient A.

75. The text message that the Registrant sent after receiving the card is set out at paragraph 27 above. Of significance, in response to Patient A saying 'I'm just following my gut', the Registrant said 'Your gut isn't wrong'. The Committee also noted that the Registrant replied to Patient A's text with a heart emoji.

76. In the following days, the Registrant met up with Patient A on four occasions. They went out walking together, and he visited her at her house and her new clinic. The events that took place between the receipt of the Valentine's card and Person B's complaint to the clinic, in the Committee's view, were indicative of an intention by the Registrant to pursue a personal relationship with Patient A.

77. The Committee noted in particular the following passages in the Registrant's reflective statement.

78. The Registrant says that, after she texted Patient A regarding help with the light fitting, they met for a walk to have a 'proper conversation about what sort of relationship, if any, we were building'. This appears to be, in the Committee's view, an acknowledgement that the Registrant was considering pursuing a personal relationship with Patient A.

79. Indeed, the next heading in her reflective statement is 'Transition to Personal Contact'. Beneath that heading, the Registrant says that Patient A texted her on 15 February 2025 saying he 'wanted to explore a relationship'. Knowing that was his position, the Registrant continued to meet and have contact with Patient A.

80. They met on 17 February 2025, and the Registrant says they went for a walk and:

> 'I reiterated that I could no longer provide his osteopathic care . . . He said that he understood and would prefer to cancel his appointment for 19th February. We talked about our commonalities and mutual care . . . We parted with a hug.'

81. The Committee noted that the relationship progressed from a hug to a kiss on 19 February 2025, and that the Registrant accepted, in a subsequent discussion with Person C, that there had been physical involvement. In her reflective statement the Registrant said:

> 'I believed our connection had emerged naturally, post-treatment, and we had both exercised care in managing it slowly.'

82. The Committee also noted that, at around the same time, Patient A was texting his wife saying:

> 'No matter what [Person B] I want her to be a part of my life no matter what happens or what type of relationship that looks like. I don't want another marriage and she doesn't want one more than me.'

83. The above chronology supports, in the Committee's view, the conclusion that a personal relationship had developed between the Registrant and Patient A, and it had developed very quickly after the end of the professional relationship. Even though the Committee accepted that the Registrant had done the right thing by telling Patient A he must seek treatment elsewhere, she then failed to take appropriate steps to distance herself from the developing personal relationship. Of significance, in the Committee's view, was the comment she made to her principal, that the relationship was platonic 'up to when it wasn't'.

84. Given what happened subsequently, the Committee could find no explanation for the Registrant's decision to terminate the clinical relationship other than an intention to pursue one of a personal nature. Indeed, the Committee was of the view that, up to the point when Person B complained to the Clinic, the Registrant had positively encouraged it.

85. The Committee was therefore satisfied that the Registrant's intention in terminating her care of Patient A was to allow the personal relationship to develop. It is clear that, in doing so, she had failed to establish or maintain appropriate professional boundaries, for the same reasons as set out in paragraphs 68 to 72 above. The Committee therefore found Allegation 2(e) proved.

<u>Allegation 3</u>

86. The Committee considered the two versions of Patient A's statement, dated 28 February 2025 and 18 March 2025 respectively, and referred to in paragraphs 37 to 43 above. The Committee noted that, whilst there are similarities between the statements, there are also differences. In particular, in the second statement Patient A appears more willing to take responsibility for the relationship between himself and the Registrant.

87. It was not in dispute that there was a telephone conversation between an unnamed friend of the Registrant's and Patient A about his account. The evidence in relation to that call is as follows.

88. Person B describes in her statement the events leading up to the call. On the weekend of 1 March 2025, Patient A had questioned her as to why she had made a formal complaint to the Clinic. He had said that he was concerned that the Registrant would lose her job.

89. Sometime after the weekend, Patient A informed her that he and the Registrant had decided to stop communicating during the Clinic's investigation. Person B then says:

> 'There was also another incident after this weekend but I can't remember exactly when. [Patient A] received a phone call and he used his 'serious voice' which I would normally associate with a work call. I took the children upstairs whilst he moved to another room so that he could speak on the phone. I did not hear what was said on the call. [Patient A] told me after that it was one of Ms. Say's friends calling about the statement that he had provided. [Patient A] did not tell me who the friend was. [Patient A] said that apparently his first statement did not read right and he needed to accept the relationship was his fault. [Patient A] had been encouraged to re-write it so that Ms. Say did not lose her job.'

90. The Registrant refers to this call in her reflective statement and in her witness statement made for this hearing. In her reflective statement, the Registrant says that on 28 February 2025, Patient A offered to provide a supportive statement. He sent a copy to her by email. She then says:

> 'In March, when Bruce told me that he was putting the complaint forward to the GOSC, my friends and colleagues encouraged me to submit [Patient A's] account to the clinic. One friend insisted that she call [Patient A] with the aim of asking him to re-write it in a more professional tone. She did this while I was present, though I did not speak. She was forceful, but I did not direct or edit the content of his statement. She also requested that he send it in to Derby Cottage.'

91. In her witness statement, the Registrant states as follows:

> 'In relation to events following the complaint, I now fully appreciate that any involvement, direct or indirect, in matters relating to witness statements or regulatory processes is inappropriate. Even where my intention was not to influence the substance of an account, I understand that allowing a third party to make contact created a risk of undermining the integrity of the process. I accept that this demonstrated poor judgement on my part.'

92. In light of the above evidence, the Committee had to consider whether the Council had proved that the Registrant caused the friend to instruct Patient A to amend his account.

93. The Committee noted that, in both the Registrant's reflective statement and her written statement, as well as the evidence of Person B, the person making the call is described as 'a friend of Ms Say' – not a mutual friend of the Registrant and Patient A. The Committee concluded that, on the balance of probabilities, the most logical explanation of how the friend obtained Patient A's phone number to place the call to him, was because the Registrant had provided it in some manner.

94. It was clear to the Committee that the Registrant's friend could not have made that call without the Registrant's involvement. She must have briefed the friend as to the relevant background. Further, she admits she was present when the call took place. She therefore not only allowed the call to take place but did not take any steps to stop it happening.

95. The Committee accepted that what Person B says Patient A told her about the conversation is an accurate reflection of what took place. Although the Committee bore in mind that this was hearsay evidence, the Committee did not consider Person B had any reason to misrepresent what she had been told about the call.

96. Further, subsequent to that call Patient A did provide a second version of his statement which is, at least in some respects, more favourable to the Registrant. It was significant, in the Committee's view, that at the time the call from the friend took place, the Registrant had been suspended from the Clinic and was aware that a referral was going to be made to the GOsC.

97. Moreover, in the Committee's view, it defies common sense that the friend would interfere in this way without the knowledge or consent of the Registrant.

98. Therefore, the Committee was satisfied that, in early March 2025, a friend of the Registrant called Patient A and instructed him to amend his account

and, furthermore, that the Registrant had caused this to happen. It therefore found Allegation 3 proved.

Allegation 4

99. Having found all the particulars set out in Allegations 2(a) to 2(d) proved, the Committee considered Allegation 4. This alleged that the conduct in Allegation 2 was inappropriate, a breach of professional and/or sexual boundaries, and/or was sexually motivated. The Committee considered each of those in turn.

100. It first considered Allegation 4(a), which alleged the conduct in question was inappropriate. It took into account the fact that at the start of the hearing the Registrant had accepted that her conduct as set out at 2(a), 2(b) and 2(c) was inappropriate.

101. Notwithstanding that admission, the Committee carefully considered whether exchanging telephone numbers with Patient A was inappropriate behaviour. The Committee accepted that there can be good reasons why an osteopath shares a personal contact number, as well as a work number, with a patient.

102. However, the Committee took into account the Registrant's evidence as to the circumstances in which she shared her mobile number. She says in her reflective statement that, from about November 2024, Patient A started bringing in American snacks when he came for treatment. He asked how he could check in, to see if there was anything in particular she wanted. That was when she gave him her number. She goes on to say there was a 'sporadic' exchange of messages from December 2024 to February 2025. She describes the exchange as appropriate, although it is clear from what she says about the messages that they were non-work related. There were, for example, text exchanges regarding Patient A's marital difficulties and the messages following the Valentine's card referred to in paragraphs 26 and 27 above.

103. The Committee noted that the Registrant appears to accept that she should not have allowed this to happen. She says in her witness statement:

> '. . . I acknowledge that exchanging personal contact details, engaging in informal communication unrelated to treatment, and meeting socially following the end of treatment represented boundary crossings that should not have occurred.'

104. Given that the reason for exchanging mobile numbers was not connected with treatment, the Committee was satisfied that it was not appropriate for the Registrant to have done so. The Committee therefore accepted the

Registrant's admission that exchanging these details had been inappropriate.

105. Requesting gifts from a patient and meeting the patient outside of the clinic on a social basis was, in the Committee's view, also not appropriate in the circumstances. Therefore, the Committee additionally accepted the Registrant's admission that the conduct set out in Allegations 2(b) and 2(c) was inappropriate.

106. The conduct set out at Allegations 2(d) and 2(e), namely kissing Patient A and the pursuit of a personal relationship with him, was clearly inappropriate.

107. Therefore, the Committee found Allegation 4(a) proved in relation to all the particulars set out in Allegations 2(a) to 2(e).

108. The Committee went to consider whether the conduct in Allegation 2 amounted to a breach of professional and/or sexual boundaries, as alleged in Allegation 4(b)

109. The Registrant admitted that her conduct as set out in Allegations 2(a), 2(b) and 2(c) constituted a breach of professional boundaries. The Committee had additionally found that the Registrant kissed Patient A and had terminated the professional relationship to pursue a personal one. It was clear that all of these matters constituted a breach of professional boundaries.

110. In considering whether the conduct in Allegations 2(d) and 2(e) also amounted to a breach of sexual boundaries, the Committee had regard to the guidance in the OPS. That includes the following:

> '5. When establishing and maintaining sexual boundaries, you should bear in mind the following:
>
> > 5.1 words and behaviour, as well as more overt acts, may be sexualised, or regarded as such by the patient. Examples might include:
> >
> > > 5.1.1 sharing inappropriate intimate details about yourself
> > >
> > > 5.1.2 visiting a patient's home without an appointment
> > >
> > > 5.1.3 making inappropriate sexual remarks to or about patients

5.1.4 unnecessary physical contact.

5.2 you should avoid any behaviour which may be construed by a patient as inviting a sexual relationship or response.

. . .

5.4 it is your responsibility not to act on feelings of sexual attraction to or from patients.'

111. The evidence before the panel was that the Registrant and Patient A had shared intimate information, had kissed and had spent time together at the Registrant's home. The Registrant had described it as platonic 'up to when it wasn't' and said that there had been physical involvement. Whilst the Committee considered that the conduct set out in Allegations 2(a) and 2(b) could not be properly described as crossing sexual boundaries, the conduct in Allegations 2(c), 2(d) and 2(e) clearly did.

112. The Committee was therefore satisfied that Allegation 4(b) had been established on the balance of probabilities, save that it did not find the conduct in Allegations 2(a) and 2(b) was a breach of sexual boundaries. In all other respects, Allegation 4(b) was found proved.

113. Allegation 4(c) alleged that the Registrant's conduct, as set out in Allegation 2, was sexually motivated. The Committee bore in mind the definition of sexually motivated behaviour, set out in *Basson v GMC,* includes conduct done in the pursuit of a future sexual relationship.

114. The Committee considered the way the relationship between Patient A and the Registrant had developed, moving on from text exchanges to a hug, a kiss and spending time together, including at the Registrant's home address. It noted again the way the Registrant had described the relationship to Person C, as referred to in paragraph 109 above. Of significance, in the Committee's view, was that the Registrant had on one occasion ensured Patient A left her home before her son returned because she did not want them to 'overlap'. That, it seemed to the Committee, was inconsistent with Patient A visiting to assist with an electrical issue in the context of a friendship which was purely platonic.

115. In the Committee's view, if the Registrant had not been interested in pursuing an intimate relationship with Patient A, she would not have ignored a number of red flags which were clearly present. The only sensible explanation for the Registrant's conduct in maintaining contact with Patient A is that it was done in the pursuit of a future sexual relationship.

116. Accordingly, the Committee found Allegation 4(c) proved.

Allegation 5

117. Allegation 5 alleged that the Registrant's conduct in Allegation 3, namely causing her friend to instruct Patient A to amend his account, was inappropriate, lacking in integrity and dishonest.

118. The Committee had regard to the guidance on Standard D3 in the OPS. Paragraph 2 says:

> 'You must also be open and honest with your colleagues and/or employers, where applicable, and take part in reviews and investigations when requested.'

119. At the time the Registrant's friend telephoned Patient A, the Registrant had been suspended from the Clinic and an investigation into her conduct was ongoing. She was aware that the matter was going to be referred to GOsC.

120. The Committee noted that the Registrant accepted in her witness statement that her conduct in allowing her friend to contact Patient A was ill-judged and could reasonably be perceived as interference with the regulatory process. However, she stated that she 'did not instruct the content of any statement to be altered' and that she had no intention to mislead or deceive.

121. The Committee did not accept that. The Registrant was clearly aware of the serious position that she was in. The Committee was satisfied that the intention behind the phone call to Patient A was to get him to alter his statement so that it put the Registrant in a more favourable light. This clearly constitutes an attempt to mislead her employer, the Clinic, and potentially also any future enquiry conducted by GOsC. Though the call might have been made by her friend, the Registrant was present when it took place and the Committee was satisfied that she was fully complicit in this attempt to mislead the investigation.

122. There was no doubt in the Committee's mind that this was inappropriate conduct on the part of the Registrant, and therefore Allegation 5(a) was proved.

123. Further, interfering or attempting to interfere with evidence, knowing that this evidence would be submitted to your employer and potentially also your regulator, is a clear failure to adhere to the ethical standards which are expected of an osteopath. Having regard to the guidance of the Court of Appeal in *Wingate and Evans v SRA* [2018] EWCA Civ 366, the Committee was satisfied that this conduct lacked integrity. Accordingly, it found Allegation 5(b) proved.

124. The Committee then considered whether this conduct was dishonest, having regard to the test set out in *Ivey v Genting Casinos* [2017] UKSC 67. The state of knowledge or belief of the Registrant was that she intended Patient A to alter the tone of his evidence, to make the Registrant appear less culpable. In doing so, with the assistance of her friend, she was attempting to mislead the investigation. There is no doubt that this would be regarded as dishonest by the standards of ordinary decent people.

125. Therefore, the Committee found Allegation 5(c) proved.

Submissions of the Parties on Unacceptable Professional Conduct:

126. Having determined the facts, the Committee went on to consider whether the facts found proved amounted to unacceptable professional conduct.

127. Neither party produced any further evidence at this stage.

128. Mr Colman referred the Committee to the following standards in the OPS:

> Standard D1: You must act with honesty and integrity in your professional practice.
>
> Standard D2: You must establish and maintain clear professional boundaries with patients, and must not abuse your professional standing and the position of trust which you have as an osteopath.
>
> Standard D7: You must uphold the reputation of the profession at all times through your conduct in and out of the workplace.

129. Mr Colman invited the Committee to consider the guidance on those standards, and in particular the guidance on Standard D2. He pointed out that this makes it clear that appropriate professional boundaries are essential for trust and an effective therapeutic relationship between osteopath and patient.

130. Mr Colman also referred to the guidance on the meaning of unacceptable professional conduct as set out in the cases of *Spencer v GOsC* [2012] EWHC 3146, *R (Shaw) v General Osteopathic Council* [2015] EWHC 2721 (Admin). The courts have said that unacceptable professional conduct carries an implication of moral blameworthiness and conveys a degree of opprobrium. Mr Colman directed the Committee's attention to the GOsC Practice Note on the duty to act in the public interest. That makes it clear that the public interest may require a finding of unacceptable professional conduct in order to maintain the reputation of the profession and uphold

appropriate standards of conduct, and in such cases the facts which lead to that conclusion are likely also to imply moral blameworthiness.

131. Mr Colman submitted that the Registrant's conduct fell seriously short of that which is expected of a registered osteopath, and accordingly amounted to unacceptable professional conduct.

132. The Registrant provided the Committee with written submissions. She recognised the seriousness of the findings made by the Committee and the importance of maintaining public confidence in the osteopathic profession, upholding proper professional standards, and protecting the public.

133. The Registrant submitted that the conduct found proved arose within a specific and unusual set of circumstances. They did not, she said, involve clinical harm, exploitation, coercion, or abuse of professional power within the treatment setting. She submitted that the issues identified related to failures of professional boundaries and judgment rather than clinical competence or deliberate misuse of a patient's vulnerability.

134. The Registrant pointed out that she had engaged openly with the regulatory process. Further, she had accepted responsibility for the boundary failures and had demonstrated insight into those failings, as well as recognising the importance of maintaining a clear professional frame at all times.

The Committee's Determination on Unacceptable Professional Conduct:

135. The Committee had found that the Registrant engaged in conduct with Patient A which was inappropriate, sexually motivated and amounted to a breach of sexual and professional boundaries. It had also found her conduct in relation to the amendment of Patient A's statement to be inappropriate, lacking in integrity and dishonest.

136. The Committee considered, as required by Rule 30 of the PCC Procedure Rules, whether those facts amounted to unacceptable professional conduct.

137. The Committee took into account the submissions of the parties and accepted the advice of the Legal Assessor. The Committee bore in mind that Section 20 of the Osteopathic Act 1993 defines unacceptable professional conduct as conduct which 'falls short of the standard required of a registered osteopath'. This is a matter for the judgment of the Committee. It bore in mind the guidance in the cases of *Spencer v GOsC* and *R (Shaw) v GOsC*, to which it had been referred.

138. The Committee considered that there had been clear breaches of Standards D1, D2 and D7. The Committee had found, in relation to Allegations 3 and 5, that the Registrant had failed to act with honesty and integrity. She had failed, in respect of the conduct set out in Allegations 2 and 4, to establish and maintain clear professional boundaries. In all the circumstances, she had failed to uphold the reputation of the profession.

139. The Committee reminded itself that a breach of the provisions of the OPS does not automatically constitute unacceptable professional conduct. However, these were significant breaches, and constituted a serious falling short of acceptable professional standards.

140. In reaching its conclusion on unacceptable professional conduct, the Committee took into account, in particular, that the conduct in question was not a one-off incident but was maintained over a period of time; that there was an element of proactivity and intentionality on the part of the Registrant in the pursuit of her relationship with Patient A; and that he had at that time a level of vulnerability due to his difficult personal circumstances. Further, in one respect, her actions had been found to be dishonest.

141. The Committee considered that there was a degree of moral blameworthiness in the Registrant's conduct and that it would be regarded as deplorable by fellow practitioners.

142. Therefore, in the judgment of the Committee, the facts found proved in this case amount to unacceptable professional conduct.

Submissions of the Parties on Sanction

143. The Council’s position was that it is a matter for Committee to determine what sanction is appropriate and proportionate in light of the facts found proved. The Council did not suggest that any particular sanction was more or less appropriate in the circumstances of this case.

144. The Registrant provided the Committee with written submissions. She submitted that a sanction at the lowest level would be sufficient, proportionate and consistent with the public interest.

145. The Registrant said in her submissions that, since the events in question, she had undertaken extensive and meaningful remediation. This includes targeted CPD focused on professional boundaries, ethics, insight and remediation. It also included the implementation of formal boundary and communication policies, structural changes to her professional practice and ongoing reflective support.

146. The Registrant provided the Committee with a copy of the Clinic Boundary and Contact Policy prepared by herself and the co-owner of her clinic. She also provided CPD certificates for training in Ethical Boundaries, Professional Boundaries for Clinicians and also on ensuring mistakes or misconduct are not repeated.

147. The Registrant said in her submissions that this was her first and only regulatory concern in over twenty years of client-facing professional practice, including practising as a registered osteopath since 2019. She asked the Committee to take into account, as part of its assessment of proportionality, the significant impact these proceedings have had on her.

148. The Registrant submitted that the findings are sufficient to mark the seriousness of the conduct, without the need for a restrictive sanction. She said that any risk of repetition was low, and that a more restrictive sanction would risk being punitive without materially adding to public protection.

149. In her oral submissions to the Committee, the Registrant said she respected the findings that it had made. She acknowledged why her conduct in relation to Patient A's statement would be regarded objectively as dishonest, though she reiterated that this was not her intent. She told the Committee that she recognised the wider impact of her actions and deeply regretted that she had risked undermining the trust of the public in the profession.

150. The Registrant referred to the active and sustained steps she had undertaken to remediate, as set out in her witness statement and referred to in paragraph 52 above. The Registrant told the panel that these steps were now embedded in her practice.

151. In answer to questions from the Committee, the Registrant explained that at the time of her unacceptable professional conduct, she had been in the throes of a difficult [redacted], it was post-pandemic and she had not been home to the USA for five years. It was in this context that she had accepted the offer of 'Goldfish' treats as she thought her [redacted] might appreciate it. The Registrant also reflected on the fact that she had been treating 50 patients over a four-day week at the Derby Cottage Clinic at that time. She stated that she now realises that these factors had collectively led to her being 'completely and utterly burned out'. The Registrant clarified that she was not saying this as an excuse for her conduct found proved but in order to show that she now recognises where she went wrong.

152. In answer to further questions from the Committee, to clarify the boundaries and supervision training that the Registrant has undertaken, the Registrant explained that she has initiated and has continued to

undertake both professional supervision sessions and counselling to recognise where her own health and emotional wellbeing may put her at risk of boundaries transgressions. This has allowed her to identify her relational approach to the treatment of patients and to establish 'guard rails' on how to manage professional boundaries around her own personality type. These risk management measures include multi-disciplinary meetings within her practice, ongoing supervision sessions, working in a group practice and separation of personal and professional communication methods. The Registrant also told the Committee that she intends to manage her patient list in order to reduce the risk of 'burn-out', and now recognises that her own capabilities can be affected by circumstances external to a treatment room.

153. The Registrant provided the Committee with a testimonial from a healthcare practitioner who had known her for approximately ten years. The testimonial referred to the Registrant's ongoing reflection and insight, and the changes she has implemented in her practice since the concerns arose.

The Committee's Determination on Sanction

154. Having found that the Registrant's actions amounted to unacceptable professional conduct, the Committee is required to impose a sanction. The available sanctions are set out in Section 22 of the Osteopaths Act 1993. The Committee took into account the guidance in GOsC's Hearing and Sanctions Guidance 2025 (HSG). It bore in mind that the purpose of imposing a sanction was not to punish a registrant but to protect the public, maintain confidence in the profession and promote proper standards of conduct and behaviour. It took into account the submissions of the parties and the advice of the Legal Assessor, which it accepted.

155. The Committee considered the available sanctions from the bottom upwards on the scale of seriousness. It bore in mind that the sanction imposed must be proportionate, weighing the Registrant's interests with the public interest.

156. The Committee considered that the following were mitigating factors.

157. The Registrant is of previous good character. She has shown insight into her conduct and has apologised for it. The Committee accepted that she has demonstrated both remorse and remediation. She has undertaken relevant CPD and has taken steps and put into place practical measures to minimise the risk of repetition, as referred to in paragraph 152 above. The Committee also accepted that the personal circumstances that existed at

the time of the incidents contributed to the Registrant's error of judgment and actions at the time.

158. Of particular importance, in the Committee's view, was the depth of insight shown by the Registrant, which demonstrated that she is a thoughtful and reflective practitioner. It was clear to the Committee that her insight has developed over time. Applying the guidance in the HSG, the Committee was satisfied that there is real reason to believe that the Registrant has learned a lesson from this experience.

159. The Committee considered that the only aggravating feature, over and above the nature of the factual findings themselves, was the harm that was caused in the form of distress to Patient A's family and the impact on her employer.

160. The Committee had regard to paragraphs 45 to 52 of the HSG, which refer to cases where findings of dishonesty and sexual misconduct have been made.

161. In relation to dishonesty, the guidance directs the Committee to take into account all the evidence in deciding what sanction is appropriate and sufficient. The Committee acknowledged that there is a spectrum of dishonesty.

162. The dishonesty was a one-off incident which, in the Committee's view, was borne out of a panicked reaction rather than evidencing a fundamentally dishonest attitude. Whilst the Registrant had clearly made a poor choice on this occasion, she had otherwise demonstrated openness and transparency during the investigation process, and she had engaged fully with the regulatory process. The Committee noted that the only evidence that she was present during the phone call made by her friend to Patient A was evidence provided by the Registrant. The Committee therefore determined that the dishonesty found in this case is at the lower end of the spectrum of dishonesty.

163. The guidance in the HSG says that breaching professional and sexual boundaries is regarded as sexual misconduct. The guidance makes it clear that there is a spectrum of conduct which might be regarded as sexual misconduct. The Committee considered that the behaviour in this case was at the lower end of that spectrum, in particular because it was consensual. Although there was intentionality on the part of the Registrant, the Committee did not find the behaviour to be predatory. The Committee considered that there was no appreciable risk of repetition because the Registrant had clearly demonstrated she has acknowledged her transgressions of boundaries and has apologised and shown insight.

Furthermore, she has corrected and changed her practice as a result of her reflection, further training and ongoing regular supervision.

164. The Committee had regard to paragraph 63 of the HSG which states that an admonishment is the lowest sanction that can be applied and may therefore be appropriate where the failing or conduct is at the lower end of the spectrum. It is only appropriate if the osteopath is fit to continue practising without restrictions.

165. In considering the factors at paragraph 64 of the HSG, the Committee was satisfied that the Registrant has shown full insight into the transgression of boundaries. This insight had clearly developed over time, given the Registrant's immediate response when confronted by her principal in respect of the relationship and her clear insight shown in her later statements and at the hearing. The Committee was satisfied that there is now nothing further that the Registrant could reasonably be expected to do to remediate her conduct in respect of boundaries.

166. However, it could not be said that the conduct the Committee was concerned with was an isolated incident, and nor could it be said it was not deliberate.

167. Further, although the Committee had found that the dishonesty and sexually motivated conduct were at the lower end of their respective spectrums, these were still serious matters. The public interest would not, in the Committee's view, be adequately marked by an admonishment.

168. The Committee did not consider that a conditions of practice order would be appropriate, given the nature of the conduct found proved. This was not a case where there are areas of the osteopath’s practice which are problematic and can be addressed by conditions. Such an order, therefore, would not be an appropriate way of addressing the Committee's findings.

169. The HSG states that a suspension order is appropriate for more serious offences and when some or all of the following factors are apparent.

> (a) There has been a serious breach of the OPS but the conduct is not fundamentally incompatible with continued registration.
>
> (b) Removal of the osteopath from the Register would not be in the public interest, but any sanction lower than a suspension would not be sufficient to protect members of the public and maintain confidence in the profession.

(c) Suspension can be used to send a message to the registrant, the profession and the public that the serious nature of the osteopath's conduct is deplorable.

(d) There is a risk to patient safety if the osteopath's registration were not suspended.

(e) The osteopath has demonstrated the potential for remediation or retraining.

(f) The osteopath has shown insufficient insight to merit the imposition of conditions or conditions would be unworkable.

170. In the Committee's view, the factors identified at points (a), (b), (c) and (e) were all present in this case. In particular, in light of the findings on Allegations 4 and 5, the Committee considered that a lesser sanction than suspension would not be sufficient to maintain public confidence in the profession and uphold standards. Therefore, on public interest grounds, the Committee was of the view that a suspension order was the appropriate and proportionate sanction in this case.

171. The Committee accepted that there were no previous or subsequent regulatory concerns in respect of the Registrant. The Committee concluded in its overall assessment that the Registrant is otherwise an honest person who displayed a high level of self-directed insight into the circumstances which led to the failings in this case.

172. Given that the Committee was satisfied that there was no ongoing risk to the public, and that a suspension order was being imposed on public interest grounds, the Committee was satisfied that a short period of suspension would be appropriate. It bore in mind that any sanction should impose no greater restriction on a registrant's practice than is necessary to achieve the regulatory objectives.

173. In the circumstances of this case, the Committee determined that a three-month suspension order was appropriate and proportionate.

174. Where the Committee imposes a period of suspension it must also indicate that a review shall take place at a review hearing before the end of that period, and what information would assist the panel at the review hearing.

175. The Committee therefore directs that the suspension order shall not expire without a review taking place, and that the Committee which hears the review will be assisted by:

- a further reflective statement from the Registrant, specifically in relation to Allegations 3 and 5.

Interim order

176. The Committee considered whether it was appropriate to impose an interim suspension order. The Committee heard submissions from the parties and legal advice from the Legal Assessor, which it accepted. It noted that it may only impose an interim suspension order if it is satisfied that it is necessary to do so in order to protect members of the public.

177. Mr Colman, on behalf of the Council, did not seek such an order. The Council accepted that there was no basis for concluding that an interim order was necessary on public protection grounds, given that the Committee had imposed a sanction on public interest grounds alone. He reminded the Committee that it had found that there was no appreciable risk of repetition and that there was no ongoing risk to the public.

178. The Committee agreed with those submissions. Having identified no public protection concerns, it was clear to the Committee that the statutory ground for imposing an interim suspension order set out in Section 24(2) of the Osteopaths Act 1993 was not met. There was, therefore, no basis on which an interim suspension order could be imposed.

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

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