GENERAL OSTEOPATHIC COUNCIL

PROFESSIONAL CONDUCT COMMITTEE

Case No: 940/10076

Professional Conduct Committee Hearing

DECISION

Case of:	**Ben Brown**
Committee:	Melissa D'Mello (Chair) Andrew Howard (Lay Member) Caroline Easter (Osteopathic Member)
Legal Assessor:	Jon Whitfield KC
Representation for Council:	Christoper Geering
Representation for Osteopath:	Jonathan Goldring
Clerk to the Committee:	Sajinee Padhiar
Dates of Hearing:	10, 11 November 2025

Summary of Decision:

Case Number

The Committee found proved
Allegation 1, 2, 3a, b, c, 4a, b, c, 5

UPC: Found proved

Sanction: Suspension Order 12 months with review

Allegation

The allegation is that Ben Brown (the Registrant) has been guilty of unacceptable professional conduct, contrary to section 20(1)(a) of the Osteopaths Act 1993, in that:

~~Over an unknown period of time, Person A submitted to BUPA invoices for osteopathy treatment provided by the Registrant.~~

1. On 10 September 2024, BUPA requested confirmation from the Registrant of the dates and cost of appointments with Person A, as set in Schedule 1.

Admitted and found proved

2. On 11 September 2024, the Registrant responded to BUPA confirming the accuracy of the dates and cost of appointments with Person A, as set out in Schedule 2 (Email 1).

Admitted and found proved

3. At the time the Registrant sent Email 1, he knew that:
   a. not all of the appointments listed at Schedule 1 took place with Person A; and/or
   b. Person A had provided false costing for the appointments listed at Schedule 1; and/or
   c. Person A had submitted fraudulent claims to BUPA.

Admitted and found proved

4. On 13 September 2024, following ~~a~~ query from BUPA, the Registrant:
   a. provided BUPA with updated confirmation of the dates and cost of appointments with Person A;
   b. indicated to BUPA that Email 1 was "*sent in error*";
   c. indicated to BUPA that Person A had submitted fraudulent invoices.

Admitted and found proved

5. The Registrant's conduct as set out at paragraphs 2 and/or 3 and/or 4b above was ~~/ or 3 4 and/or 45b; 6.5. was~~ dishonest.;
   ~~was misleading;~~
   ~~lacked integrity~~

Admitted and found proved

Schedule 1

Date of Treatment	Treatment Description	Charge	Notes
20/10/2023	Follow on osteopath session	£55.00	
28/10/2023	Follow on osteopath session	£55.00	
03/11/2023	Follow on osteopath session	£55.00	
08/11/2023	Follow on osteopath session	£55.00	
17/11/2023	Follow on osteopath session	£55.00	
20/11/2023	Follow on osteopath session	£55.00	

27/11/2023	Follow on osteopath session	£55.00	
06/12/2023	Follow on osteopath session	£55.00	
13/12/2023	Follow on osteopath session	£55.00	
20/12/2023	Follow on osteopath session	£55.00	
29/12/2023	Follow on osteopath session	£55.00	
05/01/2024	Follow on osteopath session	£55.00	
12/01/2024	Follow on osteopath session	£55.00	
17/01/2024	Follow on osteopath session	£55.00	
24/01/2024	Follow on osteopath session	£55.00	
31/01/2024	Follow on osteopath session	£55.00	
14/02/2024	Follow on osteopath session	£55.00	

Schedule 2

Date of Treatment	Treatment Description	Charge	Notes
20/10/2023	Follow on osteopath session	£55.00	Yes £55 45min follow up
28/10/2023	Follow on osteopath session	£55.00	Yes £55 45min follow up
03/11/2023	Follow on osteopath session	£55.00	Yes £55 45min follow up
08/11/2023	Follow on osteopath session	£55.00	Yes £55 45min follow up
17/11/2023	Follow on osteopath session	£55.00	Yes £55 45min follow up
20/11/2023	Follow on osteopath session	£55.00	Yes £55 45min follow up
27/11/2023	Follow on osteopath session	£55.00	Yes £55 45min follow up
06/12/2023	Follow on osteopath session	£55.00	Yes £55 45min follow up
13/12/2023	Follow on osteopath session	£55.00	Yes £55 45min follow up
20/12/2023	Follow on osteopath session	£55.00	Yes £55 45min follow up
29/12/2023	Follow on osteopath session	£55.00	Yes £55 45min follow up
05/01/2024	Follow on osteopath session	£55.00	Yes £55 45min follow up
12/01/2024	Follow on osteopath session	£55.00	Yes £55 45min follow up
17/01/2024	Follow on osteopath session	£55.00	Yes £55 45min follow up
24/01/2024	Follow on osteopath session	£55.00	Yes £55 45min follow up
31/01/2024	Follow on osteopath session	£55.00	Yes £55 45min follow up
14/02/2024	Follow on osteopath session	£55.00	Yes £55 45min follow up

Preliminary Matters:

Amending the Allegation

1. Mr Geering applied to amend the Allegation as set out above asserting that they clarified the matters in dispute. Mr Goldring agreed to the amendments.

2. The Committee accepted the advice of the Legal Assessor and consented to the application. The amendments clarified the matters in dispute and caused no prejudice or unfairness to the Registrant or the public interest. The amendments are set out above.

The format of the hearing

3. Mr Geering and Mr Goldring agreed that it would help the Committee to hear from the Registrant and any witnesses he may call and for the advocates to then address the issues of facts, UPC and Sanction together.

4. Having heard from the Legal Assessor the Committee consented to the case being presented and heard in this way.

Summary & Opening

5. Mr Geering indicated that the Allegation was set out in the case papers and should be treated as placed on record. Mr Goldring advised that Allegations 1, 2, 3, 4, and 5 were admitted in their entirety. He advised that UPC was conceded albeit this remained a matter for the Committee to determine.

6. Mr Geering referred the Committee to the written documentation and outlined the case in brief. He said that in 2024 the Registrant treated Patient A. Patient A was also a friend of the Registrant. Patient A paid for his treatment and submitted claims to BUPA in order to be reimbursed.

7. In September 2024 the Registrant received a query from BUPA concerning claims made by Patient A. These were set out in a schedule of claims and which revealed that Patient A had claimed for treatment that had not taken place and inflated his claim where treatment had occurred (see Schedule 1 above). The Registrant emailed BUPA to confirm the accuracy of Patient A's claim (see Schedule 2 above). When he did so, the Registrant knew that there had only been eight sessions of treatment and not the seventeen claimed for and that the correct fee of £40 had been inflated to £55 for each session. When he purported to confirm the accuracy of Patient A's claim the Registrant knew it to be false and he acted dishonestly.

8. BUPA queried the Registrant's response at which time the Registrant said he had sent his original confirmation email in error. This too was untrue and

dishonest since he knew the claim to be inflated and his initial response to BUPA had been a deliberate act.

9. The case for the GOsC thus involved two incidents of dishonesty in quick succession.

10. Mr Goldring did not dispute the basis of the case but called the Registrant to explain some of the nuance of why he acted as admitted and to deal with issues of UPC and sanction

Evidence

Evidence for the Registrant

11. The Registrant affirmed and adopted his statements as his evidence in chief. In addition, he adopted a number of exhibits that he relied upon.

12. The Registrant said that he first took up employment as an apprentice in electrical engineering but being dissatisfied with this and having always been interested in fitness and health he investigated a career in healthcare. He explained that he was immediately struck by the holistic approach used in osteopathy and signed up to undertake a five year undergraduate degree. He qualified in 2018 and had been practising ever since. He explained that initially he started with a single room but two years ago he had been able to lease high street premises which he had then invested in and that he now practised from these premises with others to whom he sublet rooms. He explained that he employed a remote assistant as reception. The Registrant said that he loved his job and that he had gone from dreading going to work as an engineer to loving his work.

13. The Registrant gave some detail of his home circumstances and said that his retired parents were both living nearby and that he and his partner were expecting a child in a month or so and that they were moving house.

14. When asked specifically about the allegations the Registrant said that he found the first e-mail in which he had falsely confirmed Patient A's claim to be shameful and embarrassing. He said that he was regretful for his actions and he had felt this ever since. He candidly stated that he agreed that it was dishonest and it was painful and embarrassing to know that he would be judged on this. He said this was the polar opposite of who he is and that it was soul destroying. When asked why he acted as he did the Registrant said that his head was scrambled and that he acted under what he described as a 'brain fart'. He said that he had a lot going on, he was rushed, he was going on holiday and he felt trapped pressured and obliged to smooth things over for someone he regarded as a close friend. He said this was not an excuse and he knew and accepted that what he had done was wrong and dishonest.

15. The Registrant said that he knew this from the moment he got on the plane to go away for the weekend and he started to panic realising the severity of what he had done. He said that he intended to set things right immediately on his return on Monday. He said that he would get advice and guidance and then set the situation straight. However, he said that he received a follow up e-mail from BUPA on the Friday at which point he felt stressed, sick, unwell and in a panic and he knew he could not leave matters until Monday. He explained that he and his partner travelled through the night and he had about 3 hours sleep and he responded in panic to BUPA describing his initial e-mail as being sent in error. He said that he knew he should not have responded in this way and that it was dishonest to do so.

16. The Registrant then provided some detail as to the impact these events had upon him. He said he had been very stressed and anxious particularly upon receiving the e-mail from GOsC that there had been a complaint. He described himself as becoming severely ill, losing weight, waking up at night, stressed anxious and in a very dark place. He said that he had put himself into this situation. He described having worked tirelessly to get into the profession and now he felt stress shame distress and embarrassment.

17. Concerning the WhatsApp messages sent to GOsC, he said he had not taken legal advice on disclosing those and had been under no pressure from GOsC, rather he disclosed them at their request. He said that the messages were particularly embarrassing, they were personal communications between himself and someone who was now an ex-friend. Despite the embarrassment he said that he knew he had to provide them. He described them as a double-edged sword because on the one hand they confirmed that he had no financial interest in what had occurred, but they also confirmed that he had been dishonest. Despite this he said there was no question of him not disclosing them to his regulator.

18. The Registrant said that his health had settled and he had been more able to eat. He had discussed with people how long the process would be and that he needed to be resilient in dealing with months of worry and stress. He said that he still had down days and had engaged a [redacted] to assist him. He described his [redacted] as a lifesaver, dealing not only with his own feelings but also helping to understand professional boundaries and how he had got himself into this situation. He confirmed he had reflected on what had occurred and the [redacted] had assisted, delving into things that affected him when he was younger and that had become personality traits. One such was giving in to people even if it damaged himself. He said that treating a person who had been a friend skewed his professional decision-making, it brought emotion into what he was doing and what should have been a clinical and professional decision alone.

19. The Registrant said that he had informed his patients what had occurred, and this had been very difficult. He had been called some very harsh names it had been embarrassing and horrendous. People had said how stupid his decision

has been but that this meant he had reflected upon his actions. He said that he would do many things differently now and that he treated everyone from the perspective of a clinician not a friend and not family. He said all his decisions were now professional and if he had any doubts about his way forward, he spoke to his peers and to the people from whom he had received references. He said that one such person was Witness M for whom he had worked, another was Witness W, a lecturer, as well as peers. Several such persons have asked him why he did not call them for their support, and he had reflected upon this and concluded that he really did not think about what he was doing at the time. He said it had been highly embarrassing telling his patients what had occurred, but many had supported him. They had known him for a long time and knew this was not his character and his nature. He thought this was why they were prepared to back him and make the statements that they have. He said his patients knew he had made a shameful and unprofessional decision.

20. The Registrant was asked about the impact of his acts upon the wider profession, and he said that he apologised and realised there was a ripple effect upon others this included the profession, how it was considered by others, insurance companies and the wider public. He said he did not think of this at the time, but he now realised the impact upon the profession, the public trust in the profession and said that other people would have to pick up the pieces from his mistake. He again apologised and said what he had done was horrendous, he was embarrassed, and it was painful. He said this had been a steep and harsh learning curve, but it would never happen again. He said he could not fathom why he had done this, he had brought shame upon himself and his family, worry to his family and his girlfriend since they could lose their main source of income. He again said that he was gutted and sorry.

21. Mr Goldring had asked the Registrant about his finances, and he said that the Registrant thought that he could survive a short suspension and cover the cost of his rent and his mortgage with savings; however, he had a tax bill which needed to be paid imminently. He confirmed to Mr Goldring that he was asking for forgiveness for his stupid mistake, and he said that he hoped the Committee could see that it was genuine and that what he had done was not a representation of his character and it would not happen again. He candidly said he did not want to be erased; he had worked tirelessly to get into the profession and build up his reputation. He said he thought he would never make such a horrendous cockup and he would be grateful if he were suspended and given another chance.

22. Mr Geering then asked questions in cross-examination and pointed out that although the Registrant had set out some matters in reflection he did not appear to have undertaken any courses on integrity candour or honesty. The Registrant said that he had done CPD courses for allied health professions. These included courses on data protection, note keeping and professional boundaries but not specifically on candour, integrity and honesty. He said that he had read some articles on these topics but that he needed to address this. He said that he had concentrated on dealing with professional boundaries and

speaking to his [redacted] about this because his error was in treating a friend and letting his emotions get in the way of his professional decision making. He said he could not really explain why he had not undertaken CPD on honesty in the last 12 months but said that he wanted to concentrate on today's hearing.

23. When asked about potential conditions in a conditions of practise order, the Registrant said that although these had been set out, he felt it was highly unlikely that he would receive any sanction other than erasure and he felt it was appropriate to focus on his insight and why he felt things had gone wrong with professional boundaries. Mr Geering suggested that the issue is not boundaries but was in fact honesty. The Registrant said ultimately yes but the root cause was allowing his emotions into what should have been a clinical decision. He said that he had delved into why he had been dishonest and that was because he had let his emotions into a decision. He confirmed that he had looked at the OPS and particularly the standards regarding professionalism, acting with integrity, honesty and maintaining the reputation of the profession.

24. When asked about the term 'ripple effect' the Registrant said he could not recall where this had come from but he thought it was something to do with crime and how this affects everyone with the victim being the first layer, then family, then community, then society. He said applying this to the regulatory position, dropping the stone in the water he realised that BUPA would now look at the profession of osteopathy and whether they would want a relationship with such a profession and there was the greater effect upon other osteopaths and on wider society. When asked about the public and patients trusting him or trusting the profession he said that it was definitely a factor, definitely regarding himself and it could be in respect to the entire profession. He said that most people knew not to tar everyone with the same brush and the fact he had been dishonest did not mean that all osteopaths were dishonest, but people would make their own judgement.

25. The Registrant was asked about his explanation of events as set out in his statement and he said that Patient A had told him that he was using up something similar to a medi-cash allowance. He realised that he was making claims for treatment that had not yet occurred but that once these treatments had occurred the net outcome would be the same. He said he trusted his friend. He reiterated this and believed that he was potentially using up an allowance, but he knew his e-mail response to BUPA was dishonest. He said he was describing what he felt at the time. When he responded to BUPA, he said that he believed his friend was bending the rules, but he had heard of people using up an allowance, however, ultimately, he said he knew that his e-mail was incorrect. In addition, he said, regarding the inflated claim, he knew that to be improper.

26. It was pointed out to the Registrant that the inflated claims made by Patient A were a fraud upon BUPA. The Registrant said that he had underestimated the severity of the situation. He said that he had been stupid and knew his friend was seeking £15 more then he'd actually paid. It was again put to the

Registrant that this was a fraud and he said he did not appreciate this at the time but the following day he did, and he realised how serious this all was and he panicked. Regarding talking to Patient A, he said that he had been under the impression that he was using up an allowance and Patient A had made him feel stupid questioning him. He said that he knew Patient A had claimed more than he had paid and the following day he had reflected upon this.

27. Mr Geering put to the Registrant that's because of Patient A/his friend's pressure, he had gone along with the fraud. The Registrant said he felt trapped and obliged to smooth things over. He said he knew he should not have done it but that was what happened. Regarding the initial communication with BUPA, the Registrant said that he received the e-mail from BUPA and Patient A had asked to talk to him. He spoke to Patient A and then replied to BUPA. He said he did not think too much of it because he had been busy. He agreed that he had messaged Patient A after this, and he had not thought clearly despite having time to respond. He said that it would have been a massive lapse in his own judgement, and he said that he held his hands up he should have thought it through discussed it and sought advice instead he simply reacted. He said that he had planned to own up but instead of doing so he discussed the matter with Patient A. He denied that he had been seeking a way out for Patient A, instead he was made to feel that his actions would cause trouble. He said if one looked at the WhatsApp messages, he had said it was not his fault that the friendship would end, he declined to help Patient A and stressed that he was not going to do anything for him. He said that Patient A had done something, and he was not helping and would end it. When asked why he asked Patient A for evidence from BUPA the Registrant said that he wanted Patient A to come clean. He said he felt guilty for what he had done he felt awful his he realised his actions were bad and he didn't want to dig a deeper hole.

28. In re-examination the Registrant said that he had not undertaken the CPD mentioned above because he was not expecting a conditions of practice order. He said that he was willing to do anything to remain in the profession but that courses and discussions with others was something he regarded to be undertaken at a later date as he had been focussed on this hearing.

29. In answer to questions from the Committee, the Registrant repeated the fact that he thought that there was a Bupa allowance and that his friend had said he was using this up towards the end of his treatment and he was allowed to do this. The Registrant said that he had not seen Patient A's policy and he was not clear as to the situation. He thought it was akin to a medi-cash scheme and he had heard of people using up an allowance but he had not dealt with BUPA directly. He now understood that what he had been told was a lie and that he should have done his own due diligence and looked into things more carefully before he acted.

30. Regarding the impact of his actions the Registrant repeated that he really should not have acted as he did and he was very sorry, he regretted the impact upon the profession. He said that he would change that if he could turn back

time, he had learned a lot both from a personal and professional perspective. He repeated that it had been a very tough time and he was very sorry.

31. When asked what he meant by shame and embarrassment, the Registrant said that he was embarrassed by his own actions, he had reflected upon what he had done and realised he should not have done it. He said he could not give a straight answer on why he had acted as he did but he realised he let himself down and he let the profession down. He said that explaining what occurred to patients and the fact that he may no longer be in practice was embarrassing. He said he had never felt shame like this before. He spoke about the impact upon himself and upon his family. When asked about the testimonials the Registrant said that he had informed patients of the case and that they had provided references for him since they knew him and trusted him. He said they understood the full context and many of them had known him since he had qualified and they respected him. He agreed that all of the witnesses providing testimonials knew elements of his personal life.

32. Mr Goldring then called three witnesses to give evidence on behalf of the Registrant, M, P, LM. Witness M explained that he had been a registered osteopath since 2000 and he asserted that the evidence in his statement was correct. He said that he first came across the Registrant when he was looking for staff to employ at his own clinic. He was interested to talk to the Registrant because of his industrial background. He said that he was very impressed by the Registrant's attitude and experience outside academia. He said he regarded the Registrant as very committed and willing to go the extra mile to ensure clients got the best treatment. Regarding his honesty and integrity, he explained that he was happy for the Registrant to hold the clinic keys and run his (Witness M's) clinic while he was away. He said that he had never once questioned the Registrant's integrity or his ability to manage the clinic.

33. Witness M explained that he was aware of the allegation, and he knew that the Registrant had accepted he had acted dishonestly. When asked why he stood by him, Witness M said that he had known him for seven years and knew him to be thoroughly honest. He said he understood that the Registrant made no gain out of things and assumed he had been overtaken by events. He said that he took account of his previous knowledge of him and he had always found him to be honest and act with integrity. He said that the Registrant had reflected upon things and recognised that he should have done things differently. He said it was his own feeling that nothing like this would never happen again.

34. Witness P said that he was the CEO of a company and a former solicitor having qualified in 1995. He adopted his statement and said that he had known the Registrant for about three years as a patient, but he also regarded him as a friend albeit that they had never socialised. He said he felt warm towards the Registrant and this and the friendship was born out of the Registrant's personality and how he treated him as a customer. He described this as being serious and professional, warm and friendly, taking time and showing an

interest in himself as an individual and remembering what he had been told. He said the Registrant was business-like and courteous and had a genuine interest in him as a patient and as an individual. He described the Registrant as coming across as grown up, sensible and serious. He said that he regarded the Registrant as someone very unlikely to carry out any unethical practice and described him as honest, loyal, trustworthy and good at what he does. He said he had been to other professionals and regarded the Registrant as someone he wished to return to for treatment because he felt that he was making progress. He also said there was no question of the Registrant pushing him into accepting extra treatment.

35. Witness P said that he was aware of the allegation and the fact that the Registrant had admitted dishonesty. He was asked whether this affected his opinion of the Registrant bearing in mind that he (Witness P) was a former solicitor and he said no it had not because he has been impressed by the Registrant's willingness to hold up his hands and be honest. He said he observed a considerable degree of contrition and embarrassment. He regarded the Registrant as being foolish and understood that the Registrant realised this. He said he did not think less of him because of this. He said that he was aware of the stress and worry the Registrant had felt waiting the many months for this hearing to take place and that that had probably been 'hellish' and he had noticed an impact upon him. He said the Registrant was probably terrified and delighted in equal measure that the hearing was taking place.

36. When asked how the Registrant showed his contrition and embarrassment Witness P said he had explained what had happened and described himself frankly in a variety of pejorative terms. He said the Registrant had said he felt he needed to be honest and upfront and put his cards on the table. He said the Registrant had said he had been foolish, an 'idiot' and had made no gain and felt let down by the other individual but that primarily he sought to take personal responsibility. Witness P said that he could imagine a great many people acting in the same way as the Registrant and he genuinely thought that he would have contacted BUPA if BUPA had not contacted him first. He said that he suspected the Registrant trusted Patient A and acted in haste and then regretted it in hindsight and would have withdrawn his comment to BUPA. He then explained how the Registrant had asked for a testimonial and explained that he was well aware of how things occurred.

37. Witness LM gave evidence and said she was a head teacher and owned a private school. She had been a patient with the Registrant for 3 1/2 years and had always been impressed by his commitment, his work, his sincerity and his communication. She described the Registrant as remembering details about people and being kind professional and genuine. She said that she had been made aware of the allegations both by the Registrant and his advocate and she was aware of the nature and the allegation the mistake he had made and his attempts to correct it. She said the Registrant's actions were totally out of character and her opinion of him had not been affected at all. She said that she was concerned for him and believed he should be given a second chance and

not judged only by the allegations. She described him as a young man working hard in the community to provide exemplary medical services. She went on to describe how he spoke to patients, asking about their family and their work and she believed that he had a strong ethic towards helping patients. She repeated that this was so out of character for him that he should not be judged solely by it.

38. Witness LM said that she relied upon the Registrant to keep her mobile and able to do her daily work and frankly she could not do this without him. LM confirmed that she was aware of the detail of the allegation and agreed that there were two aspects to the dishonesty. She said that when people act under pressure, they may do things that are wrong. She described the Registrant telling her about the allegations described him as being overwhelmed, upset and full of remorse that he had put his career in jeopardy, and she remained concerned for him because he was a good character. Witness LM said that the Registrant was seriously committed to patients, that he took his work and his commitment seriously and that he cared about them. She described him as a really kind and decent person who cares, that no-one had a bad word to say about him and that everyone thinks well of him; he was upstanding and kind, which were rare qualities these days.

Submissions of the Parties

39. Mr Geering first dealt with the matter of UPC. He said that this was conduct that may be regarded as deplorable by fellow practitioners and the public and that the threshold had been met. He said that the case involved Patient A committing a fraud on BUPA by claiming for appointments that had not happened as well as over-claiming for genuine appointments. He said that the Registrant appreciated this and dishonestly vouched for Patient A. He then compounded his actions by characterising his initial response as a clerical error when in fact it was a deliberate action. Mr Geering submitted that dishonesty went to the heart of the profession and public trust in the profession.

40. Turning to the issue of sanction, Mr Geering said that the purpose of sanctions was to protect the public and that any sanction should be the least restrictive to meet the risk identified by the committee. He said that the risk of repetition was not determinative and that the Committee should also consider declaring standards and maintaining public confidence in the profession even where there was no risk of repetition.

41. Mr Geering said that the Registrant's conduct was serious because it involved dishonesty but that this was aggravated by a number of factors. He recognised that there is a spectrum to dishonesty and submitted this case was not at the lower end like for example, a 'white lie' told in immediate response to pressure. He said the Registrant had time to consider his response not least because he had contacted Patient A. He had reflected and had lied and that went to his degree of culpability. Mr Geering submitted that the Registrant had allowed himself to become part of a financial fraud which caused potential loss to the

insurer. Mr Geering conceded that the fact there had been no loss was an issue but nonetheless BUPA had been exposed to that potential. He said that the Registrant's actions were compounded by his subsequent attempt to correct his communication with BUPA in which he minimised and misrepresented his e-mail as having been sent in error when in fact it was a deliberate act. He repeated that this was not a spur of the moment message he had contacted Patient A first and some thought went into it.

42. Regarding mitigating factors Mr Geering said the Patient A had undoubtedly abused the Registrant's trust, Patient A had initiated the conduct and there was no evidence that the Registrant wanted to do this or sought to benefit. He accepted that the Registrant had clearly shown remorse, a degree of reflection and had cooperated with GOsC. Mr Geering recognised that there were a number of references which clearly showed he was a good practitioner but said that the issue is not a matter of clinical competence but one of dishonesty. He submitted that little weight should be placed upon the views of the referees when they spoke of a potential disposal because they were not impartial being for the most part the Registrant's patients and friends who may be impacted by a sanction. He submitted that their views were not representative of the public opinion.

43. Concerning the question of insight, Mr Geering submitted that this could be demonstrated in a number of ways such as making admissions, reflecting and engaging. He said the Registrant had sought to minimise his actions when he must have known that Patient A was asking him to be part of a fraud. He said it may be that the Registrant did not know the 'ins and outs' of the BUPA cover but he knew that Patient A was claiming £55 for a £40 consultation. Patient A was getting money from an insurer to which he was not entitled. Mr Geering said that the Registrant had been reluctant to admit that he knew this was a financial fraud and his actions were not on the spur of the moment rather he had spoken to Patient A and had allowed himself to be swayed. He said that more thought had gone into the Registrant's response than he was prepared to accept.

44. Concerning remediation, Mr Geering said the Registrant had discussed matters with colleagues and with professionals more widely but there was limited evidence of remediation. He said that it was not unreasonable to expect the Registrant to have undertaken CPD and that he was aware of this need and that the issue was honesty. Mr Geering said the Registrant clearly accepted this and asked, if this was the case why he did not undertake relevant training? He submitted that there was no evidence of wider reflection or consideration of material on candour and reflection that was available to look at. Mr Geering caveated this by saying that he accepted the Registrant had some insight, but he questioned the extent of that insight and submitted that the reflection and remediation needed to go further.

45. Mr Geering concluded by suggesting that the Registrant's culpability was reduced but nonetheless it was serious dishonesty, and it merited a

commensurate sanction. He concluded by saying that the matter of proportionality was important and the impact of the sanction was an important factor, but he referred to the well-known principle that the interests of the profession are more important than the interests of the individual.

46. Mr Goldring reminded the Committee that no aspects of the allegations were contested, that the Registrant indicated an unequivocal acceptance of his dishonesty and he considered that this was bound to amount to UPC. He said that whatever gloss was put on the facts the admission remained and that the Registrant was not here to deny or deflect his wrongdoing. He was here to face it head on. He submitted that the Registrant was asking with humility to give his case serious consideration and not define him by his one serious mistake but to measure him against the bigger picture.

47. Mr Goldring acknowledged that dishonesty strikes at the heart of the profession and that erasure was often merited, but that applying fairness and proportionality, this was not always the case. He said that important questions were: (i) was it necessary to remove the Registrant from the register to protect the public? (ii) how else may standards be declared? (iii) how else may public confidence be maintained? He then submitted these questions could each be answered by imposing a short period of suspension being no more than three months duration. He said that suggestions had been made regarding what conditions could be applied to the Registrant, but they were more a question of the Registrant trying to give himself every opportunity to remain in practice. It was certainly not an expectation. He said that a suspension could later become a condition of practice order and that the overall sanction may become a long-term one starting with a short period of suspension.

48. Mr Goldring asserted that the Registrant had accepted responsibility from the moment the e-mail from the GOsC was received. Since then, he had made no attempt to shift blame or minimise his actions. He said that the Registrant's first responses were made without legal assistance, and they were imperfectly expressed. He said that they were overtaken by the fact the Registrant has admitted everything in full. He suggested that the Registrant’s earlier comments were designed not to excuse but to provide context, to explain his confusion and how he was now in a position entirely inconsistent with his character. Mr Goldring said that these initial comments were reflective and showed insight but were inarticulate. He said the Registrant had been open, cooperative and candid. He had no obligation to attend and give evidence, but he had done so and been subject to cross-examination. He observed that the Registrant acknowledged his dishonesty and fully admitted it, indeed he had confessed to the GOsC and provided the WhatsApp messages which were particularly incriminating. Mr Goldring said that the Registrant must have had his heart in his mouth when he responded but nonetheless, he did so and this was an indicator that his own integrity was reasserting itself. He had chosen transparency over self-preservation and in that he had shown honesty and integrity. Mr Goldring submitted that the Registrant was a decent man who had

acted dishonestly but that there was context to that dishonesty which, whilst it did not excuse it, did go to the issues of fairness and proportionality.

49. Mr Goldring said that the actions of the Registrant were not a self-serving act of fraud rather they were a momentary lack of judgement born out of reliance upon a close and long-standing friend whom he respected and who sought his help. He said the Registrant then did something profoundly foolish which he knew was not right, thinking that he could smooth things over but there was no profit and no continued deceit or pattern of dishonesty. He suggested these matters were fundamental to the issue proportionality. Mr Goldring said that when the Registrant realised the gravity of the situation it was not unreasonable to react in a panic and call something an error. He said the bottom line was that the Registrant had sent an e-mail trying to undo the damage and he only made it worse. Mr Goldring emphasised that everything about the Registrant before and after the 48-hour period during which this conduct occurred showed him to be a man of integrity. He had now lost that label and would wear the label of dishonesty forever.

50. Mr Goldring submitted that it was clear from the Registrant's statements and conduct that he showed genuine and profound remorse and insight. Regarding remediation and the criticism that the Registrant had not been on any courses, Mr Goldring said that none had been suggested, that the Registrant was at the least expecting to be suspended and he wanted to save remediation for any conditions that may follow such a sanction. He reiterated that the Registrant's insight was demonstrated by his admissions and his cooperation and added that he had undertaken substantial [redacted] covering matters such as ethics, professional boundaries and decisions under pressure. He suggested that the Registrant had done a lot of work on understanding what had occurred and not doing it again.

51. Regarding the impact of events upon the Registrant, Mr Goldring said the decline in his health spoke volumes but that with professional help and talking to patients and colleagues, he had clawed his way out of a hole. He had ceased treating family and friends and he had provided a detailed and reflective statement showing that he understood why he had erred. Mr Goldring said that insight was not just an intellectual exercise it was, in the Registrant, emotional and embedded and there was no ongoing risk to the public.

52. Concerning the Registrant's character, the reputation of the profession and public confidence in practitioners, Mr Goldring said that the breadth and strength of the evidence was striking. He expressed surprise at the suggestion that the testimonials should be treated with caution simply because they came from patients who had an interest in their own care. Rather he suggested that the Registrant had faced a very difficult decision to explain what had occurred to his patients and seek their support. Mr Goldring said that the witnesses had supported the Registrant in writing and in person, they had not simply acted in their own interests, and it was not right to undermine the quality of their evidence. He said there were about 40 individuals who had provided

statements, patients, colleagues, professionals, peers, family and friends. He said all these people knew the full extent of the allegation and they all supported him because they trusted him, and they all referred to his honesty and his professionalism. Mr Goldring said these people were a measure of the public view. In addition, he said that there were informed regulated professionals amongst the witnesses, and they too had confidence in the Registrant. Mr Goldring submitted that collectively these witnesses provided a barometer of how the public may view an isolated wrongdoing when it is admitted and that a person can reform. He suggested that trust once broken can be rebuilt and that the public can distinguish between one dishonest act and a dishonest person.

53. Concerning the impact of sanction, Mr Goldring said that the Registrant ran a small but respected practice with associates and other practitioners, and all this would be lost, costing the Registrant tens of thousands of pounds if there was a long suspension or erasure. He submitted that this would be devastating for both the Registrant and others and patients would lose out. Destroying an ethical, viable business would punish the very people whose trust remained steadfast. Conversely Mr Goldring suggested that a short suspension would mark the seriousness of the case and declare and uphold proper standards and it would avoid a disproportionate harm.

54. Mr Goldring said that the Committee would no doubt consider the sanctions guidance but that it was quite clear from this, from other cases and cases at a higher level that erasure was not inevitable. He then referred to four cases to illustrate his contention that a sanction other than erasure may be applied in appropriate cases. In brief he submitted that the case of *Lusinga v NMC [2017] EWHC 1458* confirmed the notion of varying degrees of dishonesty. Furthermore, in *Ranga v GMC [2022] EWHC 2595* the court highlighted the distinction between isolated incidents and patterns of dishonesty. In *Sawati v GMC [2022] EWHC 283* the court commented that dishonesty was unquestionably a yellow card, but that careful evaluation was required to consider whether it merited a red card. Finally, in *Imani v GDC [2024] EWHC 132,* Mr Goldring pointed out that no criticism was made about a suspension order when the case involved dishonesty over a six-year period.

55. Mr Goldring said that removing the Registrant from the register went beyond what was necessary particularly since there was no ongoing risk, no pattern of dishonesty and no lack of insight. He reiterated that the Registrant had made early admissions, showed remorse, had been candid and cooperated, the incidents were isolated, the Registrant had remediated and there was a great breadth and depth of references. Finally, he reminded the Committee of the devastating effects of a more serious sanction. He concluded by asserting that a three-month suspension was a proportionate and protective sanction. It demonstrated to the public and to the profession the seriousness with which this conduct was viewed but it allowed the Registrant to return rehabilitated and continue serving patients. He suggested that to go further than this was to tip the issue of rehabilitation into punishment and that it would destroy the

Registrant's life and have an adverse impact upon others. He said the Registrant had made a serious error of judgement which he now met with bravery and humility, there was no ongoing risk, he retained the confidence of patients and had demonstrated a genuine ability to rehabilitate.

Advice

56. The Committee accepted the advice of the Legal Assessor. This involved the consideration of any disputed issue of fact that materially affected the seriousness of the case. The burden of proving any disputed fact was upon the GOsC and the standard of proof was on the balance of probability. The Committee recognised that the Registrant was a man of previous good character and entitled to full consideration of this fact.

57. Regarding UPC, the Committee understood this to comprise of conduct that was serious, and which fell well below the standard expected of a registered osteopath. Breaches of the OPS may indicate UPC, but they did not determine this. Whilst the Committee noted that UPC was conceded, it was a matter for the Committee's own judgement.

58. Concerning sanction, this included consideration of the overarching objective (which includes public protection, maintaining confidence in the profession, declaring and upholding standards), the order in which sanctions should be considered and issues such as good character, insight, remediation and/or the capacity to gain insight or to remediate.

Determination in the case

Facts

59. Whilst there was little in dispute between the parties and the Registrant had made unqualified admissions to the Allegation; it was clear from the submissions of both advocates that it was important for the Committee to determine how the Registrant became involved in what was plainly a fraud upon BUPA and, having become involved, the speed and completeness with which he sought to make amends. Whilst cases of dishonesty are always serious, these facts go some way to addressing how serious these allegations are and where they should be placed on a scale of gravity.

60. Mr Geering observed that Patient A abused the Registrant's trust in him and there was no evidence that the Registrant wanted to act as he did or sought any benefit. He submitted that the Registrant allowed a trusted friend to draw him into what he must have known was a fraud upon BUPA. Having done so, the Registrant then in his own words sought at least for a short time to 'smooth things over' for himself and Patient A. For that time, he was considering himself and Patient A rather than immediately coming clean. The Committee considered this approach to be fair, balanced and in accordance with the evidence.

61. Mr Goldring did not in reality dissent from the above but suggested that the events could be considered as one continuing act over 48 hours. The Registrant first behaved dishonestly and then, in more of a panic than in considered action, compounded that dishonesty by lying. That said, once it was clear just how serious this was, the Registrant admitted his guilt and cooperated with the investigation.

62. With the assistance of Counsel's careful submissions and having considered all of the evidence, which crucially included oral evidence from the Registrant and from witnesses who know him well, the Committee came to the following factual conclusions.

63. First, the Committee found no evidence from which to conclude that the Registrant would have acted as he did without the influence of Patient A. In addition, there is no evidence that he gained, expected or sought any financial reward for it. In short, the Committee accepted that the Registrant did not instigate the dishonesty for his own benefit rather he was influenced by someone who he trusted.

64. Second, the Committee concluded that the Registrant knew that Patient A was claiming for treatment that had not occurred and that he was claiming an inflated fee. Rather than refusing to get involved, the Registrant sought to help his friend, Patient A. He 'allowed himself to be drawn in' as Mr Geering put it. However, the Committee did not accept the idea of a treatment-fund to which Patient A was entitled, and it did not accept that this is what the Registrant really thought. Had the Registrant stopped and honestly considered the matter he would have known this was simply his friend lying to him. Rather than doing so, he neglected his professional duty and chose to help his friend.

65. Third, when BUPA contacted the Registrant, the Committee understood that he may well have started to panic but, rather than honestly correcting what had happened he did try to 'smooth things over'. He contacted Patient A and, the Committee concluded that at least part of his motivation was to help them both out of a hole. Even accepting that the WhatsApp messages suggest he was no longer going to help Patent A, the Registrant initially sought a way out by lying.

66. Fourthly, Mr Goldring invited the Committee to consider the distinction between an otherwise decent man who acted dishonestly. He submitted that the public are able to distinguish between one dishonest act and a dishonest person. He suggested that the Allegations should be considered as a single 48hr episode in an otherwise honest career/life. Notwithstanding the seriousness with which dishonestly is always viewed, the Committee considered this to be an important context for the case as a whole. All the evidence before the Committee suggested that the Registrant was not a routinely dishonest person. It concluded that it should view this as a single incident albeit it remained serious.

67. Having made the above factual decisions, the Committee next considered the question of UPC.

Decision on UPC

68. The Committee accepted the advice of the Legal Assessor as set out above and gave careful consideration to the submissions by both Counsel. It has determined that the events that comprise the Allegation are to be viewed as one continuing episode of short duration and that the Registrant acted at the behest of Patient A. The Committee has concluded that, without Patient A, the Registrant would not have acted as he did. However, the Committee was of the view that the Registrant's actions do amount to serious dishonesty. Whilst the sums of money gained by Patient A are modest, the Registrant agreed to help Patient A cover his tracks. His actions were akin to facilitating the fraud.

69. The Committee regarded fraud upon companies such as BUPA to be very serious. It may be thought by some in society that there is no victim. That is a false premise since fraud affects everyone. BUPA are subjected to loss or to risk and need to act accordingly. This means patients are subjected to higher fees and the profession and/or colleagues are subjected to scrutiny. This is the 'ripple effect' now perhaps recognised by the Registrant. It is not that fraud affects no-one, it is that fraud affects everyone.

70. The Committee considered the questions postulated in *CHRE v Grant* (amended to cover the issues in these proceedings) as follows:

'Do our findings of fact, … amount to UPC in the sense that the Registrant has,
(a) in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm. And/or
(b) has in the past brought and/or is liable in the future to bring the profession into disrepute. And/or
(c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession. And finally,
(d), "Has in the past acted dishonestly and/or is liable in the future to act dishonestly.'"

71. The Committee concluded that the answer to question (a) was no, however, in respect of questions (b), (c), and (d) the answer was undoubtedly yes at least in the past. Regarding future risk, this is dealt with below under sanction however in short, the Committee considered that there was a very limited risk of repetition.

72. Finally, the Committee looked at the OPS. It concluded that the following standards were engaged. Standards D1, D2 and D7 which provide as follows:

D1 You Must act with honesty and integrity in your professional practice.
D2 You must establish and maintain clear professional boundaries with patients

D7 You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace.

D7.1 The public's trust and confidence in the profession (and the reputation of the profession generally) can be undermined by an osteopath's professional or personal conduct. You should have regard to your professional standing, even when you are not acting as an osteopath.

D7.2 Upholding the reputation of the profession may include . . .

2.4 behaving honestly in your personal and professional dealings

2.9 not falsifying records, data or other documents.

73. Taking account of the above the Committee determined that the Registrant's failings were serious and amounted to UPC. The Committee acknowledged that there is no suggestion of patients being put at direct risk. Rather, this is a case where the Registrant's conduct impacts upon the profession and the wider public interest of trust and the need to declare and upholding standards.

74. The Committee next moved to consider the issue of sanction.

Decision on Sanction

75. The Committee determined that the appropriate and proportionate sanction is a suspension order of twelve months duration with a review.

76. In coming to the above conclusion, the Committee considered the Hearings and Sanctions Guidance (HSG) produced by the GOsC, the submissions by both Counsel and it accepted the advice of the Legal Assessor as set out above. The Committee kept the overarching objective at the forefront of its considerations and in particular the public interest. It looked with equal care at the issues of character, insight, remediation and proportionality.

77. In concluding that the Registrant's conduct amounted to UPC the Committee has already determined that it involved a serious departure from the standards expected of a registered osteopath. Furthermore, the Committee recognised that honesty sits at the heart of professional practice and it is rightly guarded by the profession and its regulator. That is the start point for the consideration of cases such as this.

78. Notwithstanding the above, the Committee accepted the proposition that there is a scale to dishonesty and to seriousness. This required careful assessment to ensure any sanction is both just and proportionate. The Committee has already set out certain findings of fact that assist in that process. Furthermore, the Committee looked at any aggravating and mitigating factors. It then considered the wider public interest the Registrant's character and the impact of sanction upon him and others.

79. Regarding aggravating factors, the Committee determined that the Registrant acted dishonestly twice albeit they formed part of one course of conduct. The Registrant abused his professional position by confirming false data and then lying. His conduct was deliberate and although he acted at the behest of a third party, he did have at least some time to reflect and consider what he was doing. As to mitigating factors, the events were not initiated by the Registrant, rather he was drawn into dishonesty by another. The Registrant admitted his conduct to his regulator. The Registrant has genuinely apologised and demonstrated remorse for his actions. Whilst his dismay was perhaps more directed to the impact upon himself and his family, it was nonetheless genuine as was his shame and embarrassment. The Committee found that the Registrant had demonstrated some insight into the impact his actions have upon the profession, but this required further work. The Registrant has recognised a weakness in himself and has taken some steps to address this, to understand why he placed his loyalty with a friend rather than act honestly and to strengthen the separation between his personal life and his professional life. Finally, there is no evidence of direct harm to patients.

80. The Committee regarded the Registrant's otherwise good conduct both before and since these events to be a matter worthy of standalone consideration. The Committee received and took account of statements and oral evidence from a very wide range of people. Whilst it understood the caution expressed by Mr Geering regarding the weight to be applied to such evidence, the Committee was of the view that they were sufficiently broad in their scope, sources and understanding of the case to be reliable. In addition, whilst some evidence came from family and friends, several of the witnesses were professionals who are themselves regulated and/or highly regarded in society. These included some seven osteopaths, several registered healthcare professionals (including a GP, a physiotherapist and a podiatrist), a headteacher, a solicitor, a company CEO, two accountants, an international HR manager and more. They were aware of the necessity and their duty to be candid. They all spoke in measured but firm tones in support of the Registrant. All regarded him as an asset to the community providing safe, reliable clinical care. Crucially all knew of the case and the fact the Registrant had admitted being dishonest, yet all remained of the view that the Registrant is at heart an honest and professional man who serves his community well. The Committee concluded that together these witnesses provided a clear, consistent and sufficient body of evidence for the Committee to agree that the Registrant can, as Mr Goldring asserted, be viewed as an otherwise decent man who has been led badly astray over a period of some 48 hours.

81. Drawing the above themes together, the Committee determined that, whilst the Registrant's conduct was deplorable and could not be said to fall at the lowest end of dishonesty or seriousness, it was not so serious as to fall at the top end of the scale. The character evidence also provided a firm basis for the consideration of risk, insight, remediation and impact. In other words, this is not a case where the facts are so egregious or the Registrant's character so

unprofessional as to preclude consideration of a sanction other than removal from the Register.

82. Concerning the issues of insight and remediation, the Committee noted that the Registrant has demonstrated some insight into his wrongdoing and has undertaken some remedial work. This has for the most part been in the form of an exploration of himself and his thought processes with the assistance of [redacted]. His conclusion that he is susceptible to influence from others is, in the Committee's view, borne out by the fact that he appears to become quite involved, perhaps too involved, in the personal life of his patients which led to a change in the expectations of both patient and practitioner. Whilst it is important to understand one's patients, there is a risk of over-involvement and a weakening of the therapeutic relationship and consequently, professional boundaries, that are designed to protect both patients and osteopaths. The Registrant stated, and the Committee accepted that he has taken some steps to deal with this and to strengthen those professional boundaries. The Committee took the view that the Registrant had genuinely been rocked by what has occurred and he would in future be more cautious in his dealings with patients and others who may ask him to do them a favour. The Committee determined that he has some insight into this, but not full insight.

83. Concerning the Registrant's capacity and willingness to remediate, the Committee noted that whilst he did not admit matters immediately and he lied to BUPA, once he realised the full extent of his predicament, he faced up to it, admitted his guilt (including providing the incriminating WhatsApp messages between Patient A and himself) and cooperated fully with GOsC and with the regulatory process. In this and in his reconsideration of himself, the Committee regards the Registrant as having shown a willingness and potential to remediate. This is supported by the Registrant's evidence before the hearing and by the strength, breadth and depth of the character evidence.

84. Turning therefore to the available sanctions and the ISG, the Committee first reaffirmed that there was no issue of patient harm or public protection. The issue is the wider public interest. The Registrant's actions are properly to be described as serious but isolated. He acted under the influence of another. He has shown some insight and taken some steps to rehabilitate himself.

85. The Committee first considered the sanction of admonishment. It regarded this, the lowest sanction, as insufficient to mark the seriousness of the case or to reassure the profession or public that matters of dishonesty are taken most seriously.

86. The Committee next considered a Conditions of Practice Order (COPO) however; these are generally more appropriate to address issues of competence rather than dishonesty. Whilst the Registrant has some insight and undertaken some remediation, he has by no means finished that journey. The Committee was satisfied that there is no evidence of a harmful and deep-seated attitudinal problem but rather, in the absence of very firm professional

boundaries, the Registrant may be vulnerable to influence by others. The Committee noted that the Registrant had undertaken some work on this but had not yet addressed the issue of dishonesty itself. That was work he needed to undertake. The Committee determined that a COPO would not mark the seriousness of this case, nor would it reassure the profession or the public.

87. The Committee went on to consider suspending the Registrant from the register. In considering the HSG, the Committee noted that this was a serious breach of the standards expected of the Registrant. However, it was unable to conclude that the conduct was so serious or that the Registrant's overall character is so unprofessional as to indicate a fundamental incompatibility with remaining on the register. The Committee has already commented that the Registrant has started to gain insight, he has started to remediate, and he may have the potential to remediate further. That is certainly the opinion of those who know him best and the Committee regarded that opinion as genuine and persuasive.

88. To test its consideration of suspension the Committee went on to look at the sanction of removal from the Register. The Committee has noted that the Registrant's actions were serious, deliberate and that he disregarded his professional standards. However, whilst it was dishonest there is no evidence of persistent conduct, covering up or a persistent lack of insight. In addition, there are no issues of risk of harm, abuse, violence and the like.

89. Having considered the level of seriousness and the probable sanction the Committee next looked at the impact a suspension or removal order may have on the wider public interest, the local community and/or the Registrant. As regards the wider public interest, suspension and/or removal would undoubtedly signal to the public and profession that dishonesty is not acceptable. Regarding the local community the evidence was clear, the local community would suffer an adverse impact – all the more so if the Registrant was removed from the register. In respect of the Registrant, the Committee accepted that either sanction may have a harsh impact upon him but this was outweighed by the public interest in declaring to the public and to the profession that such conduct is not tolerated.

90. The Committee concluded that the Registrant's conduct sat right on the cusp of suspension and erasure; it was, however, persuaded by all the evidence that the latter sanction is not currently in the public interest. Having determined that the Registrant had fully admitted his conduct and was on the way to gaining insight and remediating the Committee was not persuaded that this case necessitated the sanction of removal. He has engaged at least in part with the issues that have brought him to this point and the Committee was of the view that such was his potential that he deserved the opportunity to remediate and continue to serve the public well as he had to date.

91. Having determined that the Registrant should be suspended the Committee next considered the length of such an order. It determined that twelve months

was appropriate to mark the seriousness of the case. It would allow the Registrant time to fully explore and understand his own character and the issue of dishonesty such that he may in future safely return to practice. It would protect the public in the meantime, and it was sufficient to protect the public interest and confidence in the profession. Whilst the Committee accepted that such an order would be viewed with dismay by those who supported the Registrant and, it may cause some hardship for him, it was of the view that no lesser period would meet the public interest as set out above.

92. Finally, the Registrant and the public will understand that this suspension order does not simply come to an end but that it will be subject to review. A reviewing committee is entitled to consider all available sanctions including conditions, further suspension or erasure as it thinks appropriate in accordance with the overarching objective. Although it is a matter for the Registrant, the reviewing committee would undoubtedly be assisted by the following:

    (i) Evidence of further and continued professional development and/or face-to-face learning regarding dishonesty and its impact on the public interest and how to build and maintain strong professional boundaries.
    (ii) Evidence of independent supervision and/or mentoring from which the Registrant has experienced how fellow professionals deal with issues of dishonesty and the possibility of influence by others.
    (iii) A reflective statement from the Registrant setting out his learning.
    (iv) A report from a supervisor/mentor regarding the Registrant's progress.

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

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

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