



General
Osteopathic
Council

Fitness to Practise Annual Report 2024-25

A diagram consisting of three large, overlapping circles arranged in a triangular pattern. The top circle is orange and contains the text 'Investigating Committee'. The bottom-left circle is blue and contains the text 'Professional Conduct Committee'. The bottom-right circle is pink and contains the text 'Health Committee'. Small grey dots are located at the points where the circles overlap.

**Investigating
Committee**

**Professional
Conduct
Committee**

**Health
Committee**

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This publication is available from our website at: osteopathy.org.uk/standards/fitness-to-practise

1. Introduction

Maintaining patient safety and public confidence in the osteopathic profession sits at the heart of fitness to practise and, by law, we must investigate and consider concerns about osteopaths' conduct, competence or health.

The GOsC's Regulation department handles any concerns about the fitness to practise of osteopaths on the Register.

We publish the **Fitness to Practise report** annually. In this edition we explain how we manage the concerns we receive. We also provide a fictional case study to illustrate the main stages together with the timeframe of how a typical case proceeds to a hearing. The report also includes details of the decisions made by the Professional Conduct Committee where a sanction has been imposed.

We have introduced learning points and reflections, the purpose of which is to provide guidance to osteopaths on standards of conduct and practice drawn from the decisions made by the Professional Conduct Committee where a sanction has been imposed over the timeframe covered by this annual report. The aim is to highlight actions which could be taken by osteopaths to avoid a similar situation and how this relates to the Osteopathic Practice Standards.



2. Our Concerns process

The General Osteopathic Council (GOsC) has a duty under the Osteopaths Act 1993 to investigate concerns about osteopaths. We receive fitness to practise concerns about osteopaths from a variety of sources, including:

- patients
- members of the public
- employers
- other osteopaths
- referrals from other regulators

Patient concerns continue to be the main source of complaints about osteopaths. Through our fitness to practise processes we have a duty to identify whether a concern about an osteopath is a legitimate matter that needs to be investigated. The fitness to practise procedures are designed to protect the public and are not intended to serve as a general complaints resolution process.

The GOsC has 3 statutory Fitness to Practise Committees:

- The Investigating Committee
- The Professional Conduct Committee
- The Health Committee

All our fitness to practise committees can impose an interim suspension order on an osteopath, if they feel it is necessary to protect the public in a case involving serious allegations.

An interim suspension order suspends the osteopath's registration pending the investigation and outcome of the hearing.

Screeners

The Regulation Department triages all the concerns received and conducts an initial risk assessment to ensure there is no immediate risk to public protection. We gather as much information as possible at this initial stage before referring the concern to a 'Screener' (an osteopath member of the GOsC Investigating Committee). As part of our information gathering, we usually seek additional information or clarification from the person raising the concern. If the person raising the concern does not provide the further information within 42 days of the request, the concern will then be referred to a Screener with a recommendation for closure on the basis that there is insufficient relevant and credible supporting material.

If we do receive the information, the case is passed to the Screener who reviews the concern to determine whether it is capable of amounting to an allegation under the Osteopaths Act. In reaching a decision, the Screener can refer to the **'threshold criteria'** to help decide whether an activity complained about constitutes unacceptable professional conduct, which is 'conduct which falls short of the standard required of an osteopath.'



If the Screener decides that the GOsC has no power to investigate the concern, the matter is referred to a Lay Screener to review the documentation and the osteopath Screener's decision. If they both agree, the matter can be closed. If they disagree, then the matter is referred to the Investigating Committee.

Investigating Committee

The Investigating Committee meets in private to consider cases that have been referred to it by a Screener. The Committee considers whether there is a case to answer against the osteopath in question and takes the threshold criteria into account when making its decision.

If the Investigating Committee decides there is no case to answer, the case will be closed.

The Investigating Committee may determine that it has insufficient information in order to fairly consider the matter and will adjourn consideration in order to obtain additional information.

If the Investigating Committee decides there is a case to answer, a hearing will be arranged before the GOsC's Professional Conduct Committee or, if the matter concerns an osteopath's health, a hearing will be arranged before the Health Committee.

Professional Conduct Committee

The Professional Conduct Committee (PCC) consists of 3 members where the Chair must be lay. A legal assessor is also present to assist the Committee on any legal matters that may arise during a hearing.

Hearings are usually held in public, and members of the public can attend. However, depending on the nature of the case, there may be occasions when part or all of the hearing must be held in private for example where the hearing involves matters to do with the osteopath's health or private life.

When considering a case, the Committee's decision-making process is in three stages:

1. Findings of fact

The Committee will consider whether it finds the facts alleged against an osteopath proved. Some of the facts may be admitted by the osteopath and other facts may be in dispute. The Committee will consider the disputed facts and decide whether it is more likely than not that they happened. This is known as the 'balance of probabilities'.

If the Committee does not find any of the facts proved, the case will be concluded. Where it finds some or all of the facts proved, the hearing will proceed to the next stage.

2. Finding on allegation

Once the findings of fact have been announced, both parties (the GOsC's case presenter and the osteopath) will be invited to make submissions on unacceptable professional conduct or professional incompetence or whether a criminal conviction is material (seen as relevant) to the practice of osteopathy. This is a matter for the Committee's judgement and is not a matter of proof.

The Committee will hear and consider the submissions and will retire in private to consider its findings. When a decision has been reached, the Chair will announce the Committee's decision.

3. Sanctions

If the Committee determines that the facts amount to unacceptable professional conduct or professional incompetence, or that a criminal conviction is material to the practice of osteopathy, it will then hear any additional submissions by both parties regarding the allegations. It will also take account of submissions made by each party on the sanction to impose.

The Committee will consider the evidence in private and decide which sanction to impose. Once it has reached a decision, the Chair will announce the sanction.

If the Committee finds an allegation against an osteopath is well founded, it must impose one of the following four sanctions on the osteopath:

- admonishment
- imposition of conditions on the osteopath's practice
- suspension from the Register
- removal from the Register

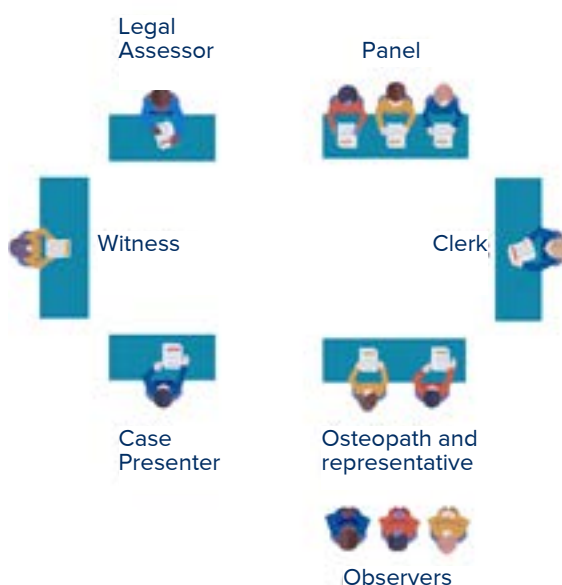
Health Committee

The Health Committee can only impose conditions of practice or a suspension in cases where it finds that the osteopath's fitness to practise is seriously impaired because of their physical or mental condition.

Committee hearings usually take place in private and consist of three members:

- lay Chair
- osteopath
- lay member

A legal assessor and a medical assessor are also present to assist the committee on any legal and medical matters that may arise during a hearing.



Example of how a hearing room is set up

3. Our Fitness to Practise process and timescales explained

How long does a Fitness to Practise investigation take?

Concerns which are screened in are referred to as 'cases.' If a case leads to a hearing, we aim to conclude it within a year of receiving, but timings can vary depending on the complexity of the case. We receive around 75 concerns a year, progressing as swiftly as possible while ensuring a high level of care for everyone involved.

A concern is reviewed by a Screener within 9 weeks of receipt. Around half of the cases reviewed by a Screener are closed with no further action.

Cases are considered by the Investigating Committee within 26 weeks of receiving the concern. The Investigating Committee closes 30% of the cases it considers.

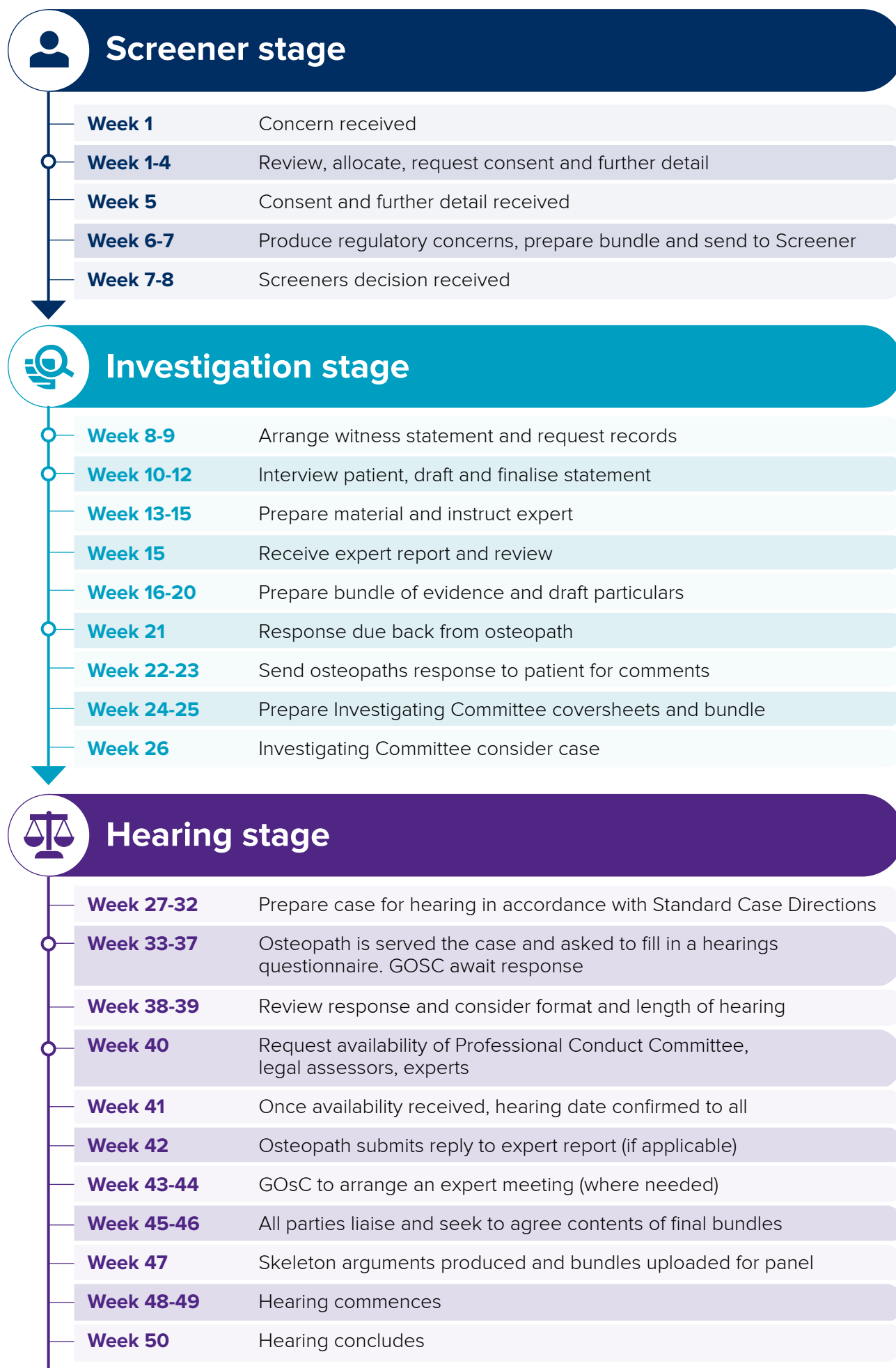
How quickly do we process concerns?

The table below shows the time taken for cases to be heard, from April 2024 to March 2025.



Committee	Median time from receipt of concern to decision
Investigating Committee	41 weeks (target 26 weeks)
Professional Conduct Committee	67 weeks (target 52 weeks)

The flowchart below provides a visual representation of a typical case over a year and the stages that take place week by week from receiving an initial concern:



Fictional case study

The fictional case study below provides more detail about the different stages that a typical case may go through as it progresses to a final hearing before the Professional Conduct Committee.

The Screener stage

Patient A emails the General Osteopathic Council with a concern, explaining that they went to see an osteopath because of ongoing back pain. They mention that during their appointment with the osteopath, they were asked to remove their top and lie face down on the treatment table. The Osteopath then proceeded to put a lot of pressure on Patient A's back using their elbow. Patient A asked them to stop as they were in pain but they refused, saying *"don't worry, I know what I'm doing"*. *When they complained again, the osteopath said "don't be such a baby. No pain, no gain" and continued to press down with considerable force.* **Since that appointment, a few weeks ago, Patient A has been in a lot of pain and unable to walk properly.**

A Regulation Officer calls Patient A to explain the investigation process. They explain that we may need to take a witness statement in due course, as well as highlighting that details of their concern will need to be disclosed to the osteopath. Patient A agrees and fills out a concern and a consent form.

The Regulation Officer fills out internal case management and risk assessment form, noting that Patient A said they wrote directly to the practice to complain but were unhappy with their response. The Regulation Officer asks Patient A for a copy of that correspondence. The concern is prepared and the papers are sent to a Screener **(an osteopathic member of the Investigating Committee) who will review the concern and consider whether the General Osteopathic Council can investigate.**

The Investigation stage

The Screener's decision is to refer the case to the Investigating Committee (IC) to decide whether there is **a case to answer**. At this point, the osteopath is informed that a concern has been raised about them, Patient A is also updated.

The Regulation Officer investigates and obtains all the necessary information including Patient A's notes from the osteopath which are sent to a clinical advisor.

The clinical advisor recommends asking Patient A for further clarification around pre-treatment communication, as **it is unclear from the notes whether the osteopath explained what they were going to do before treatment was given.**

The Regulation Officer then takes a witness statement and works with Patient A to amend the statement until they are happy and ready to sign it. The **expert witness is instructed to provide a report about whether the osteopath met the standard expected of a reasonably competent osteopath in their treatment of Patient A.**

The Regulation Officer reviews the file and prepares a 'bundle' of the evidence that includes the osteopathic notes, Patient A's witness statement and the expert report. They remove any personal information and finalise the particulars of the allegation.

The allegation and bundle are sent to the osteopath, and they are given 28 days to provide a response. **The osteopath denies the allegation** and their response is sent to Patient A for comment within 14 days.

The case is then considered by the IC at its next meeting and they decide if there is a case to answer so they refer to the PCC for a hearing.

The hearing stage

Under our **standard case directions**, the case is served on the osteopath and they are asked to complete a listing questionnaire, providing their dates of availability for a hearing, details of any witnesses they intend to call, and any preliminary arguments they intend to make.

Patient A and the expert witness are asked to confirm their availability to give evidence at the hearing if required.

The hearing is listed for four days and notice is served on the parties. The hearing will take place remotely in accordance with our **Remote Hearings: Guidance and Protocol**.

The osteopath's response is received from their legal representative. It is disputed that they carried on with treatment against Patient A's wishes, they deny that they said "don't be such a baby, no pain, no gain".

The Regulation Officer contacts Patient A to explain that, as their evidence is being disputed they will need to attend the hearing as a witness. After correspondence between the osteopaths representative and the GOsC, they agree the hearing bundle.

The 'skeleton arguments', which are the written documents provided prior to a hearing, summarise the issues to be addressed in the case of both the GOsC and the osteopath.

These are exchanged and the papers are provided to the Professional Conduct Committee (PCC) panel members and their legal assessor in advance of the hearing, via Caselines, (the evidence preparation and presentation online system).

The hearing takes place and the **PCC decides to issue the osteopath with a 'conditions of practice order' for two years** after finding the allegation is well founded. The PCC provides both the osteopath and the GOsC with the written reasons for their decision.

In reaching a decision the PCC take account of the **Osteopathic Practice Standards** and **the Hearings and Sanctions Guidance**.

The osteopath and his representatives have 28 days to appeal the decision to the High Court. The PCC decision is also sent to the Professional Standards Authority for Health and Social Care, which reviews every final decision made by the PCC and can appeal the decision if it decides that the sanction is insufficient for public protection.

After the concern was screened in by a Screener, the osteopath was signposted by the GOsC to the Independent Support Service, delivered by Victim Support who have been working with GOsC for several years to **provide confidential support** to patients, witnesses and osteopaths going through the fitness to practise process.

Osteopaths involved in a fitness to practice investigation can email the Independent Support Service directly by emailing **medicalcouncils@victimsupport.org.uk** or calling 0300 303 1964. The helpline is open 24/7, 365 days a year.

4. Professional Conduct Committee decisions 2024-2025

The table below covers substantive hearings concluded by the General Osteopathic Council’s Professional Conduct Committee during the period 1 April 2024 to 31 March 2025.

This report is produced in accordance with the Osteopaths Act 1993, Section 22(13) and (14), which requires the Committee to publish a report setting out the names of those osteopaths in respect of whom it has investigated allegations and found the allegations to be well founded. Issues involving osteopaths’ fitness to practise

are an integral part of the GOsC’s duty to regulate the profession and thereby protect the public and the profession’s reputation. The information contained in this report provides a valuable resource to osteopaths on the high standards of conduct and proficiency required to maintain registration as an osteopath.

Substantive hearings

Osteopath	Date of decision	Source of concern	Outcome	Summary
Amine El-Bacha	20 June 2024	Patient	Removal Admonishment	Mr Amine El-Bacha was convicted in the United Kingdom of a criminal offence, in that: - On 30 June 2023, at Harrow Crown Court Mr El-Bacha was tried and convicted on indictment of three counts of sexual assault against Patient C. - For the offences set out above, Mr El-Bacha was: - sentenced to three years imprisonment; - required to sign on the Sex Offenders Register indefinitely; - subject to a Sexual Harm Prevention Order until further order under section 103 of the Sexual Offences Act 2023; - ordered to pay victim surcharge of £170.
Michelle Davies	4 June 2024	Registrar	Removal	Between the dates of 4 May 2021 to 3 October 2021, Ms Davies submitted to the GOSC numerous documentation and

Osteopath	Date of decision	Source of concern	Outcome	Summary
				claims that were incoherent and/or unintelligible. - Ms Davies failed to provide consent to the GOsC for the purposes of obtaining medical records, following requests made on: 8 July 2021 26 July 2021 2 August 2021 17 August 2021 - Ms Davies failed to provide consent to the GOsC, following a request made on 17 August 2021, for the purposes of undertaking a medical assessment to determine whether she is fit to practise. Ms Davies was convicted in the United Kingdom of a criminal offence, namely that on 3 October 2022, she was convicted at Kidderminster Magistrates' Court of either expressly or by implication describing herself as an osteopath when suspended from the register of osteopaths, contrary to section 32 of the Osteopaths Act 1993.
Romilly Jarrett	3 July 2024	Patient	Admonishment	Patient A attended seven appointments with Ms Jarrett on the following dates: 30 November 2021 ("Appointment 1") 7 December 2021 ("Appointment 2") 8 January 2022 ("Appointment 3") 22 January 2022 ("Appointment 4") 29 January 2022 ("Appointment 5")

Osteopath	Date of decision	Source of concern	Outcome	Summary
				12 February 2022 (Appointment 6") 12 March 2022 ("Appointment 7") at the Halos Clinic between 30 November 2021 and 12 March 2022. - During Appointment 5 and/or Appointment 6 and/or Appointment 7, Ms Jarrett: - applied dry needling treatment to Patient A ("the Treatment"); and - failed to obtain valid consent from Patient A for the Treatment. - During Appointment 7, Ms Jarrett failed to deliver safe osteopathic care to Patient A, in that she inserted the needles too deeply into Patient A's upper thorax during the treatment. - Following Appointment 7, Patient A reported signs and symptoms to Ms Jarrett who did not: - recognise the signs and symptoms as pneumothorax - immediately refer Patient A to hospital for emergency treatment.
Annette Weir	10 June 2024	Patient	Admonishment	Patient A attended four appointments with Ms Weir on the following dates: 29 September 2022 ("Appointment 1") 03 October 2022 ("Appointment 2") 11 October 2022 ("Appointment 3") 31 October 2022 ("Appointment 4")

Learning**Point: Effective Communication with patients and gaining Consent**

- Consent must be informed explicit, valid, and specific. Patients must be told what the treatment involves, why it is being done, and what the material risks are.
- Even rare but serious risks should be disclosed;
- Consent is an ongoing process, not a one-off verbal exchange.
- Documentation of consent is essential.

Key OPS Standards:
A3, A4

Osteopath	Date of decision	Source of concern	Outcome	Summary
				2. During Appointment 2: (a) Ms Weir advised Patient A to keep moving; (b) Ms Weir told Patient A “you will be doing more harm than good if you stop exercising”, or words to that effect; (c) Ms Weir’s conduct at 2(a) and 2(b) above took place after Patient A told her that it is sometimes painful to move around; (d) Ms Weir did not consider and/or record a possible diagnosis of vertebral collapse; (e) Ms Weir did not refer Patient A for a diagnostic imaging in light of this possible diagnosis. 3. During Appointment 3, Ms Weir: (a) told Patient A “if you don’t exercise you will do more harm than good”, or words to that effect; (b) asked Patient A to do an exercise which required her to cross her arms over her chest, lean forward as far as possible, and to hold in that position for a few seconds; (c) advised Patient A to carry out the exercise referred to in 3(b) daily. 4. During Appointment 4, Ms Weir: (a) asked Patient A to do an exercise which required her to crouch and push her buttocks outwards; (b) advised Patient A to carry out the exercise referred to in 4(a) daily.

Learning Point: Duty of Candour and appropriate and timely communication after an incident

Osteopaths must:

- Acknowledge when things go wrong
 - Advise patients appropriately and promptly
 - Ensure follow-up
 - Provide clear information and ensure the patient understands the seriousness of symptoms

Key OPS Standard: D3

Osteopath	Date of decision	Source of concern	Outcome	Summary
				5. During Appointment 3 and Appointment 4, Ms Weir advised Patient A to continue doing the exercises set out in paragraphs 3(b) and 4(a) after Patient A told her that it was painful. 6. Patient A sent a text message to Ms Weir on 4 November 2022, to which Ms Weir failed to respond within a reasonable and timely manner, despite knowing that Patient A was in pain. 7. In Patient A's clinical records: (a) for Appointment 1, the Registrant failed to record: (i) the examination; (ii) a working diagnosis; (iii) a treatment plan. (b) for Appointment 2, Ms Weir failed to record a treatment plan; (c) for Appointment 3 and/or 4, the Registrant failed to record: (i) the assessment (ii) a treatment plan. 8. Ms Weir's conduct set out at paragraph 2 and/or 3 and/or 4 and/or 5 and/or 6 and/or 7 was inappropriate. 9. Ms Weir's conduct set out at paragraphs 2(a) and/or 2b and/or 3 and/or 4 and/or 5 was: (a) not clinically justified; (b) not in Patient A's best interests.
Martin Morris	1 August 2024	Patient	Suspension	Patient A attended one appointment with Mr Morris on 6 April 2023 (the Appointment)

Learning Point: Safety and quality in practice.

- Accurate and timely record-keeping is a key part of safe and competent practice.
- Clinical reasoning, consent, techniques used, and adverse-event considerations must be adequately documented.
- You must ensure that your patient records are comprehensive and accurate.

Key OPS Standard: C2

Osteopath	Date of decision	Source of concern	Outcome	Summary
				1. During the appointment Mr Morris delivered a high velocity thrust thoracic spine and/or rib joint manipulation to Patient A, which resulted in an audible 'crack sound'. 2. Mr Morris failed to obtain valid consent from Patient A before carrying out the treatment. 4. Mr Morris's conduct was: a. contraindicated; b. inappropriate.
Steven Tongue	5 September 2024	Patient	Admonishment	1. Patient A attended appointments with Mr Tongue on the following dates: a. 28 February 2023 (Appointment 1) b. 17 March 2023 (Appointment 2) c. 12 April 2023 (Appointment 3) d. 19 May 2023 (Appointment 4) 2. During Appointment 1 and/ or Appointment 2 and/ or Appointment 3 and/or Appointment 4, Mr Tongue failed to communicate professionally and/or politely and/or considerately with Patient A, in summary, he: • shared personal information about his private life with Patient A; • told Patient A personal information about his family life and his relationship with his father; • spoke to Patient A about a convicted paedophile; • told Patient A that he previously had a psychotic episode and had wanted to kill his parents;

Osteopath	Date of decision	Source of concern	Outcome	Summary
				- told Patient A that he could tell when someone was gay and made the comment 'I get them here all the time, pretending to be straight but I know they're gay', or words to that effect; - asked Patient A about the court trial she was involved in and whether the judge was "male, female or an it", or words to that effect. During Appointment 4, Mr Tongue failed to respect patients' rights to privacy and confidentiality and maintain and protect patient information effectively, in that he shared confidential private information about another patient with Patient A.
Martin Grundy	27 March 2025	Patient	Admonishment	- Patient A attended one appointment (the Appointment) with Mr Grundy on 9 September 2022 (the Appointment) - At the Appointment, Mr Grundy: - told Patient A that he was going to check her pelvic floor; and/or - slid his hand under her underwear onto her pubic bone; and/or; - told Patient A "I could do this through [her] clothes, but I prefer skin to skin", or words to that effect; and/or - made audible grunting and/or sighing noises whilst touching Patient A; - failed to ask Patient A whether she wanted a chaperone present; and/or - failed to obtain valid consent from Patient A.

Osteopath	Date of decision	Source of concern	Outcome	Summary
				3. Mr Grundy's conduct was - inappropriate; - unprofessional; - not in Patient A's best interests; - breached professional boundaries.
Marek Kolarik	28 October 2024	Insurance company	Admonishment	- From 3 July 2023 up to and including 13 July 2023 (the Relevant Period), Mr Kolarik: - was registered and practised as an osteopath; - failed to obtain and maintain insurance cover as required by Rule 3 of the General Osteopathic Council (Indemnity Arrangements) Rules Order 2015 ("the Order"). - During the Relevant Period, Mr Kolarik knew that in holding himself out to the public as a registered osteopath, he was required to hold professional indemnity insurance. - Between 04 July 2023 up to and including 12 July 2023, Mr Kolarik treated patients despite not having appropriate professional indemnity insurance, thereby acting to the potential detriment of such patients and placing them at risk. - Mr Kolarik's conduct at paragraph 1b, and 3 above: - was misleading; and - lacked integrity.
Tanya May	30 September 2024	Registrar	Admonishment	From 17th April 2023 to 22nd August 2023, inclusive of both dates ("the Relevant Period"), Ms May:

Learning point : Professional Indemnity Insurance

Osteopaths are under a duty to ensure PII is in place at all times.

- If an osteopath realises their insurance cover has lapsed, they must tell their indemnity insurance provider immediately and let the GOsC know.
- Osteopaths should be open and honest when they make a mistake or when things go wrong as indemnity insurance underpins their integrity and professionalism as an osteopath.
- If an osteopath receives a communication from the GOsC requesting proof of PII cover, it is vital that they reply and engage with us.
- Osteopaths should maintain their own system for monitoring renewal dates and not rely on their Insurers.

Key OPS Standard: D1

Osteopath	Date of decision	Source of concern	Outcome	Summary
				a. was registered and/or practised as an osteopath; and b. failed to obtain and maintain insurance cover as required by Rule 3 of the General Osteopathic Council (Indemnity Arrangements) Rules Order 2015 ('the Order'). 2. During the Relevant Period, Ms May: a. knew that in holding herself out to the public as registered osteopath, she was required to hold professional indemnity insurance; and/or b. treated patients despite not having appropriate professional indemnity insurance, thereby acting to the potential detriment of such patients and placing them at risk. 3. Ms May's conduct at paragraph 1(b) and paragraph 2(b): a. was misleading; and b. demonstrated a lack of integrity.
Anthony Albertini	15 October 2024	Registrar	Admonishment	1. From 7 February to 8 February 2023, inclusive of both dates ('the Relevant Period'), Mr Albertini: a. was registered and/or practised as an osteopath; and b. failed to obtain and maintain insurance cover as required by Rule 3 of the General Osteopathic Council (Indemnity Arrangements) Rules Order 2015 ('the Order');

Osteopath	Date of decision	Source of concern	Outcome	Summary
				2. During the Relevant Period, Mr Albertini: a. knew that in holding himself out to the public as a registered osteopath, he was required to hold professional indemnity insurance; and/or b. treated patients despite not having appropriate professional indemnity insurance, thereby acting to the potential detriment of such patients and placing them at risk; 3. Mr Albertini's conduct as set out at paragraph 1(b) and paragraph 2(b): a. was misleading; and b. demonstrated a lack of integrity.
Daniel Kalman	27 September 2024	Registrar	Admonishment	1. From 7 May 2023 to 8 November 2023, inclusive of both dates ("the Relevant Period"), Mr Kalman: a. was registered and/or practised as an osteopath; and b. failed to obtain and maintain insurance cover as required by Rule 3 of the General Osteopathic Council (Indemnity Arrangements) Rules Order 2015 ("the Order"); 2. During the Relevant Period, Mr Kalman: a. knew that in holding himself out to the public as a registered osteopath, he was required to hold professional indemnity insurance; and/or

Osteopath	Date of decision	Source of concern	Outcome	Summary
				b. treated patients despite not having appropriate professional indemnity insurance, thereby acting to the potential detriment of such patients and placing them at risk. 3. Mr Kalman's conduct at paragraph 1(b) and/or paragraph 2(b): a. was misleading; and b. demonstrated a lack of integrity.
Rachel Jennings	30 September 2024	Registrar	Admonishment	1. From 1 May 2022 to 21 January 2024, inclusive of both dates ('the Relevant Period'), Ms Jennings: a. was registered and/or practised as an osteopath; and b. failed to obtain and maintain insurance cover as required by Rule 3 of the General Osteopathic Council (Indemnity Arrangements) Rules Order 2015 ('the Order'); 2. During the Relevant Period, Ms Jennings: a. knew that in holding herself out to the public as registered osteopath, she was required to hold professional indemnity insurance; and/or b. treated patients despite not having appropriate professional indemnity insurance, thereby acting to the potential detriment of such patients and placing them at risk. 3. On 2 August 2023, Ms Jennings falsely declared to the GOsC through her online renewal form that she held an indemnity arrangement which met the requirements of the Order.

Osteopath	Date of decision	Source of concern	Outcome	Summary
				4. Ms Jennings's conduct as set out at paragraph 1(b) and/or paragraph 2(b) and/or 3: a. was misleading; and b. demonstrated a lack of integrity.

Review hearings

Osteopath	Date of review	Order requiring review	Outcome of review
Martin Morris	24 January 2025	Conditions of practise	No further order made. Conditions of practice order to lapse at the end of the period.



**General
Osteopathic
Council**

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The GOsC is a charity registered in England and Wales (1172749)