GENERAL OSTEOPATHIC COUNCIL

PROFESSIONAL CONDUCT COMMITTEE

Case No.: 915, 921 and 939

Professional Conduct Committee Hearing

DECISION

Case of:	Jeremy Marquette
Committee:	Sue Ware (Lay Chair) Tamsyn Webb (Osteopath) Balbinder Kaur Johal (Lay)
Legal Assessor:	Peter Steel
Representation for Council:	Christopher Gillespie
Representation for Osteopath:	Simon Butler
Clerk to the Committee:	Sajinee Padhiar
Location:	Osteopathy House, 176 Tower Bridge Road, London SE1 3LS (26 – 27 February and 2 – 6 March 2026); virtually by GoTo Meeting (16 – 17, 20 March and 7 April 2026); and International Dispute Resolu tion Centre, 1 Paternoster Ln, Lon-don EC4M 7BQ (3 – 4 August 2026).
Dates of Hearing:	26 – 27 February, 2 – 6, 16 – 17, 20 March, 7 April, and 3 – 4 August 2026

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Summary of Decision:

Stage One (Decisions on Facts) - Summary

Decision on Facts (Case No.915)

Paragraphs 1, 3 (as it related to Schedule 2 i. and ii. and Schedule 6), 5, 6, 13biii., 14a and the stem of 14b of the Allegation were admitted and found proved.

Paragraphs 2a (as it related to Schedule 1 i., ii., iv. & v.), 2c, 2d (on the basis of sub-paragraphs i. and ii.), 3 (as it related to Schedules 3, 4i., & 4iii.), 4, 7 (found proved as: "*During an appointment on 27 June 2022, the Registrant engaged in a personal and/or social relationship with Patient C in that Patient C accompanied him on a personal errand*"), 9, 10, 11b, 13a ii., 13b ii., 13b iii., 13d, 15, 16 (found proved as: "*The Registrant did not return Patient C's personal belongings including clothing, toiletries, and a woodwork tool that she had left at his house in a timely manner, following her repeated requests from December 2022*"), 17 (in respect of those elements of paragraphs 2, 3, 5, 6, 7, 9, 10, 11, 13, 14, 15 & 16 of the Allegation that the Committee had found proved save paragraph 13d), 18 (in respect of paragraphs 3, 5a, 5b, 6a, 6b, 6c, 6d, 7a, 7b, 9, 10a, 10b, 10c, 10d, 13b & 15), 19 (found proved as a transgression of sexual boundaries and sexually motivated in respect of paragraphs 9a, 9b and 10c of the Allegation and as a transgression of sexual boundaries only in respect of paragraphs 10a & 10b), and 20 were found proved.

Paragraphs 2a (as it related to Schedule 1 iii.), 2b, 2d ii., 2e, 3 (as it related to Schedules 4 ii, iv, 5i., 5ii., 7i . & 7ii.), 8, 11a, 12a, 12b, 13a i., 13b i., 13c i., 14b i. and 14b ii. and 15c were found not proved.

Decision on Facts (Case No.921)

Paragraph 1 of the Allegation was admitted and found proved.

Paragraphs 2, 3 and 5 (in respect of paragraphs 2 and 3) were found proved.

Paragraph 4 was found not proved.

Decision on Facts (Case No.939)

Paragraphs 1, 2 and 3 of the Allegation were admitted and found proved.

Paragraph 4 was found proved in respect of paragraph 2 only as a breach of professional and sexual boundaries.

Amended Allegations following Preliminary Applications

Case No.915

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

1. Patient C attended approximately 39 appointments with the Registrant between 29 September 2021 to 22 August 2022, ("the Appointments");

2. During one or more of the Appointments with Patient C:
   a. the Registrant made comments to Patient C to the effect of those set out in Schedule 1;
   b. the Registrant failed to obtain valid consent for treatment in that Patient C was not appropriately informed about the treatment given;
   c. the Registrant failed to maintain adequate records in that treatment and/or discussions with Patient C concerning treatment were not accurately and/or comprehensively recorded in Patient C's notes~~fully recorded;~~
   d. the Registrant failed to ensure that an adequate clinical assessment was completed, in that he did not:
      i. take into account the nature of Patient C's presentation;
      ii. reach an appropriate working diagnosis;
      iii. explain the rationale for treatment;
   e. the Registrant failed to ensure that Patient C's dignity and modesty was maintained, in that he did not:
      i. provide a blanket or towel to Patient C

3. The Registrant made comments to Patient C to the effect of those words set out in Schedules 2 to 7;~~.~~

4. During at least one of the Appointments the Registrant took pictures of Patient C's back and/or side profile while she was in her underwear;~~.~~

5. The Registrant engaged in a personal and/or social relationship with his patients in that he had dinner with Patient C and Patient E~~erson D~~ on;

   a. 26 May 2022;
   b. multiple occasions from 03 June 2022;~~.~~

6. In or around June 2022, the Registrant engaged in a personal and/or social relationship with patients in that he:

   a. drove to Birmingham with Patient C and Patient E~~erson D~~;
   b. visited Osteopath B with Patient C and Patient E~~erson D~~ to have dinner;
   c. visited Patient C's house to help Patient E~~erson D~~ move furniture;
   d. had dinner with Patient C and Patient E~~erson D~~ at Patient C's house;~~.~~

7. During an appointment on 27 June 2022, the Registrant engaged in a personal and/or social relationship with Patient C in that he:

   a. asked Patient C to accompany him on a personal errand;
   b. following the Appointment, attended to his personal errand with Patient C;~~.~~

8. During one of the Appointments with Patient C, the Registrant engaged in a personal and/or commercial relationship with her, in that he informed Patient C that he would give her legal ownership of his garden;~~.~~

9. From around mid-July 2022, the Registrant started a sexual relationship with Patient C;~~,~~

a. while she was still his patient;

b. when he was aware of her previous mental health history and/or that she was vulnerable;~~.~~

~~9.~~10. Around July 2022, during one of the Appointments with Patient C, the Registrant:

a. treated Patient C whilst she was not wearing a bra;

b. touched Patient C's breasts during massage treatment;

c. kissed Patient C;

~~b.~~d. told Patient C that it was fine to have a relationship with her while he was still treating her as a patient;~~.~~

~~10.~~11. The Registrant failed to comply with his obligations regarding data protection in that, following ~~receipt of~~ Patient C's subject access request on 7 December 2022, he:

a. failed to provide Patient C with all of the relevant documentation, including a copy of a CD from Dr Whit containing Patient C's medical information;

b. failed to provide his response within the required timeframe of one calendar month;~~.~~

12. The Registrant failed to comply with his obligations regarding data protection in that:~~,~~

a. ~~following receipt of~~ Patient C~~'s~~ made a subject access request for a transcript of her clinical records on 15~~3~~ February 2023 and~~,~~

b. he failed to provide Patient C with a copy of this within the required timeframe of one calendar month.

~~12.~~13. The Registrant failed to maintain patient confidentiality in that:

a. around 31 July 2022, the Registrant told Patient C:

i. confidential information regarding Patient E~~erson D~~'s mental health;

ii. her sister, Patient E~~erson D~~, had accused Patient C of sexually assaulting her as a child;

b. Following the Registrant's arrest in August 2022, the Registrant called Patient C to request that she;

i. reviews the Registrant's work calendar;

ii. takes patients' clinical records;

iii. calls patients to cancel appointments;~~.~~

c. the Registrant left other patients' records on his desk and in sight of Patient C:

i. including Patient G's clinical records;~~.~~

d. the Registrant's calendar with patients' names and appointment times was often visible to Patient C;~~.~~

~~13.~~14. During an appointment with Patient C, the Registrant:

a. had a confidential discussion with Patient H regarding concerns about her son while Patient C was in the treatment room with him;

b. advised Patient H to take her child to Patient H's GP;

i. and show those at reception the child's injuries;

ii. advise the GP that her husband has been abusing the child;

15. The Registrant accepted Patient C's offer of money in that he:

a. accepted payment of £2,460 towards sessions that had overrun when:

i. she had already paid him for the sessions; and/or;

ii. he had not asked her for any additional payment when the sessions had overrun;

b. accepted payment for his car and/or MOT;

~~a.~~c. accepted payment for food and/or items for his property;

~~14.~~16. The Registrant declined to return Patient C's personal belongings including clothing, toiletries, and a woodwork tool that she had left at his house in a timely manner, following her repeated requests from December 2022 ~~in a timely manner~~;

~~15.~~17. The Registrant's conduct as set out at paragraphs, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 and~~,~~ 16 ~~and 17~~ in their entirety was inappropriate.

~~16.~~18. The Registrant's conduct as set out at paragraphs 3, 4, 5a, 5b, 6a, 6b, 6c, 6d, 7a, 7b, 8, 9, 10a, 10b, 10c, 10d, 1~~3~~4a, 1~~3~~4b, 1~~45~~a~~,~~ ~~and~~ 1~~45~~b and 15 was a transgression of professional boundaries.

~~17.~~19. The Registrant's conduct as set out at paragraphs 4, 9a, 9b, 10a 10b and 10c~~b~~ was a transgression of sexual boundaries and/or sexually motivated.

~~18.~~20. The Registrant's conduct as set out at paragraph 15~~6~~ and 16~~7~~ lacked integrity.

Schedule	Date comment made	Comment	Comment made to:
1. (comments made during appointments to Patient C)	Various	i. (in response to Patient C's query 'what's wrong with me'): "just look at you" ii. (in response to Patient C enquiring how the Registrant had made her endometriosis better): "maybe I did, maybe I didn't". iii. (in response to Patient C enquiring what treatment the Registrant was doing): "I don't really know what I'm doing". iv. Called Patient C a "cripple" v. Told Patient C that if Patient C hadn't found him that she would have been in a wheelchair within 5 years and/or would probably kill herself.	Patient C (during appointments)
2.	20 May 2022	i. Hi [redacted]	Patient C via text message
		I am moving in the new house today, so quite a hectic day. ii. So if you got some time tomorrow I could definitively use a hand, if not no worries.	

3.	On or around 24 July 2022	iii. "It's okay to have sex with children as long as they have hit puberty".	Verbally to Patient C
4.	On or around 31 July 2022	i. that he had "raped" (Patient C and Patient ~~Eerson D~~'s) brains; ii. that in the long run it was good that he had caused this iii. trauma. he was going to write it all down in a screenplay and sell it to Hollywood one day be-cause it would make a block- iv. buster film as it is so fucked up. That Patient ~~Eerson D~~ was "an evil genius." That Patient ~~Eerson D~~ knew what she was doing and was putting Person C purposefully under so much pressure that she would com-mit suicide as that is what she really wanted	Verbally to Patient C
5.	From around July 2022	i. That he had to "fix Patient ~~Eerson D~~" ii. That he was the "only one who could do it".	Verbally to Patient C
6.	i. 26 August 2022 ii. date un-known	i. "I decided to write a chronol-ogy of that way it is obvious how quickly and crazy things went. I'll give it to you it's nothing new".	WhatsApp message to Patient C

7.	Date unknown	i. that Patient C's mother is "stu- ii. pid". "Your mum doesn't know anything, she's acting like a fool".	Verbally to Patient C

Case No.921

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

1. Patient D attended approximately 12 appointments with the Registrant between August 2022 to January 2023, ("the Appointments");

~~2. The Registrant failed to obtain valid consent from Patient D for treatment given during the Appointments;~~

~~3.~~2. During an appointment with Patient D on 14 September 2022 the Registrant made comments to Patient D to the effect of those set out in Schedule 1;

~~4.~~3. The Registrant failed to maintain adequate records for an appointment on 14 September 2022 in that treatment provided and/or discussions held with Patient D were not accurately and/or comprehensively ~~fully~~ recorded in Patient D's notes;

~~5.~~4. During the Appointments, the Registrant failed to maintain patient confidentiality in that he left other patients' records in sight of Patient D;

~~6. During the Appointments, the Registrant referred to treating patients during lockdown and:~~

~~a) Mocked other osteopaths for complying with Covid-19 regulations;~~
~~b) Told Patient D that he did not wear a mask when he treated patients during lockdown and the covid-19 pandemic;~~

~~c) Told Patient D that he continued to treat patients when he was ill;~~
~~d) Told Patient D that he was anti-vaccination;~~

~~7. On 15 November 2022, the Registrant treated Patient D whilst unwell and:~~
~~a) Placed Patient D at risk of harm;~~
~~b) Knew that Patient D was immuno-compromised;~~

~~8.~~5. The Registrant's conduct as set out at paragraphs, 2, 3, ~~4, 5, 6,~~ and/or ~~4~~7 in their entirety was inappropriate.

~~9.~~6. The Registrant's conduct as set out at paragraph 2~~3~~ was a transgression of sexual boundaries and/or sexually motivated.

Schedule 1

i. "I do not believe in rape"

ii. "There are always two sides of the story and the man should always be believed.

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

1. Patient E attended osteopath treatments with the Registrant between around 19 January 2022 to around July 2022, ("the Appointments");

2. During the period of the Appointments and whilst Patient E was his patient, the Registrant engaged in social activities with Patient E;

3. In or around 2023, the Registrant engaged in a personal ~~and/or sexual~~ relationship with Patient E;

4. The Registrant's conduct as set out at paragraph 2 and/or 3 was:
    a. a transgression of professional boundaries;
    b. a transgression of sexual boundaries;
    c. sexually motivated.

Stage Two (UPC) – Summary

Unacceptable Professional Conduct found proved.

Stage Three (Sanction) - Summary

Order that the Registrar to remove the Registrant's name from the register.

Details of Decision:

Preliminary Matters:

1. The parties and Professional Conduct Committee (the Committee) introduced themselves.

Declarations:

2. Prior to the commencement of a hearing, each member of the Committee is required to declare that they know of no reason why they should not sit upon the case. This declaration is intended to ensure that fairness is done and is seen to be done to all parties.

3. Each member of the Committee made this declaration.

Bundles:

4. The Chair indicated that the Committee had been provided with an electronic copy of the bundle of evidence in advance of the hearing and had read it.

5. One of the preliminary matters that the parties had indicated would be before the Committee related to redactions to the evidence contained in the Bundle, principally (but not exclusively) to the statements of Patient C and the Registrant.

6. Mr Gillespie, acting on behalf of the Council, indicated that the parties had agreed that they would only refer the Committee to the redacted copies of the various documents contained in the bundle. The parties indicated they were content to proceed despite the fact the Committee had read the unredacted versions of the same documents. This was on the basis that, as a professional committee, members of the Committee would be able to put any information they might have read in the now redacted parts of the documents out of their minds.

Amending the Allegation:

7. Mr Gillespie applied to amend the allegations as marked in tracked changes under the heading "**Amended Allegations following Preliminary Applications**" above. Mr Gillespie submitted that the amendments were both necessary and desirable to clarify the case against the Registrant in the light of the expert evidence and to better reflect the evidence of the Council's witnesses. Mr Butler, acting on behalf of the Registrant, agreed the amendments.

8. The Committee accepted the advice of the Legal Assessor about its ability to permit amendment of the allegation under Rule 24 of the General Osteopathic Council Professional Conduct Committee (Procedure) Rules Order of Council 2000 (the Rules).

9. Having considered the proposed amendments and the oral representations the Committee concluded that there would be no injustice in acceding to the application, which had been agreed by the Registrant. The Committee accepted that the effect of the amendments was to clarify the case against the Registrant and better reflect the evidence, which was both desirable and necessary. It therefore allowed the amendments as set out above.

Admissions:

10. Following the conclusion of the application for amendments to the allegations, the Registrant admitted the following paragraphs of the allegation as regards Patient C: 1; 3 as it related to Schedule 2 and Schedule 6; 5 admitted as a social relationship (*N.B. in the closing submissions submitted on his behalf the Registrant stated that personal and social relationship mean the same thing, so in effect the entire paragraph was admitted*); 6 admitted as a social relationship (*N.B. the Registrant's closing submission made the same concession as per paragraph 5 in respect of paragraph 6*); 13b iii; and the stem of 14a and b (*i.e. i & ii were not admitted*).

11. The Committee accordingly found those paragraphs proved.

Background, Evidence and Submissions:

Opening

12. Mr Gillespie referred the Committee to the GOsC's skeleton argument and explained the background to the allegations before the Committee as follows.

13. The Registrant is an osteopath registered with GOsC since 28 July 2016. The three matters before the Committee concerned his treatment of and interaction with three patients, Patient C, Patient D and Patient E, between 2021 and 2023.

14. Patients C and E are sisters. Patient D is unrelated to either C or E. She knew C from an extended circle of friends.

15. Patient C had become the Registrant's patient in September 2021 having found his details through a Google search. The GOsC's case was that the Registrant had engaged in a wholly inappropriate personal and sexual relationship with Patient C between about May and August 2022. It was also alleged that he had made inappropriate remarks to Patient C during the course of consultations and during the course of their relationship, which had breached appropriate professional boundaries.

16. The GOsC also alleged that the Registrant had not obtained valid consent for the treatment he provided to Patient C and that his notes were inadequate, although it was not in dispute that Patient C had found the treatment effective.

17. Further, the GOsC alleged that the Registrant had breached his duty of confidentiality to other patients by leaving their records where Patient C could see them or by having conversations with other patients in the presence of Patient C.

18. Finally, it was alleged that after Patient C and the Registrant's relationship had ended, he had acted unprofessionally in failing to respond in time to Patient C's requests for the disclosure of her data and the return of her property.

19. Patient D alleged that during an appointment on 14 September 2022, the Registrant had made inappropriate comments on the topic of rape during a consultation, which had upset her.

20. Patient D nonetheless returned to see the Registrant on 7 occasions. However, about 6 months after the incident, Patient D left an adverse review of the Registrant on Google. She had been inspired to do so by hearing a radio programme which suggested that comments such as she believed the Registrant to have made ought to be challenged, lest it cause such behaviour to escalate.

21. Patient D also said that the Registrant had failed to maintain patient confidentiality by leaving other patients' records in a position where she could see them during appointments.

22. Patient E became a patient of the Registrant in January 2022. The GOsC's case was that the Registrant had entered into an unprofessional

personal relationship with her at about the same time that he did with her sister, Patient C, and at a time when Patient E was his patient.

23. Given that the Registrant and Patient E had subsequently entered a relationship (which still endured at the time of this hearing), the GOsC asserted that there was sufficient evidence, which included Patient C's evidence of the Registrant's and Patient E's behaviour towards each other, from which it could be inferred that the Registrant had always sought to pursue a sexual relationship with Patient E.

Evidence

24. The Committee heard from Patient C (in person) and from Patient D (via video link) on behalf of the Council, both of whom gave evidence on affirmation and adopted the statements that they had provided to the GOsC, and were cross examined by Mr Butler on behalf of the Registrant.

25. The GOsC also relied on two reports by an expert osteopath, Tim McClune DO, MPhil, dated 14 May and 9 July 2025 respectively. The reports were agreed and so Mr McClune was not called to give evidence in person.

26. On behalf of the Registrant, the Committee heard from Patient E, and from the Registrant himself. They too affirmed and adopted their statements, which were in the bundle before the Committee, and were cross-examined by Mr Gillespie on behalf of the GOsC. The Registrant also relied on evidence from a Consultant Psychiatrist, Dr Nikolay Kralimarkov, MD, MBA.

27. Dr Kralimarkov had provided a report dated 24 February 2026 and further observations in an email dated 25 February 2026. He gave evidence by video link on 6 March 2026 and was cross examined by Mr Gillespie.

Submissions of the Parties on the Facts

28. Both the Council and the Registrant’s representatives submitted written submissions on the facts prior to the resumed hearing on 16 March 2026.

Submissions on behalf of the Council

29. In his written submissions, Mr Gillespie stated on behalf of the GOsC that the totality of the evidence before the Committee had not weakened its case, but strengthened it.

30. Mr Gillespie submitted that the Registrant had been described as highly intelligent but had acted wholly inappropriately with three patients (Patients C, D, and E). The GOsC argued that whether his behaviour had been influenced by [redacted] or not, this did not excuse breaches of the rules. All registered osteopaths are required to meet the same professional standards.

31. In Patient C's case, Mr Gillespie submitted that a question that might assist the Committee in determining where the truth lay in this case was why had Patient C reacted in the way she did following the arrest of the Registrant in August 2022? He submitted that the vehemence of her reaction was consistent with someone realising belatedly that the Registrant's conduct had been inappropriate or exploitative. Mr Gillespie observed that the emails Patient C had sent the Registrant (particularly in March 2023) strongly indicated she felt violated and manipulated.

32. Mr Gillespie's submissions outlined the law the GOsC considered relevant to the case, in particular as regards the burden and standard of proof (acknowledging that the GOsC bears the burden of proof, applying the civil standard of proof, namely the balance of probabilities), how to treat the credibility and demeanour of witnesses, good character and sexual motivation.

33. As regards the Registrant's evidence at the hearing, the GOsC submitted that while [redacted] explained certain behaviours, it did not insulate the content of his evidence from scrutiny.

34. The written submissions also dealt with the question of cross-admissibility. The GOsC suggested that in accordance with *PSA v GMC and Anor* [2025] EWHC 318 (Admin), the evidence of Patients C and D about the Registrant's treatment of confidential patient data and about inappropriate sexual comments made by the Registrant (Patient C reported comments about sex with pubescents; and the key allegation by Patient D was that the Registrant had made an inappropriate comment about rape) were mutually supportive on both the grounds of the Registrant's propensity to commit that kind of conduct and in rebutting any suggestion of coincidence.

35. Mr Gillespie highlighted that a number of objective facts in the case were supported by documentation or admissions, including:

- C, D, E were patients of the Registrant.
- C and E socialised with, and stayed overnight with, the Registrant while still patients.
- Patient D was a patient during the period the allegations she makes are said to have taken place.

- The Registrant sent an email to Patient D on 14 September 2022 apologising for his "story" at the appointment.
- The Registrant's relationship with Patients C and E became more than professional in or about May 2022. The Registrant's relationship with Patient C broke down at some point after his arrest on 18 August 2022
- From the first appointment with Patient C, the Registrant was aware that she had had problems with her mental health in the past and had been the victim of more than one sexual assault.

36. The submissions also referred the Committee to the contemporaneous documentation, including the letter by the Registrant dated 27 June 2022 and included within Patient C's notes, the WhatsApp messages between the Registrant and Patient C, emails from Patient C, a Google review by Patient C and letters from the Registrant to Patient C in the period following the breakdown of their relationship.

37. In that letter dated 27 June 2022 the Registrant had recorded how after an appointment Patient C had told him that she liked him and that he had replied that a part of him felt the same but that he could not discuss it with her before because *"I believed I would have been frowned on professionally."*

38. The GOsC argued that this statement was of particular importance because it was a contemporaneous account of the Registrant's thought process. The GOsC's case was that the Registrant had accepted that his feelings for Patient C would not meet with the approval of his peers or possibly the GOsC. However, despite that potential disapproval of which he was aware, the Registrant apparently saw no contradiction in treating Patient C. Mr Gillespie submitted that it was difficult to see how this evidence fitted with the Registrant's claims in evidence that he did not understand what a social or personal boundary meant.

39. As regards the allegation that the Registrant had been sexually motivated in respect of certain aspects of his conduct toward Patient C the GOsC argued that the Committee could infer sexual motivation if it found that the Registrant had kissed Patient C, hugged her topless in bed, or touched her breasts, on the basis that either the Registrant obtained some sexual pleasure from the conduct or he intended to give some form of sexual pleasure or sexual comfort to Patient C or because he hoped that the experience would be repeated in the future.

40. Mr Gillespie suggested that the evidence as to the Registrant's [redacted] needed to be treated with the greatest caution. The expert, Dr Kralimarkov, had given an opinion about the Registrant's [redacted] based on the Registrant's self-presentation alone and a self-certified test, which the GOsC suggested could have been manipulated by an intelligent person seeking to downplay their

[redacted]. The Registrant was not Dr Kralimarkov's patient, the report was based on two and a half hours of online interview and Dr Kralimarkov's evidence was that there were more intrusive tests that could have been performed, had the Registrant been his patient.

41. Further it was not disputed that the Registrant was now in a sexual relationship with Patient E which had begun in or around November 2023. In the Council's submission, the Registrant's alleged [redacted] did not prevent him from forming a sexual relationship should he choose to do so.

42. Mr Gillespie acknowledged that the Registrant had no criminal convictions or regulatory history but stressed that this was not a defence.

43. In summary, Mr Gillespie made the following general submissions with respect to the facts as regards the Patient C allegations:

- The Registrant either knew that he was breaching boundaries with Patient C and E or had no idea how to recognise and enforce boundaries, neither of which alternative assisted him;
- In any event, he should not have been socialising with Patients C and E while they were his patients;
- The WhatsApp messages between the Registrant and Patient C reveal an increasingly intense relationship between them, which was wholly inappropriate given that she was his patient, and that Patient C was vulnerable at the time;
- The WhatsApp messages capture the Registrant's modes of speech, intensely practical and very clear one moment, opaque and quasi-mystical the next;
- There were a number of WhatsApp messages that demonstrated the collapse of professional boundaries between the Registrant and Patient C;
- The GOsC submitted that the Registrant's answers when cross-examined on the content of the WhatsApp messages were wholly unconvincing. Mr Gillespie suggested that what they did reveal on more than one occasion was the Registrant's inability to consider anyone other than himself. Whether this was a consequence of the Registrant's [redacted] or not, it did not assist him when the Committee came to consider the issues of appropriateness and boundaries;
- There was a crucial gap in the evidence in that the Committee had a large amount of evidence in the WhatsApp messages of the Registrant and Patient C discussing Patient E and her mental health and/or what she was experiencing at the time but nothing contemporaneous between the Registrant and Patient E;
- The GOsC suggested that the Committee should consider Patient E's evidence with care, as it contained a number of concerning features;

- Dr Kralimarkov had accepted that [redacted] are capable of knowingly doing something wrong. Further, he was clear that [redacted] does not simply disappear or resolve in the way the Registrant suggested that it did;
- Dr Kralimarkov was understandably confused by the idea that the Registrant could make the sort of intuitive deduction of childhood sexual abuse the Registrant claims he did when simply looking at Patient E;
- Mr Gillespie suggested that whether the Registrant genuinely believed he had diagnosed Patient E's childhood sexual abuse or had provoked it or for some reason Patient E had chosen to reveal it to her osteopath after she had been crying in front of him for between 5 and 8 hours, any semblance of professional boundaries had dissolved. At no time had the Registrant seemed to consider advising Patient E to seek specialist help;
- The GOsC relied on the material sent by the Registrant to Patient C after the end of the relationship, including voice messages. These provided evidence of the inappropriate nature of the Registrant's relationship with Patient C and were powerful supporting evidence for the proposition that the relationship between Patient C and the Registrant was sexual;
- Further, the correspondence after the relationship had ended, and the evidence of Patient C demonstrated the Registrant's controlling and manipulative behaviour.

44. As regards the allegations concerning Patient D, in summary Mr Gillespie submitted that she had given very clear evidence about what had happened. She was not in a relationship with the Registrant and had no reason to fabricate her account.

45. Mr Gillespie again submitted that inappropriate comments made by the Registrant to Patients C and D could be cross-admissible to prove that they were made and the nature of their content.

46. Mr Gillespie stated that the Committee needed to consider whether, even if the Registrant said the alleged words spontaneously, he got a degree of sexual gratification from making the remark. The GOsC submitted that whether or not the remark was sexually motivated, it was inappropriate in and of itself and because the Registrant made it to a woman who was on her own with him, in the evening, in his house, when he had his hands around her neck.

47. Patient D's evidence as to the Registrant's practice of leaving patient records out where they could be seen was, according to Mr Gillespie, supported by Patient C and to a degree by the Registrant himself.

48. As regards Patient E, Mr Gillespie submitted that she was a patient of the Registrant up until mid-August 2022, when apparently Patient C cancelled her appointment.

49. It was agreed that Patient E and the Registrant socialised with each other and with Patient C.

50. Mr Gillespie observed that the personal relationship was such that Patient E had stayed the night in the same room as the Registrant after crying in front of him for 5 – 8 hours during which period she revealed a particularly distressing memory.

51. The GOsC relied on the messages in the WhatsApp exchanges between Patient C and the Registrant where the latter discusses putting in physical boundaries in his interactions with Patient E and to messages where Patient C asks the Registrant not to hug Patient E.

52. Mr Gillespie submitted that it was a fact that Patient E and the Registrant are now in a sexual relationship and that they would not have met had E not been his patient. The GOsC's case was that it was open to the Committee to conclude that the Registrant's relationship with Patient E had always been sexually motivated. However, even if the Committee rejected that argument, the personal relationship was wholly inappropriate.

The Registrant's submissions on the Facts

53. Mr Butler also provided the Committee with written submissions on behalf of the Registrant, which summarised the relevant law, addressed the allegations made by Patients C and D, and the allegations concerning Patient E, setting out which matters were admitted or denied. Mr Butler also drew the Committee's attention in his submissions to the parts of the documentary and expert evidence significant to the Registrant's case.

54. With regard to Patient C, the submissions restated the Registrant's admissions, namely that he had treated Patient C on approximately 39 occasions; had made the comments in the WhatsApp messages referred to in Schedules 2 and 6; had engaged in social and personal relationships (which it was asserted were the same thing) with Patient C, including meals, travel, and visits outside the clinical setting; had asked Patient C to assist with cancelling appointments following his arrest; and had conducted a call with another patient in front of Patient C.

55. Mr Butler made some further concessions on the Registrant's behalf, namely that his record-keeping could have been of a better standard, and that, in the process of entering information into his work calendar, Patient C may have been able to observe it for a short while.

56. As to the rest of the case related to Patient C, Mr Butler confirmed that the Registrant denied making the extreme or abusive comments alleged by Patient C; denied any lack of consent for treatment or failure to conduct an adequate clinical assessment; and denied any sexual contact or sexual relationship with her.

57. The Registrant also denied intentionally touching Patient C's breasts, kissing her, or treating her without appropriate clothing. He maintained that the photographs of Patient C taken were for clinical purposes with explicit consent. Further the Registrant accepted that patient files were stacked on his desk but that the content was not visible to Patient C.

58. Lastly, the Registrant denied exploiting Patient C financially by accepting the payment of £2,460 from Patient C and letting her pay for his car's MOT; denied declining to return her belongings; and denied failing to deal with her subject access request within the required timeframe.

59. With regard to Patient D, the Registrant accepted that she had attended approximately 12 appointments between August 2022 and January 2023. However the Registrant disputed Patient D's account of the comment that he was alleged to have made, which on his account was a general observation about how both sides suffer in sexual assault cases in the criminal courts.

60. The submissions contended that Patient D's recollection had been influenced by her subsequent discussions with Patient C, by the radio programme to which she had subsequently listened, and by confirmation bias. Her recollection was in Mr Butler's submission more consistent with retrospective reinterpretation of the incident as Dr Kralimarkov had suggested.

61. Mr Butler stated that Patient D's continued attendance and positive communications with the Registrant following the incident were inconsistent with an immediate perception of misogynistic or rape-denying intent, as noted by Dr. Kralimarkov. The Registrant accepted that if the Committee concluded that he had used the words referred to in the allegation then this would be inappropriate but suggested that the words used could not as a matter of fact or law amount to a transgression of sexual boundaries or be sexually motivated.

62. The submissions acknowledged that the Registrant's record-keeping could have been better, and as with the similar allegation by Patient C, noted that while the Registrant had indeed left patient files on his desk, Patient D had

accepted in evidence that she could not see the information contained in the files.

63. With respect to Patient E, the Registrant accepted treating her until July 2022 and engaging in social contact during the period in which she was a patient. The submissions accepted that the Registrant and Patient E had begun a consensual sexual relationship in November 2023, approximately 15 months after the professional relationship ended. It was contended on behalf of the Registrant that this did not amount to a professional or sexual boundary breach.

64. Mr Butler reminded the Committee of the relevance of the Registrant's good character to his credibility and asserted that the Registrant's frank admissions were also relevant to matters of evidence.

65. Mr Butler referred to the case of *Gestmin SGPS SA v Credit Suisse (UK) Ltd & Another [2013] EWHC 3560 (Comm)* particularly as to the importance of basing factual findings on inferences drawn from the documentary evidence and known or probable facts. Mr Butler then identified a number of documents in the evidence which he submitted were highly relevant.

66. Mr Butler then summarised the evidence of the two experts in the case, Dr Kralimarkov and Mr Tim McClune, and asserted that in accordance with the case of *TUI UK Ltd v Griffiths [2023] UKSC 48, [2025] A.C. 374)* the Committee should accept such evidence, unless it was illogical, incoherent, or lacked proper reasoning.

67. The Registrant's closing submissions then set out definitions of a number of the terms used in the case, including personal and social relationships, professional and sexual boundaries and sexually motivated (by reference to the case of *Sayer v General Osteopathic Council [2021] EWHC 370 (Admin)*.

68. The submissions concluded by contending that Patient C's allegations were retaliatory and driven by her intense rage when she became aware of Patient E's friendship with the Registrant. It was submitted that Patient C's complaint was calculated and aimed at vengeance, strategic reputational damage, and seeking to ruin the Registrant's career. Mr Butler suggested that Patient C had been motivated by a deep sense of abandonment and profound betrayal.

69. Patient D's account had been tainted by among other things her contact with Patient C and she had retrospectively reinterpreted the events in question.

70. Lastly the relationship with Patient E had formed consensually and 15 months after she ceased being a patient. The Registrant and Patient E remained in a solid and loving relationship.

The Committee's Determination on the Facts

71. The Committee received and accepted the advice of the Legal Assessor. The Committee was advised that the Council bears the burden of proof throughout, and the standard of proof is the civil standard, namely the balance of probabilities.

72. The Committee was also advised as to the relevance of the Registrant's good character.

73. The Legal Assessor advised the Committee on the issue of the cross-admissibility of the evidence of Patient C with regard to the paragraph 3 Schedule 3 of the Patient C allegation (the comment about sex with children) and paragraph 13 (concerning the Registrant's treatment of patient records) against the evidence of Patient D about paragraph 2 of the Patient D allegation (the comment about rape she attributes to the Registrant) and paragraph 4 (the patient notes being visible during treatment). He did so by reference to the case of *PSA v GMC [2025] EWHC 318 (Admin).*

74. The Committee was advised on how they should approach assessing the credibility and demeanour of witnesses that in accordance with the case of *Dutta v GMC [2020] EWHC 1974 (Admin)*, where the judge cautioned first instance tribunals against placing too much reliance on the demeanour of a witness giving oral evidence. In assessing the reasons, the judge pointed out that the tribunal's reasons did not clearly or sufficiently acknowledge the fluidity of memory, or the fact that an honest witness can construct an incorrect memory. It was a fallacy that confident evidence from an honest witness is necessarily accurate evidence and that contemporaneous documents are often a more reliable source of evidence than recollection.

75. The Committee was further advised that whilst it ought to exercise caution when assessing demeanour and manner, neither is wholly irrelevant in accordance with *Byrne v GMC [2021] EWHC 2237 (Admin*). The Committee should simply take care not to assign undue weight to factors such as demeanour and manner.

76. The Legal Assessor then drew the Committee's attention to the distillation of the legal principles involved in judicial fact-finding – the "*thirteen*

axioms of fact finding" set out by the judge in the case of *Briggs v Drylined Homes Limited [2023] EWHC 382 (KBD)*.

77. The Committee were also advised as to the meaning of integrity or lack of integrity as per *Wingate v SRA, SRA v Malins [2018] EWCA Civ 366* and on the meaning of sexual motivation as summarised in the case of *Sayer v General Osteopathic Council [2021] EWHC 370 (Admin)*.

78. The Legal Assessor advised the Committee of the statutory definition of "*sexual*" contained in section 78 of the Sexual Offences Act 2003, as well as on the meaning of professional boundaries, sexual boundaries and sexualised behaviour (the latter two by reference to the PSA Guidance on Clear Sexual Boundaries).

79. Lastly the Legal Assessor reminded the Committee that it was not bound to accept any expert evidence before it and should treat such evidence with the same careful analysis as any witness evidence, whilst bearing in mind that experts bring to bear their knowledge and expertise in a particular field.

80. The Committee accepted that advice and carefully considered all the oral and written evidence in the case as well as the closing submissions on the facts on behalf of the parties.

81. The Committee was particularly mindful of the need to avoid depending on demeanour as a reliable guide to the credibility of any witnesses, and of the need for caution in treating previous inconsistency as a basis for rejecting one party's account in favour of another (on the basis that credibility can be divisible). In respect of the remaining disputed statements itemised in the Schedule, the Committee considered the evidence in the round in each instance before forming a view as to the credibility of the witnesses as it concerned each point. Having done so, the Committee found as follows:

1. Patient C attended approximately 39 appointments with the Registrant between 29 September 2021 to 22 August 2022, ("the Appointments");

82. **Admitted and found proved**.

2. During one or more of the Appointments with Patient C:
a. the Registrant made comments to Patient C to the effect of those set out in Schedule 1;
i. (in response to Patient C's query 'what's wrong with me'): "just look at you"

83. **Found proved.** A number of the allegations before the Committee concerned things that the Registrant was alleged to have said or written to Patient C. Although the Registrant admitted the allegations which related to things he had written in WhatsApp messages to Patient C, he denied all the allegations relating to oral statements he was alleged to have made. Accordingly, in almost every instance, the Committee was placed in the position of choosing between the accounts of Patient C and the Registrant.

84. In deciding on the facts in this case, the Committee had at the front of its mind the legal advice it had received, and in particular the words of Mostyn J in *Lachaux v Lachaux* [2017] EWHC 385 (Fam) to which it had been referred:

> "*I have found it essential…when considering the credibility of witnesses, always to test their veracity by reference to the objective fact proved independently of their testimony, in particular by reference to the documents in the case, and also to pay particular regard to their motives and to the overall probabilities ...*"

85. Where possible, in deciding whether the allegations were proved or not, the Committee considered all the available evidence, paying careful attention to the content of the contemporaneous messages passing between Patient C and the Registrant, as well as to the facts that were agreed or had been previously accepted by the Registrant. Where this was not possible, the Committee placed greater weight on the inherent probability or improbability of the competing accounts before it.

86. As regards this allegation, Patient C's evidence was clear and did not change in her oral evidence. She said that: *"[The Registrant] would also keep talking in weird riddles, barely giving me an answer to an outright question. For instance, I asked him "what's wrong with me?", and [The Registrant] responded, "just look at you", or words to that effect*."

87. This impression of the Registrant's way of speaking was consistent with much of the Registrant's oral evidence to the Committee. While he remained generally fluent and articulate throughout, he would frequently digress from the question asked to explain his own experiences, or beliefs about the situation, or to comment on the question itself. The Committee accepted that this manner of presentation may have been to a large extent attributable to [redacted]

88. The Registrant also referred both in his first statement dated 28 January 2026 and in his oral evidence to his tendency to speak bluntly to others. In his statement he said:

"[redacted] *tend to explain things honestly and in detail rather than giving simplistic or mundane answers. That is my normal way of communicating, and Patient C witnessed that every week throughout the year I treated her*.".

89. In his oral evidence to the Committee, the Registrant said that it might not be unusual for him to say that someone was looking "*like shit*" for the same reason, a point that had also been made in his witness statement:

> "*At times my communication is factual, direct, and unapologetic…*
>
> *Depending on the nature of the connection or relationship with another human, whether a patient or someone in my personal life that bluntness can take different forms.*
>
> *For example, I might open the door, look at someone I know, and say, "You look like shit today." To me, this is an observation, a factual statement...*"

90. Accordingly, the Committee concluded that Patient C's account was credible and it was more likely than not that the Registrant had used such words. It therefore found this allegation proved.

ii. (in response to Patient C enquiring how the Registrant had made her endometriosis better): "Maybe I did, maybe I didn't".

91. **Found proved**. The Registrant denied this allegation, and in the closing submissions submitted on his behalf, it was stated: "*The Registrant would not have used the words "Maybe I did, maybe I didn't"*".

92. However, in his statement dated 28 January 2026, the Registrant appeared to accept that he had indeed said such words:

> "*What I did know however, was that the delivered treatment had made a meaningful difference to* [Patient C's] *symptoms and life. I simply did not yet have the conceptual structure to articulate that process in clinical terms. With that in mind, I responded in an honest and slightly embarrassed way: "Maybe I did, maybe I didn't," precisely because I did not want to guess, mislead, or depart from the truth in that moment.*"

93. Given that this was entirely consistent with Patient C's evidence, the Committee concluded that the Registrant had indeed made such a comment.

iii. (in response to Patient C enquiring what treatment the Registrant was doing): "I don't really know what I'm doing".

94. **Not proved**. In the closing submissions submitted on behalf of the Registrant, it was stated that: "*He would also not state to a patient that "I don't really know what I'm doing" when it is common ground that the Registrant is a highly experienced and competent Osteopath*." There was also consensus between Patient C and the Registrant that his treatment was effective.

95. Though Patient C's evidence was to the effect that the Registrant liked to maintain an air of mystery about what he did, and he himself told the Committee that he was an intuitive practitioner, this was not the same as someone who did not know what they were doing. Given the Registrant's evidence as to his relatively precise approach to treatment, and his evident pride in his ability to help patients, the Committee were not persuaded on the balance of probabilities that he would have made such a comment.

iv. Called Patient C a "cripple"

96. **Found proved**. In his oral evidence and in his first statement, the Registrant accepted that he had used the word "*cripple*" with reference to Patient C:

> "*In my work with Patient C, we established a positive and effective therapeutic rapport. At no point when I used the word "cripple" in front of her did she express any concern, discomfort, or displeasure about our communication*."

97. The Committee therefore concluded that the Registrant had indeed called Patient C a cripple as she had asserted.

v. Told Patient C that if Patient C hadn't found him that she would have been in a wheelchair within 5 years and/or would probably kill herself

98. **Found proved**. The Registrant denied this allegation. However, this was again inconsistent with his own statement dated 28 January 2026, in which he appeared to admit using the words "*kill yourself*" to Patient C in the course of treating her:

> *"In relation to my use of the words "kill yourself," this wording was used to reflect what Patient C might have been experiencing if her health continued to deteriorate. At the time, Patient C's improvements were significant. The wording was intended to acknowledge and observe what*

> *I sensed to be her emerging reality and challenges, and to offer perspective and contrast.*"

99. The Committee noted also (in relation to the allegation iv. immediately above) that the Registrant had similarly accepted using the word "*cripple*" with reference to Patient C. The Committee was therefore satisfied on the balance of probabilities that this allegation was made out.

2…b. the Registrant failed to obtain valid consent for treatment in that Patient C was not appropriately informed about the treatment given;

100. **Not proved**. Patient C's evidence was that:

> "[The Registrant] *didn't tell me anything that was wrong with me .. he doesn't explain the treatment - even if you ask him to.*"

101. In her oral evidence to the Committee, Patient C did concede that there had been some discussion of risks of treatment (specifically the fact she might have sore knees after treatment and about the possibility of problems after neck manipulation). Patient C also accepted in cross-examination that she would not have gone to appointments if she had not wanted treatment and she continued treatment because it was effective.

102. Mr McClune's opinion on the question in his report dated 14 May 2025 was as follows:

> "*In summary, based on Patient C's evidence, in my view, the Registrant probably did not obtain valid consent from Patient C to proceed with his treatment plan, care that does not pass the MONTGOMERY test, evidence of care significantly below the standard expected of a reasonably competent osteopath. However, there is an entry (tick box) in the case notes at the initial consultation which suggests that the Registrant may have obtained consent from Patient C to proceed with his treatment plan. I cannot determine which evidence is more accurate, it is for the PCC to determine the facts of the case*."

103. The Registrant's notes of his treatment of Patient C are sparse, and other than a completed tick box in Patient C's osteopathic case notes indicating consent for the Registrant to proceed with treatment at the initial consultation, there was no record of any discussion about consent at any of the follow-up consultations. Nonetheless, there was some evidence that the Registrant had explained potential risks to Patient C and that in light of this information she had decided to continue treatment. In the circumstances, the Committee was

not persuaded on the balance of probabilities that the Registrant had failed to obtain valid consent for the treatment provided to Patient C.

2…c. the Registrant failed to maintain adequate records in that treatment and/or discussions with Patient C concerning treatment were not accurately and/or comprehensively recorded in Patient C's notes;

104. **Found proved**. The Registrant's notes of his treatment of Patient C were brief and omitted significant details. Mr McClune's unchallenged opinion was that:

> "… *the osteopathic case notes (records) are generally very brief. The case notes have good quality information regarding Patient C's presenting symptoms and past medical history, but very little information regarding a clinical examination and the treatment plan at the initial consultation. The case notes also have very little information at each of the follow-up consultations. There is some useful information recorded at the follow-up consultations regarding subjective (patient reported) presentation, but virtually no information regarding a clinical examination and the specific treatment provided*."

105. Further the Registrant had conceded in his oral evidence and in the closing submissions that his records could be more detailed and better.

106. The Committee therefore found this allegation proved on the balance of probabilities.

2…d. the Registrant failed to ensure that an adequate clinical assessment was completed, in that he did not:
i. take into account the nature of Patient C's presentation;
ii. reach an appropriate working diagnosis;
iii. explain the rationale for treatment;

107. **Found Proved on the basis of i. and iii.** The Registrant's response to this allegation was to assert that his evidence and the records confirmed that he had taken into account Patient C's presentation, had reached an appropriate working diagnosis and had discussed the rationale for treatment, which he asserted was accepted by Patient C.

108. As regards sub-paragraph i. of this allegation, Mr McClune indicated in his report that there was scant evidence in the notes regarding clinical examination of Patient C and about the specific treatment provided:

> *"…the case notes written by the Registrant are too brief to be confident that he adequately assessed Patient C at the initial consultation, and adequately at the thirty-nine (39) follow-up consultations. The case notes are also too brief in that they do not clearly describe the specific treatment he provided for Patient C at the initial consultation and many of the thirty-nine (39) follow-up consultations."*

109. Further, it was difficult to see from the notes how the case history taken by the Registrant had been translated into an adequate clinical assessment of Patient C:

> "*In my view, the evidence relating to the initial consultation suggests that the Registrant did discuss and record a reasonable case history (medical history) from Patient C. However, there is no evidence of an adequate clinical examination, some evidence of a working diagnosis, and only limited evidence of a treatment plan*."

110. Mr McClune had, however, detected some evidence of a working diagnosis, so the Committee concluded that sub-paragraph ii of the allegation could not be sustained.

111. As noted above, Patient C herself was not clear about the basis of her treatment, which was evidence that the rationale for it had not been adequately explained to her.

112. The Committee therefore found this part of allegation proved on the basis of Patient C's evidence, the expert opinion of Mr McClune and the absence of any evidence in the notes to the contrary.

2…e. the Registrant failed to ensure that Patient C's dignity and modesty was maintained, in that he did not:
i. provide a blanket or towel to Patient C

113. **Not Proved**. The Registrant said in his evidence that he had not learned about covering patients at university but had subsequently adapted his practice to provide a blanket if patients were cold or their underwear was too revealing. This seemed to be true of Patient C too, as her evidence was that:

> "*A lot of the time [The Registrant] would notice I was cold, as I get goosebumps. He'd say "do you want a blanket", and he'd cover me…*"

114. The Committee did not therefore find this allegation proved.

3. The Registrant made comments to Patient C to the effect of those words set out in Schedules 2 to 7;

Schedule 2 i.: Hi [redacted] I am moving in the new house today, so quite a hectic day.
Schedule 2 ii.: So if you got some time tomorrow I could definitively use a hand, if not no worries.

115. **Admitted and found proved**.

Schedule 3: "It's okay to have sex with children as long as they have hit puberty".

116. **Found proved**. The Committee found this allegation proved on the basis that this statement was made around the beginning of August 2022 as per Patient C's statement dated 3 December 2024, rather than on or about 24 July 2022:

> "*At paragraph 28 of my statement, I refer to the Registrant telling me that it was ok to have sex with children after puberty. I would say this would have been while I was staying with him around the beginning of August 2022.*"

117. The background to this allegation (which was broadly accepted by all the relevant witnesses and was supported by the content of the WhatsApp exchanges between the Registrant and Patient C) was an incident on 30 July 2022. Patient E, having gone to see the Registrant at his house, told him that Patient C had sexually assaulted her when they were younger. The Registrant had subsequently reported this to Patient C. Patient C had been upset by this and by the fact that her sister had stayed the night at the Registrant's house.

118. Patient C's account was that the Registrant had made the controversial remark to her after these events:

> "*When I was at [the Registrant]'s house after my sister had stayed over there and told him I sexually assaulted her, he tried to tell me that it was ok to have sex with children as long as they had hit puberty. I was shocked and didn't agree*."

119. Patient C indicated in her oral evidence that she thought the Registrant had said this to her in order to make her feel better about the allegation.

120. The Committee noted that while the Registrant flatly denied this allegation, stating that it was "…*malicious, and untrue*", his evidence was that

he occasionally talked "*automatically*" or blurted out thoughts or ideas and/or communicated in a blunt way that was "*factual, direct, and unapologetic*". Further, he stated:

> "*I don't naturally experience topics as "off-limits" in the way many people do in my experience topic arise spontaneously or topic may be raised by others in front of me spontaneously…*
>
> *…I may sometimes voice how I see a situation and how it feels to me, even when my view does not align neatly with social convention. In that sense, when I communicate, it is not solely based on what is socially acceptable. I do understand that this can, at times, lead to misunderstanding.*"

121. Dr Kralimarkov, the expert instructed on his behalf, identified these traits [redacted]

> "*8.9 His communication style, as described in Section 8, is literal, abstract and, at times, insufficiently filtered.* [redacted] *may articulate generalised conceptual observations without adequately anticipating their interpersonal impacts*."

122. This was also consistent with the Committee's findings in respect of paragraph 2a. about various other comments that the Registrant had made to Patient C.

123. At the beginning of August 2022, as accepted by both sides, Patient C was staying at the Registrant's house and they were still on friendly terms.

124. Given the circumstances, and the Registrant's admitted communication tendencies, the Committee considered it was entirely plausible that the Registrant had said something along these lines to Patient C in an attempt to console her about Patient E's revelation, as she had suggested. It therefore found this allegation proved.

Schedule 4 i.: that he had "raped" (Patient C and Patient E's) brains.

125. **Found proved**. As noted above, the Committee had found that on more than one occasion, the Registrant had made remarks that appeared, at best, unfortunately worded, or "*without adequately anticipating their interpersonal impacts*" (in the words of Dr Kralimarkov). The remark that the Committee found proved in Schedule 3 also had a sexual aspect.

126. The Committee also noted that in his WhatsApp message to Patient C on 11 August 2022 at 23.11 the Registrant had used strikingly similar imagery in describing his dealings with Patient E:

> "*I will be nice & gentle with* [Patient E]…*I am the one who forced her memories and brought her down with us trust me I invaded her mind much deeper than you can imagine she's now very fragile*."

127. The Committee considered that the Registrant's explanation in cross examination of why he had used the words "*forced*" and "*invaded*" in this context – which was to the effect that he had chosen the only words he could at the time to explain something of which he had no understanding or that having perceived something from Patient E's mind he had picked the word closest to what he was feeling – was unconvincing.

128. Further, in her email to the Registrant dated 14 January 2023 (and thus relatively shortly after the events in question), Patient C wrote: *"In your own words you assaulted our brains"*. The Committee concluded that that Patient C's evidence on this point was more credible than the Registrant's and that, on the balance of probabilities, the Registrant had said words to the effect that he had "*raped*" Patient C and Patient E's brains.

Schedule 4 ii.: that in the long run it was good that he had caused this trauma.

129. **Not proved**. The evidence in support of this allegation was contained in Patient C's statement dated 15 February 2024, which appeared to indicate that it was part of the same conversation referred to Schedule 4.i. above. The Registrant flatly denied using such words, describing it as "*another fabrication*". The contemporaneous WhatsApp messages and other documents did not assist, in that the Committee could not find a report of the conversation or the use of any similar phrases by the Registrant. The Committee was not satisfied on the balance of probabilities that the Registrant had said these words or words to that effect.

Schedule 4 iii.: He was going to write it all down in a screenplay and sell it to Hollywood one day because it would make a blockbuster film as it is so fucked up.

130. **Found Proved**. In his statement dated 28 January 2026, the Registrant did not admit the allegation, although he continued:

> "*The context is that I made an observation in front of Patient C that what had happened between her and her sister, and the overall dynamic at*

> *play, could be recorded. I had witnessed growth arising from that dynamic. My intention was to express that sharing such experiences can help others in their own journey. In that moment, I mentioned that it could, in take the form of a script for television. However, it could just as easily have been anything else: a book, a podcast, a novel, poetry, or a theatre piece. I did not expand on this idea. It was a brief observation, perhaps candid and naïve on my part.*"

131. This again appeared to the Committee to corroborate at least in part Patient C's evidence, in that there had been a conversation between the Registrant and Patient C in which he raised the idea of producing a script for television (i.e. a "screenplay") about what had happened between her and Patient E.

132. As with a number of the other allegations about comments to Patient C or others, the Registrant's objection appeared to relate to the fact that he did not agree that he had said exactly what Patient C reported, though he accepted that a conversation along similar lines had occurred.

133. The Committee therefore concluded that it was entirely credible that the Registrant had made comments to the effect of those reported by Patient C in her evidence to the Committee and found this allegation proved.

Schedule 4 iv.: That Patient E was "an evil genius". That Patient E knew what she was doing and was putting Person C purposefully under so much pressure that she would commit suicide as that is what she really wanted.

134. **Not proved**. Patient C stated that as part of the aftermath of Patient E's revelation about sexual abuse, while at the Registrant's house the Registrant had said that she could not go back to the house that she shared with Patient E or live with her anymore. Patient C's statement continued:

> "*He even suggested that she was either so stupid or an evil genius and she knew what she was doing and was putting me purposefully under so much pressure that I would commit suicide as that is what she really wanted*."

135. The Committee noted that the use of the word "*suggested*" (rather than e.g. "*said*") was equivocal in that it could mean that this was not reported speech but rather an impression that Patient C had gained from discussions with the Registrant, though in cross examination Patient C maintained that the Registrant had described her sister as an evil genius.

136. The Committee could not find any reference in the contemporaneous WhatsApp messages between Patient C and the Registrant to a similar conversation or to similar sentiments being expressed by the Registrant about Patient E.

137. Patient C's email of 20 November 2022 to the Registrant contained a reference to a conversation about Patient E pushing her to commit suicide: "*You told me my sister was trying to push me to commit suicide*". Further, the papers contained an undated letter from the Registrant to Patient C sent on or about 23 February 23 in which he wrote (about Patient E): "*I just couldn't understand why she felt so Evil in herself today…*" though from the context this was clearly not intended to suggest that Patient E was in fact evil.

138. Overall, the Committee was not sufficiently persuaded that the Registrant had made comments in these exact terms or to the same effect.

Schedule 5 i.: That he had to "fix Patient E".

139. **Not proved**. The Committee noted that the comment reported by Patient C in her statement appeared to be somewhat different to this allegation:

> "[The Registrant] *asked if I trusted him, and hugged me saying 'I'm the only person that can fix her, she will only speak to me'. He said that he was going to see her the next day (a Saturday) and would get time off work*."

140. Being "*the only person that can fix*" someone was self-evidently a different concept to saying that you "*had to fix*" someone. There was no other reference to any conversation along these lines in the papers, save that in Patient C's email of 2 November 2022 referred to above she wrote:

> *"We trusted you which is why we gave you that and ourselves - and you've taken it upon yourself to "fix' us, but we're more broken than we were before*"

141. Again the Committee was not satisfied on the balance of probabilities that the Registrant had made comments in these terms or to the same effect.

Schedule 5 ii.: That he was the "only one who could do it".

142. **Not proved**. As with the preceding allegation, this reported comment was not consistent with Patient C's evidence, and the contemporaneous WhatsApp communication between Patient C and the Registrant did not shed

any further light. Therefore for the same reasons, the Committee did not find this allegation proved.

Schedule 6: "I decided to write a chronology of that way it is obvious how quickly and crazy things went. I'll give it to you it's nothing new".

143. **Previously admitted and found proved**.

Schedule 7 i.: that Patient C's mother is "stupid".

144. **Not proved**. Patient C's evidence was as follows:

> '[The Registrant] *also said things about my mother, who was also his patient, to me. He told me my mother is stupid and that he doesn't think she knows anything. When I told him I don't want to see him anymore, he said "your mum doesn't know anything, she's acting like a fool".*

145. The Registrant said that this was a fabrication on Patient C's part. In his oral evidence to the Committee he said that if he had said that sort of thing, it would have caused a lot of anger, which the Committee considered demonstrated to some extent the Registrant's ability to understand the effect of his words on others.

146. There were no references in the contemporaneous messages which assisted the Committee in choosing between the two accounts, and similarly to the allegations relating to the comments set out at Schedule 5 above, the Committee did not consider that the GOsC had satisfied the burden of proof in respect of this allegation.

Schedule 7 ii.: "Your mum doesn't know anything, she's acting like a fool".

147. **Not proved**. For the same reasons as above, the Committee did not find this allegation proved.

4. During at least one of the Appointments the Registrant took pictures of Patient C's back and/or side profile while she was in her underwear;

148. **Found proved**. In his statement dated 28 January 2026, the Registrant effectively admitted this allegation:

"*Photographs are part of my normal clinical process. I recall this interaction well as it involved unusual circumstances. During her first appointment, Patient C told me she was not wearing a bra. Typically, in such a case, I would avoid taking photographs since a T- shirt would contraindicate the purpose of taking the pictures in the first place. However, in Patient C's case, I felt it was important and clinically appropriate for her to see her body from the posterior perspective without clothing coverage. What I suggested was a modesty-preserving approach: I would leave the room while she removed her top, she would then position herself facing away from the door, and once ready, she would call me back in. I would take the photograph and then leave again so she could get changed. We repeated this process after the treatment. Patient C found the photographs very useful for her own understanding*."

149. The Registrant's objection to the allegation was on the basis that the word "*pictures*" was used instead of the words "*clinical photographs*". The Committee considered that in so far as it mattered (as the GOsC had indicated in its closing submissions that it no longer pursued any allegations that this action was inappropriate, a transgression of personal boundaries or sexually motivated) this distinction was meaningless. The words are synonymous and the Concise Oxford English Dictionary (Eleventh Edition) defines the noun "*picture*" as "*a painting, drawing or photograph*".

5. The Registrant engaged in a personal and/or social relationship with his patients in that he had dinner with Patient C and Patient E on;
a. 26 May 2022;
b. multiple occasions from 03 June 2022;

150. **Admitted and found proved**. N.B. The Registrant had admitted this allegation as a "social" relationship. However, in the closing submissions on behalf of the Registrant, Mr Butler stated that "*Personal and social relationship mean the same thing*" and it was therefore admitted that the Registrant engaged in a personal and social relationship with Patient C and Patient E on 26 May 2022, 3 June 2022, 19 June 2022 and 26 June 2022.

6. In or around June 2022, the Registrant engaged in a personal and/or social relationship with patients in that he:
a. drove to Birmingham with Patient C and Patient E;
b. visited Osteopath B with Patient C and Patient E to have dinner;
c. visited Patient C's house to help Patient E move furniture;
d. had dinner with Patient C and Patient E at Patient C's house;

151. **Admitted and found proved**.

7. During an appointment on 27 June 2022, the Registrant engaged in a personal and/or social relationship with Patient C in that he:
a. asked Patient C to accompany him on a personal errand;
b. following the Appointment, attended to his personal errand with Patient C;

152. **Found proved as: "*During an appointment on 27 June 2022, the Registrant engaged in a personal and/or social relationship with Patient C in that Patient C accompanied him on a personal errand;*"**

153. There was in fact little difference between the accounts of Patient C and the Registrant about this incident, save that the Registrant disputed that he had asked Patient C to join him on the errand, stating instead that:

> "*She organically joined me on the errand without my asking; I thought this was an efficient use of the non- clinical time we had already planned.*"

154. The Committee considered that the salient part of the allegation was that the Registrant had engaged in a personal and/or social relationship by going on a personal errand with a patient, which he admitted, rather than whether he had asked Patient C to go with him. The Committee therefore found the allegation proved in the terms set out at paragraph 152 above.

8. During one of the Appointments with Patient C, the Registrant engaged in a personal and/or commercial relationship with her, in that he informed Patient C that he would give her legal ownership of his garden;

155. **Not proved**. Patient C's evidence was that in about May 2022 the Registrant:

> "….*had told me during one treatment that I could have his garden - that he would get his lawyer to make papers and he'd sign it over to me and I could do whatever I wanted with it.*"

156. The Registrant agreed that there had been some discussion about the garden, but not in the same terms as Patient C:

> "*They approached me to ask whether they could do some work in the garden. At the time, the garden was not a priority for me, and I was indifferent as to whether any work was carried out. I agreed simply as a friendly and supportive gesture, for their benefit. There was no formal plan, no legal arrangement, and no personal agenda.*"

157. The evidence before the Committee was that the personal relationship between Patients C and E and the Registrant began in about May 2022, in that they helped him move house and they invited him for a birthday meal on 26 May 2022. The consensus between the parties appeared to be that the relationship between the Registrant and Patients C and E became a personal and social one at about the end of May or start of June 2022.

158. Given the timings, it was not clear to the Committee that the discussion about the garden was part of the personal relationship that ensued between Patient C and the Registrant. Nor was it clear that the offer to use the garden would of itself signify a personal relationship.

159. Further, there did not appear to be any evidence of any kind of commercial arrangement between them for use or care of the garden, other than Patient C's recollection of the conversation. The Committee did not therefore find this allegation proved.

9. From around mid-July 2022, the Registrant started a sexual relationship with Patient C:
a. while she was still his patient;
b. when he was aware of her previous mental health history and/or that she was vulnerable;

160. **Found proved**. The Committee found Patient C's evidence in respect of this allegation persuasive. She gave a clear account of the relationship that had developed between her and the Registrant following the personal errand on 27 June 2022, during which she had disclosed to the Registrant that she liked him "*more than I should*". They became increasingly friendly, which progressed to Patient C staying at the Registrant's house and sleeping in the same bed from around mid-July 2022 to the end of the relationship in August the same year.

161. Patient C said that she had first slept with the Registrant in her underwear and a t-shirt, but then she started to not wear the t-shirt and would sleep topless. Their relationship involved touching and kissing, as well as sleeping in the same bed. However, they did not have sexual intercourse because Patient C did not feel ready for it, as a result of previous sexual trauma.

162. Most importantly in the Committee's view, Patient C's account remained consistent with the contemporaneous WhatsApp messages between herself and the Registrant.

163. These messages demonstrated the developing social and emotional intimacy between Patient C and the Registrant (e.g. when the Registrant wrote

to Patient C on 6 August 2022: "*Good morning, the note you left was bliss it fully shifted my mind towards you before bed that was amazing and that feeling was still as powerful in the morning you were the first thing surrounding my existence! Thank you…Don't worry about bringing the family in, I told you they'll be part of my life from now on too and I don't mind.*").

164. Patient C's account of the intimate nature of the relationship was also consistent with other correspondence and documents available to the Committee:

- the Registrant's letter dated 27 June 2022 contained in Patient C's notes in which he acknowledged Patient C's disclosure that she liked him and that a part of him felt the same;

- the note that it was agreed that Patient C had left on the Registrant's pillow ("*I am SO happy I found you xxx My magic french man* [drawing of a heart symbol]");

- the highly emotional letter sent by the Registrant to Patient C on or about 22 October 2022, which included a number of what appeared to be poems or romantic musings, including lines such as:

  "[Patient C] *we were lying together that Sunday night, and you shared this with me: 'after a life of suffering and misery we found what most people dream to find in their lifetime.'/'Me too I share that feeling"*…

  "*You were so sweet, shy and beautiful in the morning/ that I couldn't stop smiling./ Me, too I am so happy I found you;/ thank you.*";

- the transcripts of the Registrant's voicemail messages to Patient C, which were similar in content to the letter of 22 October 2022 referred to above;

- the Registrant's letter to Patient C sent on or about 23 February 2023:

  "*I told you I'll do whatever it takes to support your sister and I did until you stopped me and you know what I would have done that for her even if you were not in the background that had nothing to do with the me & you thing*…

  You wondered if anyone would truly love you exactly as you are, well you had that in front of you until you decided to lie and betray me…

  You both unfolded in my arms after and you both decided to seek my help & support…"; and

- Patient C's email to the Registrant dated 12 March 2023: "*I cannot believe that I slept in your bed topless and let you touch me, let alone kiss me. The thought makes me physically sick to my stomach. And words can't express how happy I am that I didn't have sex with you.*".

165. Various aspects of Patient C's account were also corroborated by the Registrant. He acknowledged that he continued to treat Patient C until August 2022.

166. The Registrant was also aware that Patient C had had problems with her mental health in the past and had been the victim of more than one sexual assault, as he had recorded in her notes:

> *"Mental health quite bad after sexual assault 2 years ago July 2, was already in counselling for younger assault suicide"*.

167. In his oral evidence, the Registrant disputed that Patient C was vulnerable and asserted that he regards all patients as equally vulnerable. He did however accept that she was "*fragile*" at the time.

168. The Registrant confirmed in his evidence that Patient C had stayed in his house and had slept in his bed as a "*friend*". He accepted that he had hugged her in bed. The Registrant also accepted that Patient C had been topless in his bed, though he said that this was her choice as she did not like sleeping wearing a t-shirt.

169. The Registrant denied that there had been any kissing or contact of a sexual nature between him and Patient C. He asserted that he was at that time [redacted] and that he had not perceived any sexual or romantic meaning in his actions towards Patient C.

170. As to the apparently emotional content of some of his communication with Patient C, the Registrant said that [redacted] these were essentially "*just words*" to him at the time, and he had not intended them to elicit any reaction from Patient C nor did they signify any attraction or emotional relationship.

171. The Registrant's statement indicated that [redacted] had spontaneously resolved in early September 2022 (i.e. after his relationship with Patient C had ended) when, as he woke up one morning,:

> "…*a sentence came into my mind: "Humans have feelings and emotions, and it matters"*. *In that same moment, I realised that I had spent much*

of my life dissociated from my feelings, emotions, and internal experience; from aspects of humanity that had been repressed. It was a homecoming, a long- awaited reconnection with myself."

172. The Registrant seemed to suggest that this subsequent emotional awakening might also explain the apparent expressions of emotion in his later correspondence (although the Committee noted that the emotional nature of his correspondence with Patient C was not confined to his communications after their relationship had soured).

173. The Registrant referred to Dr Kralimarkov's report and the findings of the accompanying psychometric testing (in particular the [redacted] Scale) as support for his lack of sexual intention toward Patient C.

174. The Committee gave careful attention to Dr Kralimarkov's report. It noted that Dr Kralimarkov suggested that the Registrant's "*social naivete, literal thinking, impaired boundary perception, rigid "helper" schema, blunt communication style, impulsivity, and sensory-emotional dysregulation*" provided "*a coherent explanatory framework*" for the Registrant's "…*decision to offer shelter and bed-sharing without perceiving sexual connotation*".

175. Further, in assessing whether there was any degree of sexual motivation or predatory behaviour in the Registrant's conduct, Dr Kralimarkov mentioned the Registrant's "*self-description* [redacted] , *the absence of sexualised behaviour in the material reviewed, and the evidence that social contact was initiated by the complainants are all factors weighing against such interpretations.*"

176. While the Committee acknowledged the effect of [redacted] on the Registrant's evidence, and took full account of Dr Kralimarkov's report, it concluded that the Registrant's explanation of the relevant events was implausible and that it preferred the evidence of Patient C.

177. As noted above, Patient C's evidence was consistent with the admitted facts referred to above, the contemporaneous messages and other documents, and credibly indicated that she began an emotional relationship with the Registrant from about the end June 2022 which progressed to the extent that from mid-July 2022 she stayed at the Registrant's house on a number of occasions, they slept in the same bed together wearing only underwear, kissed and touched in bed.

178. The Committee had no hesitation in recognising such interactions as sexualised behaviour as part of a sexual relationship, even if it had not involved intercourse.

179. The Committee noted that Dr Kralimarkov's view on the Registrant's [redacted] was based essentially on the Registrant's self-description and a self-certified test completed by the Registrant. The Committee considered that the Registrant's assertion that he could not have had any sexual feelings for Patient C because he was [redacted] was undercut to a significant degree by the fact that he had subsequently entered into a sexual relationship with Patient E.

180. Further, as the GOsC had suggested, given the circumstances, it was clearly in the Registrant's own interests to downplay his [redacted] in his responses to the psychometric testing and presentation to Dr Kralimarkov.

181. The Committee considered the suggestion that the emotional content and style of the Registrant's later communications with Patient C was as a result of a spontaneous resolution of [redacted] was similarly implausible. It noted that in Dr Kralimarkov was clear in his oral evidence to the Committee that [redacted] does not simply disappear or resolve in the way the Registrant had suggested.

182. The Committee therefore found this allegation proved.

10. Around July 2022, during one of the Appointments with Patient C, the Registrant:…
a. treated Patient C whilst she was not wearing a bra;

183. **Found proved**. As indicated above, the Committee believed Patient C's account of her relationship with the Registrant and found her evidence about this incident equally credible. As the Committee had found, Patient C and the Registrant's were in a sexual relationship at this point and she was staying over at his house, which was also where he saw patients. There was no dispute that the Registrant continued to treat Patient C during the duration of their relationship. It was therefore entirely plausible that, having slept in the Registrant's bed with no top on, she chose to attend for treatment downstairs with her bra off.

b. touched Patient C's breasts during massage treatment;

184. **Found proved**. Patient C was clear in her evidence that on a single occasion the Registrant had touched her breasts while performing a massage

type treatment above the nipple. She provided a detailed and careful description of the treatment from which she did not deviate in her oral evidence. Notably she did not allege that the Registrant had touched her nipples or touched her in a way which was overtly sexual.

185. The Registrant originally denied the allegation which he said was a fabrication. However, in the closing submissions made on his behalf, it appeared to be suggested that the Registrant may have touched Patient C's breasts inadvertently:

> "*Patient C accepted during cross-examination that the Registrant may have inadvertently come into contact with her breasts during the treatment, but this was normal. Patient C confirmed that he did not intentionally massage or touch her breasts*"
>
> [though N.B. the Committee noted that this last point did not accord with Patient C's evidence, as the Committee had understood her to say in response to Mr Butler's questions that while the Registrant had not massaged her breasts, he had touched her breasts when she did not have a bra on and that this was inappropriate.]

186. The Committee reviewed the Registrant's notes and could not detect anything recorded that assisted in determining what treatment had been provided during any of the sessions attended by Patient C in July. In all the circumstances, the Committee concluded that Patient C's account was reliable and found this allegation proved.

c. kissed Patient C;

187. **Found proved**. As noted above, the Committee had found that the Registrant and Patient C were in a sexual relationship at this point. Their WhatsApp exchanges indicated a growing degree of intimacy. The treatment on this occasion occurred after Patient C had slept with the Registrant's at his house and had been "*hanging around…in the afternoon".* The Committee considered that it was entirely plausible that the intimate relationship between the Registrant and Patient C would have continued into the treatment room, and again it found Patient C's evidence about this to be credible in that context.

d. told Patient C that it was fine to have a relationship with her while he was still treating her as a patient;

188. **Found proved**. The Committee noted that the Registrant had explicitly addressed the question of treating Patient C despite their developing personal relationship in the letter of 27 June 2022 contained in her clinical records:

"*I also reassured that whatever happens I am still able to continue treating her formally as usual as there are no contraindication in my mind to manage her health, or the health of friend or loved one*."

189. The WhatsApp messages between Patient C and the Registrant also contained a number of references to the question of treating a friend or loved one: e.g. on 14 July 2022 the Registrant writes:

"*We won't do these heavy conversations while I treat you it was obvious I could not handle both well! To be fair I expected a short adjustment period so I think it was unavoidable*."

and on 6 August 2022:

"*Don't worry about bringing the family in, I told you they'll be part of my life from now on too and I don't mind. They might think think* [sic] *having me around is awkward and timing is too quick but for me it's not that much a bother*."

190. Given the context demonstrated by the exchange of messages and the letter, which plainly evidenced that the question of relationships with patients was on the Registrant's mind during this period, it seemed entirely plausible to the Committee that the Registrant would have said something similar during this treatment session. It therefore accepted Patient C's evidence to that effect.

11. The Registrant failed to comply with his obligations regarding data protection in that, following Patient C's subject access request on 7 December 2022, he:
a. failed to provide Patient C with all of the relevant documentation, including a copy of a CD from Dr Whit containing Patient C's medical information;

191. **Not proved**. Patient C indicated in her evidence that she had received a tracked parcel containing the CD on or about 4 September 2023. She accepted in cross examination that she had now received all the personal data relevant to her subject access request ("SAR").

b. failed to provide his response within the required timeframe of one calendar month;

192. **Found proved**. The Registrant's closing submissions stated that the relevant documentation was sent promptly when the Registrant became aware of the request. The Committee concluded that in fact not all the materials were provided within the required timeframe of one month, whether the SAR was made in writing on 7 December 2022 (as per the transcript of an email of that date from Patient C to the Registrant produced by him as part of the evidence

before the Committee) or on 15 February 2023 (which was the date of an email from Patient C to the Registrant in which she acknowledged receipt of some material supplied in connection with the SAR but requested copies of the photographs and a chronology. This email was transcribed in a document provided by the Registrant as part of his evidence to the Committee).

193. As the Registrant confirmed in his evidence, he became aware of Patient C's adverse Google review of his practice on 10 February 2023. He was then prompted to review a backlog of emails from Patient C that he had previously blocked (and reference to unblocking Patient C's emails appears in the Registrant's letter to her dated 27 February 2023). As at that date, the Registrant must then have been aware that Patient C's SAR was still outstanding.

194. The Committee noted that the ICO's email to Patient C of 20 June 2023 confirmed that (in the ICO case officer's view) the Registrant was in breach of his data protection obligations at that point because he had not properly or fully responded to the SAR within the required timeframe of a calendar month and continued:

> "*I have written to* [the Registrant] *about his information rights practices. I have told him he should now ensure that he takes steps to improve his information rights practices.*
>
> *I have advised him of the documents you state remain outstanding such as photographs, a CD from* [redacted] *and the chronology of events that he has created. Additionally, I advised him that one of the documents he has provided to you is illegible.*"

195. The Committee therefore found this limb of the allegation proved.

12. The Registrant failed to comply with his obligations regarding data protection in that:
a. Patient C made a subject access request for a transcript of her clinical records on 15 February 2023

196. **Not proved**. In her statement dated 15 February 2024, Patient C indicated that she had emailed the Registrant and requested a transcript of her clinical records as well as reiterating the original request for the other information he still had not provided. As noted above, a transcript of an email from Patient C to the Registrant dated 15 February 2023 and timed at 08:45 was contained in the material supplied by the Registrant. However the Committee could not see any reference to a transcript of Patient C's clinical records in that email. Nor was there any other email from Patient C dated 15 February 2023 or which requested such a transcript.

b. he failed to provide Patient C with a copy of this within the required timeframe of one calendar month.

197. **Not proved.** For the exactly the same reasons as set out above, the Committee did not find this allegation proved.

13. The Registrant failed to maintain patient confidentiality in that:
a. around 31 July 2022, the Registrant told Patient C:
i. confidential information regarding Patient E's mental health;

198. **Not proved**. Patient E's statement dated 19 January 2026 indicated that on 29 July 2022 she was "*struggling, feeling overwhelmed and in need of support*", which suggested that she might have been experiencing mental health issues at that time. However, she confirmed that she did not discuss her mental health with the Registrant. Though the Committee was inclined to treat Patient E's evidence with caution, given that she is in a relationship with the Registrant and thus clearly inclined to support his case, it was not clear from Patient C's statement or oral evidence what confidential information about Patient E's mental health that the Registrant had in fact shared.

199. While the WhatsApp messages around this time showed that Patient C and the Registrant certainly discussed Patient E (e.g. 29 July 2022 Registrant to Patient C: "*Everything will be fine and if there's anything relevant you know I'll tell you*." And 4 August 2022: "*Bottom line is she'll be fine. From my perspective she was doing fantastic today, whatever worries I could think off and we talked about it you & me disappeared when I saw her today I'll explain everything in details* [sic]"), they did not reveal anything that appeared to be confidential information about Patient E's mental health.

ii. her sister, Patient E, had accused Patient C of sexually assaulting her as a child;

200. **Found proved**. Patient E's statement confirmed that she had told the Registrant of such an incident when she went to his house on 30 July 2022:

> "*91. The only thing I shared with him was a memory of* [Patient C] *touching me when I was a child. He remained mostly quiet, saying that this did not mean or change anything about how he perceived* [Patient C]*, me or anyone.*
>
> *92. In my experience, this situation did not affect* [the Registrant]*s behaviour or his opinion towards either of us, either as a friend or during treatment*."

201. There appeared to be no real dispute that the Registrant had disclosed this to Patient C at some point during the following days. The WhatsApp messages surrounding the incident contain a number of references to the issue, e.g. the exchange on 6 August 2022 at 06:27 in the paragraph beginning "*I won't push your mum for more memories…*".

202. In his statement of 28 January 2026, the Registrant did not deny that he had disclosed what Patient E had told him to Patient C, but instead asserted that the disclosure had not happened during treatment of Patient E:

> "*For the same reasons mentioned earlier, there was no discussion with Patient E during treatment about any childhood events.*
>
> *Patient E has never disclosed childhood events during treatment*."

203. The Registrant's closing submissions adopted a different approach, stating:

> "*Patient E has confirmed that she has never accused Patient C of sexually assaulting her as a child*."

204. Again, the Committee did not agree that this was a complete representation of Patient E's evidence, since even if she had not used the exact words "*sexual assault*", she confirmed in cross examination that she had a recollection that something inappropriate had happened with her sister that would fall within the category of "*sexual*". Patient E also said in evidence that there had been no discussion about sharing this information.

205. Though both the Registrant and Patient E stated that she had gone to see him on 30 July 2022 as a friend, she was still his patient at the time. For that reason, the circumstances of the disclosure were ambiguous, but the Committee considered that what Patient E revealed was certainly sensitive and confidential information that was relevant to her health.

206. The Registrant revealed that information to Patient C without any discussion as to whether Patient E consented or not and subsequently undertook some form of intervention to help Patient E (as evidenced by the WhatsApp messages e.g. 4 August 2022 00:22: "*Bottom line is she'll be fine. From my perspective she was doing fantastic today…*"). Taking the evidence as a whole, the Committee concluded that, on the balance of probabilities, the Registrant had failed to maintain patient confidentiality by telling Patient C what Patient E had told him as alleged.

b. Following the Registrant's arrest in August 2022, the Registrant called Patient C to request that she;
i. reviews the Registrant's work calendar;

207. **Not proved.** The Registrant's evidence was that his work calendar was on his computer, which had been taken by the police, and so Patient C would have been unable to access it. Patient C accepted in cross examination that she was unable to access his computer. Nor was it clear from her evidence on the issue (see below) that by "*look at the calendar*" Patient C meant "*review the Registrant's work calendar*" rather than say a wall calendar in the Registrant's treatment room, which may not have contained patient confidential material.

ii. takes patients' clinical records;

208. **Found proved**. Though this allegation was denied, it appeared that the Registrant's objection was to the use of the word "*takes*" rather than to the thrust of the allegation, which was that he had asked a patient to look inside other patients' records to get their phone numbers, which he accepted:

> "*I told her that the day's appointment folders were on my desk and that the phone numbers were inside, and I asked if she could call those patients to cancel the appointments. The patients needed to be informed promptly that I could not treat them*."

209. While this allegation could have been better worded, it was clear to the Committee that what Patient C meant by the colloquial use of "*take*" in this context was "*look inside the relevant patient folders to obtain the telephone number*":

> "[The Registrant] *called me at some point in the day and told me to take his patient notes … and call the patients he had and tell them not to come and to make up and* [sic] *excuse. I explained I couldn't do it as I didn't want to as it would be a breach of confidentiality*."

210. That the Registrant had asked Patient C to do so was underscored by the retrospective authorisation/non-disclosure agreement he prepared for her signature dated 22 August 2022, which made clear that he expected Patient C to access medical data. The Committee therefore found this allegation proved.

iii. calls patients to cancel appointments;

211. **Admitted and found proved**.

c. the Registrant left other patients' records on his desk and in sight of Patient C:
i. including Patient G's clinical records;

212. **Not proved**. There was apparently no dispute that the Registrant left folders of notes on his desk, which the Registrant appeared to accept:

"*The folders are stacked on my desk, so she would not see all the patients record on my desk, so I do not agree with that. There would not have been any possibility for Patient C to see the records.*"

213. The issue was whether Patient G's clinical records were visible to Patient C on the desk. The evidence indicated that this was not in fact how Patient C learned that Patient G was a patient of the Registrant's. That apparently came about as a result of Patient C seeing the Registrant arrange his calendar on screen:

"*He used to arrange his calendar with me and I would see all of his appointments. I always tried not to look but it is right in front of you if you're speaking to [the Registrant] I have seen people's names on there and recognized them either because I have recommended them to go or because I know them from elsewhere. One patients of his whose name I saw was [Patient G] she was a stall holder at the market place I used to help do with friends and my sister.*"

214. This was also how the Registrant recalled Patient C learning that Patient G was his patient:

"*I remember clearly when Patient C recognised the name of Patient G. She saw the name on my computer screen, not on any paperwork on my desk.*"

215. It was not therefore obvious to the Committee that Patient C or anyone else had or could have seen anything confidential from the patient records or folders on the desk, and it did not find that the Registrant had failed to maintain patient confidentiality in this respect.

d. the Registrant's calendar with patients' names and appointment times was often visible to Patient C;

216. **Found proved.** As Patient C stated (see above), on more than one occasion she had seen and recognised the names of patients while the Registrant was arranging his calendar.

217. The Registrant apparently accepted that this could have occurred:

"*As with any online or paper diary, patient names can briefly appear during that process. I manage this by handling bookings quickly and keeping the screen open for the shortest time possible. I do not invite patients to view this page. Some level of brief visibility is unavoidable with the tools I use, and it would be the same in any clinic.*"

218. The Committee therefore found this allegation proved.

14.During an appointment with Patient C, the Registrant:
a. had a confidential discussion with Patient H regarding concerns about her son while Patient C was in the treatment room with him;

219. **Admitted and found proved**.

b. advised Patient H to take her child to Patient H's GP;

220. **Admitted and found proved**.

and
i. show those at reception the child's injuries;
ii. advise the GP that her husband has been abusing the child;

221. **Not proved**. While Patient C recalled the Registrant giving this advice to the caller, the Registrant said that the patient's primary concern related to her daughter having received traditional Chinese medicine for an illness involving skin lesions, such as varicella or scarlet fever. He denied mentioning the child's injuries or suggesting that the patient's husband had been abusive.

222. While the WhatsApp exchanges contained at least one message from the Registrant that clearly referred to Patient H, there was nothing that assisted in choosing between the two accounts and on that basis the Committee did not find these parts of the allegation proved.

15. The Registrant accepted Patient C's offer of money in that he:
a. accepted payment of £2,460 towards sessions that had overrun when:
i. she had already paid him for the sessions;
and/or; ii. he had not asked her for any additional payment when the sessions had overrun;

223. **Found proved**. It was agreed that the Registrant received the money from Patient C and was aware that she had paid it over to him, because she texted him to tell him that she had done so.

224. The Registrant also agreed that Patient C had already paid him for treatment, that he had not asked her for any additional payment (indeed he said that he had refused repeated offers of money previously) and that he did not pay the money back immediately. He said that he did not do so because he was "*emotionally and practically overwhelmed*" at the time.

225. In so far as it understood his case, it appeared to the Committee that the Registrant did not believe that he had "*accepted*" the money because Patient C had decided of her own accord to send it without him asking and had obtained his bank details from her sister to do so.

226. However, this did not, in the Committee's view detract from the facts that the Registrant knew the money came from Patient C and kept it for some months, whatever the reasons were. This on any reasonable analysis meant the Registrant had in fact "*accepted*" the money.

b. accepted payment for his car and/or MOT;

227. **Found proved**. Similarly to the above allegation, the Registrant agreed that Patient C had paid for the MOT for his car and that he had not refunded her. Again he disputed that he had accepted payment for it. The Registrant's case again appeared to be that he did not accept payment because Patient C had paid for the MOT on her own initiative, or alternatively because Patient C had not made a formal offer to pay for the MOT in advance:

> "*In order for acceptance to take place, Patient C would have needed to have made an offer to pay for the Registrant's MOT. Patient C never offered to pay for the MOT.*"

228. In addition, the Committee noted from the WhatsApp messages exchanged between them on 26 August 2022 that the Registrant had apparently asked Patient C to collect the car from the garage on his behalf, which raised the unanswered question of how the Registrant had expected the MOT test to be paid for:

> "*26/08/2022, 08:11* – [the Registrant]: *Dropped tye car for Mot it'll be rdy around 5pm* [sic]
>
> …
>
> *26/08/2022, 09:17* - [the Registrant]: *And the MOT closes at 5:30*
>
> …
>
> *26/08/2022, 10.36* – [Patient C]:*… OK, don't worry I will collect the car thats not a problem. See you later* ".

229. Again, the Committee concluded that any reasonable objective observer would conclude that in letting Patient C pay for his car's MOT, the Registrant had accepted payment for his car and/or MOT whether or not there had been a discussion about this before or afterwards.

c. accepted payment for food and/or items for his property;

230. **Not proved**. It was clear from the WhatsApp messages between the Registrant and Patient C that there were a number of discussions about buying food and about the Registrant and Patient C eating together, which were consistent with Patient C's evidence in her statement that:

> "*I also brought things for the house. He did also pay for some of the food, drinks and he took me out for a meal once too.*"

231. There was also an unclear reference in the WhatsApp messages about Patient C asking the Registrant to make a purchase on his Amazon account for her, but there was no evidence that the Committee could see of the Registrant accepting payment for food or items for his property. Therefore it did not find this allegation proved.

16. The Registrant declined to return Patient C's personal belongings including clothing, toiletries, and a woodwork tool that she had left at his house in a timely manner, following her repeated requests from December 2022;

232. **Found proved as "*The Registrant did not return Patient C's personal belongings including clothing, toiletries, and a woodwork tool that she had left at his house in a timely manner, following her repeated requests from December 2022*"**.

233. The Registrant accepted that as at 10 February 2022 or thereabouts, he became aware of the backlog of emails that he had blocked from Patient C. In an email to the Registrant dated 14 January 2023 Patient C explicitly requested the return of her personal belongings:

> "*Not only are you holding my personal belongings, you are also holding my personal data. None of these things belong to you, they are mine, and you are not above the law….The least you can do if you aren't going to apologise is give me my belongings back, including the money*."

234. The Registrant's evidence to the Committee was that he had put C's belongings in a duffel bag and stored them in his loft, and that he did not return them until after he had developed "*some compassion*" in the summer of 2023 (it appeared that the last of the belongings was returned on or about 4 September 2023).

235. The Committee could not see any evidence that the Registrant had explicitly refused or "*declined to*" return the belongings, rather that he had in his own words: "*made the decision to continue not engaging directly*". The Committee therefore found this allegation proved as "*did not return*" rather than "*declined to return*".

17. The Registrant's conduct as set out at paragraphs, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 and 16 in their entirety was inappropriate.

236. **Found proved in respect of those elements of paragraphs 2, 3, 5, 6, 7, 9, 10, 11, 13, 14, 15 and 16 which had been found proved, save paragraph 13.d**. The GOsC had indicated that it did not pursue any allegation that paragraph 4 of the allegation was inappropriate, a transgression of personal boundaries or sexually motivated, and the Committee had not found paragraphs 8 or 12 proved so these fell away. The Committee's reasons in respect of its findings as regards the other paragraphs of the allegation was as follows.

Paragraph 2

237. The Osteopathic Practice Standards (1 September 2018) (OPS), particularly in standards A1 and A2, emphasise that effective communication is fundamental to trust in clinical relationships and that osteopaths should be polite and considerate with patients. [redacted] the Committee concluded that the statements it had found that the Registrant had made to a patient could be considered blunt to the point of offensiveness, or confusing, or both. This was clearly inappropriate for an osteopath in a clinical setting, as the expert osteopath Mr McClune had concluded in his report on the case.

238. In light of the clear requirements of Standards C1 and C2 of the OPS, the Registrant's failure to maintain adequate clinical records of his treatment of Patient C, and his failure to conduct an adequate clinical assessment were also clearly inappropriate in the Committee's view.

Paragraph 3

239. The various comments or messages that the Committee had found proved were also, viewed as a whole, inappropriate. At one end of the scale, the Registrant's comments about sex with children, and having raped (or words to that effect) Patient C and E's minds, were obviously offensive.

240. At the other end of the scale, the text messages about moving house and Patient C helping the Registrant were on the face of it innocuous, but in the context of an osteopath/patient relationship were inappropriate.

Paragraph 5

241. Part of the Registrant's explanation for his social or personal interaction with Patient C was that in his own mind he had compartmentalised his professional relationship from his friendship with her.

242. In the Committee's view, the OPS, in particular Standard D2, indicate expressly that an osteopath cannot simply tell themselves that they are a different person when treating a patient from when they are socialising with that same patient outside the treatment room. Osteopaths must be aware of the risks of engaging or developing social relationships with patients at all times. Standard D2.3 states that osteopaths must also ensure that patients who may be vulnerable (such as Patient C) are protected at the time and throughout the duration of the professional relationship.

243. There was no evidence before the Committee that the Registrant had ever given any proper consideration to any of these elements of the OPS, save for the letter of 27 June 2022 contained in Patient C's notes in which he had concluded whatever happened he could still treat her as in his mind there was no contradiction in managing her health or that of a friend or a loved one. This did not sit comfortably with any of the guidance on professional boundaries.

244. The Registrant admitted that he had engaged in a social and personal relationship with Patient C and Patient E by having meals with them, socialising with them and friends of his, helping move furniture and on one occasion going on a personal errand with Patient C. Given that at the time both were his patients and they had only met as a result of his osteopathy practice, this was clearly inappropriate in the Committee's view.

Paragraph 6

245. As above.

Paragraph 7

246. As above.

Paragraph 9

247. In the Committee's view there was little doubt that it was inappropriate for an osteopath to engage in a sexual relationship with a vulnerable patient.

Paragraph 10

248. Similarly, regardless of the surrounding circumstances, and the fact that the boundaries between the Registrant's professional and social relationships

with Patient C had become entirely blurred at this point, it was obviously inappropriate for him to treat her without a bra, to touch her breasts during treatment and to kiss her.

249. Further, it was also inappropriate to assure Patient C that it was fine for the Registrant to have a relationship with her while he was still treating her as a patient, considering the content of Standard D2 of the OPS (of which the Registrant was aware).

Paragraph 11

250. As a general proposition, osteopaths are expected to act within the law at all times (see Standard D7). While the Committee again took full account of the evidence it had received [redacted] with what was undoubtedly a fraught situation at the time, it concluded it was inappropriate to fail to respond to Patient C's SAR fully within the required time limit.

Paragraph 13

251. In the Committee's view, any failure to maintain patient confidentiality was likely to be found inappropriate for a registered osteopath. In these instances, these failures again demonstrated the difficulties created by the blurring of the Registrant's personal and professional lives. The sharing of extremely sensitive information between and concerning two related patients apparently in an attempt to help them was clearly inappropriate, particularly given the nature of the disclosure which as the GOsC suggested might have at least invited some consideration of referral to specialist counselling.

252. Similarly, while the Committee understood the difficulty of the situation the Registrant found himself in, it was inappropriate to give a patient the responsibility of looking in patient files and contacting other patients to cancel appointments.

253. The Committee did not consider that a patient occasionally being able to view other patient's names when the Registrant was using his online booking system was inappropriate. The Committee accepted the Registrant's evidence to the effect that this was incidental to normal practice in such clinical settings.

Paragraph 14

254. The Registrant accepted in his statement that it would have been more appropriate to have held the conversation with Patient H in a private space to prevent it being overhead by Patient C. The Committee agreed that it was

inappropriate to have held a conversation with another patient, who was distressed, in front of Patient C.

Paragraph 15

255. The Committee acknowledged that the Patient C had voluntarily given the Registrant the money. She had also voluntarily collected his car from the garage (albeit apparently at his request) and paid for its MOT. However, given the continuing blurring between their professional and personal relationship, the Committee's view was that it was again inappropriate for the Registrant to have retained the money and to have let Patient C pay for the MOT.

Paragraph 16

256. The Committee again understood that the relationship between the Registrant and Patient C had become difficult and that for a variety of reasons the Registrant may not have been well equipped to deal with the breakdown of his relationship with her. Nonetheless, it was inappropriate for him to have retained Patient C's possessions for so long in the face of her explicit demand for their return.

18. The Registrant's conduct as set out at paragraphs 3, 4, 5a, 5b, 6a, 6b, 6c, 6d, 7a, 7b, 8, 9, 10a, 10b, 10c, 10d, 13a, 13b, 14a, 14b and 15 was a transgression of professional boundaries.

257. **Found proved in respect of paragraphs 3, 5a, 5b, 6a, 6b, 6c, 6d, 7a, 7b, 9, 10a, 10b, 10c, 10d, 13b, and 15**. As noted above, paragraphs 4 and 8 had fallen away. The Committee had not found paragraph 13a proved and that too could not therefore support a finding under this paragraph. The Committee did not consider that the conduct found proved in paragraph 14a and 14b amounted to a transgression of professional boundaries. Its reasons in respect of that finding and the findings concerning the other paragraphs were as follows:

Paragraph 3

258. The messages in Schedule 2 related to the Registrant moving house and asking Patient C to lend him a hand were in themselves an indication of the problem. The Registrant had only met Patient C as a result of her coming to him for osteopathic treatment. The Registrant should not have texted Patient C about his house move and asked for help, or at least not without careful consideration of the risks involved in developing a social relationship with a vulnerable patient and of whether this was an abuse of his professional standing.

259. As Standard D2 of the OPS makes clear, professional boundaries are essential for maintaining trust and promoting an effective therapeutic relationship. None of the messages or comments that the Committee had found proved were recognisably part of any therapeutic interactions. All of them demonstrated the extent to which the Registrant's professional and personal lives became entwined so far as Patients C and E were concerned.

260. The Committee rejected the suggestion that the Registrant's belief that he had successfully compartmentalised his professional and his personal relationships with Patients C and E prevented these exchanges and comments constituting a boundary violation.

261. In particular, the comments about sex with children, "raping" Patient C and E's brains and writing a screenplay and a chronology about the events were made in the context of the Registrant's apparent attempts to help Patient E deal with a childhood trauma involving Patient C. The disclosure of this trauma, and the subsequent attempts to help Patients C and E resolve their feelings about it, happened (as the Registrant and Patient E made clear) when they were interacting as friends, i.e. outside the treatment room.

262. This demonstrated the extent to which, in reality, the Registrant had blurred his roles as a healthcare professional and as a friend of the two patients, whether he recognised this or not. The Committee considered that all the proven messages and comments constituted a violation of professional boundaries.

Paragraphs 5 -7

263. The conduct admitted or found proved in these paragraphs was broadly similar. The Registrant had embarked on a friendship and a variety of social or personal activities with two women whom he would not have met but for the fact they came to him first as patients. He knew or ought to have known that one of them (Patient C) was vulnerable as a result of previous sexual assaults and mental health issues.

264. As Standard D2 makes clear, it is a hard-edged requirement for all osteopaths to be aware of the risks of blurring professional boundaries by engaging in or developing social relationships for patients and the effect that this may have both on therapeutic relationships and the expectations of both patient and practitioner. It was clear that the Registrant had failed to recognise or give any real thought to such risks, and had breached professional boundaries in socialising and developing a friendship with the two patients in the ways alleged.

Paragraph 9

265. Standard D2 indicates that professional boundaries may include physical boundaries, emotional boundaries and sexual boundaries. In establishing a sexual relationship with a vulnerable patient whom he continued to treat, the Registrant had clearly lost any degree of objectivity or professionalism and had in the Committee's view transgressed professional boundaries.

Paragraph 10

266. The Committee considered that again the conduct found proved as part of this allegation vividly illustrated the extent to which any professional boundary between the Registrant and Patient had degenerated at this point in time.

267. Patient C had been staying at the Registrant's house and therefore attended for treatment there without a bra, and their personal relationship and intimacy did not stop when treatment began, resulting in them kissing in the treatment room and the Registrant effectively telling Patient C that it was okay for that situation to continue.

268. The Committee accepted that the touching of Patient C's breasts had been incidental to the treatment performed by the Registrant, but clearly any unnecessary or inappropriate physical contact had the potential to be a breach of professional and/or sexual boundaries.

269. Again the Committee concluded that viewed as a whole this conduct was a clear breach or transgression of professional boundaries.

Paragraph 13b

270. The dealings between the Registrant and Patient C about Patient E's recollection of a sexual assault by Patient C when they were younger only came about because of the intimate personal and social relationship they had developed at that point. To breach patient confidentiality in those circumstances appeared to the Committee to be a clear breach of professional boundaries.

Paragraph 14a and b

271. While the Committee had found that it had been inappropriate for the Registrant to have had a telephone conversation with Patient H in front of

Patient C, it did not consider that this conduct constituted a breach of professional boundaries.

272. The phone call had happened in the treatment room while Patient C was lying on the treatment table (i.e. not while the Registrant and Patient C were socialising). There was no evidence that the Registrant had only taken the call in front of Patient C because they were on intimate terms, rather than, as he stated, because he was providing "*timely support to a patient in distress*".

Paragraph 15

273. It seemed to the Committee that only plausible reason for Patient C to have paid the Registrant for extra treatment in circumstances where he had repeatedly refused such payment, or to have paid for his MOT, was because she felt an obligation or emotional attachment to him. The Committee concluded that again this demonstrated a significant blurring of the professional boundary between the Registrant's responsibility to C as a patient and his personal and social interactions with her.

19. The Registrant's conduct as set out at paragraphs 4, 9a, 9b, 10a 10b and 10c was a transgression of sexual boundaries and/or sexually motivated.

274. **Found proved in respect of 9a, 9b and 10c as a transgression of sexual boundaries and sexually motivated**. **Found proved in respect of 10a and 10b as a transgression of sexual boundaries**. As indicated previously, the GOsC had chosen not to pursue any allegation that paragraph 4 was a transgression of sexual boundaries or sexually motivated and so this allegation fell away.

Paragraph 9a, 9b and 10c

275. The Committee considered that in engaging in a sexual relationship with a vulnerable patient, the Registrant had clearly transgressed sexual boundaries. The OPS Standard D2 paragraph 5.4 emphasises that it is a practitioner's responsibility not to act on feelings of sexual attraction to or from patients.

276. As indicated previously, it was not apparent that the Registrant had at any point given any proper consideration of the risks of failing to establish or maintain professional boundaries in his behaviour toward Patient C.

277. The transgression of sexual boundaries also encompassed the kissing that occurred in the treatment room as described in paragraph 10c on the one occasion that occurred.

278. The Committee also considered that the Registrant's conduct towards Patient C was sexually motivated, as the behaviour it comprised, including kissing (including the kissing in the treatment room alleged in paragraph 10c), touching and sleeping together with her while both were in their underwear had been done either in pursuit of sexual gratification or in pursuit of a future sexual relationship.

Paragraph 10a and 10b

279. Patient C had not alleged that that the touching of her breasts was done in an overtly sexual manner, but rather as incidental to treatment. Nonetheless the examples set out in Standard D2 5.1 of the OPS indicated that treating Patient C without a bra and touching her breasts during the course of treatment was behaviour involving unnecessary physical contact that might have been construed as sexualised by Patient C. The Committee therefore concluded that this conduct was a breach of sexual boundaries.

280. As previously noted however, the Committee accepted that this occurred as part of treatment, and concluded that the Registrant's conduct in this respect was not obviously sexually motivated.

20. The Registrant's conduct as set out at paragraph 15 and 16 lacked integrity.

281. **Found proved.** The Committee bore in mind the guidance on the meaning of integrity given in the case of *Wingate v SRA, SRA v Malins [2018] EWCA Civ 366.* While osteopaths are not expected to be paragons of virtue, the OPS gives a helpful and detailed indication of the higher standards that the profession expects of its members.

282. Among the examples of a lack of integrity set out in OPS D1.1 are:

"*1.1 putting your own interest above your duty to your patient*"

and

"*1.7 borrowing money from patients or accepting any other benefit that brings you financial gain*."

283. The Committee concluded that in accepting payment from a vulnerable patient with whom he had a personal relationship, and then failing to return that money for a considerable period of time, the Registrant squarely fell within the latter of these two examples and had therefore demonstrated a lack of integrity.

284. Equally, the Registrant had not returned Patient C's possessions to her in a timely manner, despite her explicit request that he do so. His explanation

for this was because he was not emotionally able to deal with the request at the time, and/or because dealing with Patient C caused him stress.

285. The Committee considered that the Registrant had thereby put his own interest above his duty to Patient C and that this behaviour also demonstrated a lack of integrity.

Case 921 – Patient D

1. Patient D attended approximately 12 appointments with the Registrant between August 2022 to January 2023, ("the Appointments");

286. **Admitted and found proved**.

2. During an appointment with Patient D on 14 September 2022 the Registrant made comments to Patient D to the effect of those set out in Schedule 1;
Schedule 1: i. "I do not believe in rape"
ii. There are always two sides of the story and the man should always be believed.

287. **Found proved**. Patient D did not deviate from her evidence about the Registrant's comment when cross examined, nor about her reaction in the moment, which she described in her statement dated 22 July 2024 as follows:

"*The Registrant asked me whether I was upset, based on my reaction. I said 'yes I am really fucking angry' I told him that it was not for him to decide what is real or not about women being raped and I questioned how he came to the view that his comments were appropriate*."

288. The Registrant denied that he had said the words set out in Schedule 1, and that in fact he had only made a general observation about sexual assault cases:

"*At the end of the session, I made a general observation: "When people become involved in sexual-assault cases within the criminal courts, both sides suffer from the process". It was a broad, societal comment and was not directed at Patient D in any personal way*."

289. When asked in cross-examination, the Registrant said that the comment had not been made as part of a conversation, but was something he had said spontaneously.

290. The Registrant agreed that Patient D had got up off the table and had left after the comment. It was common ground that later the same evening he sent Patient D an email apologising in the following terms:

"I wanted to apologise again for the upset and distress I caused you tonight with that story, I feel very sorry it happened, you are correct in what you said to me."

291. As the Committee had noted above with respect to the comment attributed to the Registrant set out in Schedule 3 to the allegation concerning Patient C, the Registrant had himself acknowledged a tendency to say socially inappropriate things on occasion:

"…*I may sometimes voice how I see a situation and how it feels to me, even when my view does not align neatly with social convention. In that sense, when I communicate, it is not solely based on what is socially acceptable. I do understand that this can, at times, lead to misunderstanding."*

292. As well as the Registrant's admitted propensity to say socially unacceptable things on occasion, the Committee had also found proved that he had made the inappropriate comments about sex with children and "*raping the brains*" (or words to that effect) of Patients C and E to Patient C.

293. Having given careful thought to the principles of cross-admissibility set out in the case of *PSA v GMC [2025] EWHC 318 (Admin)*, the Committee concluded that the evidence of Patients C and D were mutually supportive on this issue, both because they illustrated the Registrant's self-acknowledged tendency to say inappropriate things, and in the sense that the fact that two patients making similar allegations reduced the likelihood of this being a coincidence.

294. In coming to that view, the Committee dismissed the possibility that Patients C and D had colluded about their stories or that Patient D's recollection of the events of 14 September 2022 had been contaminated either by her reading Patient C's adverse Google review of the Registrant's practice (which mentioned his leaving patient records visible, but did not contain anything about inappropriate comments), her subsequent contact with Patient C (who she knew distantly) or by the radio programme about predatory males which Patient D said prompted her to post a Google review of the Registrant.

295. Patient D was clear that she had not colluded with Patient C or been coerced by her to make a complaint. The Committee also considered it significant that the Registrant had written to Patient D to apologise for his comment on the same day he had seen her, i.e. long before any of the events which the Registrant suggested had contaminated her evidence.

296. In any event, the Committee considered Patient D's account of the remark was simply more plausible than the Registrant's. It was unlikely that the comment he reported making – an innocuous general observation – would have caused such upset that Patient D got up from the treatment table immediately and left, and required the Registrant to write an apology the same day. The Committee therefore found this paragraph of the allegation proved.

3. The Registrant failed to maintain adequate records for an appointment on 14 September 2022 in that treatment provided and/or discussions held with Patient D were not accurately and/or comprehensively recorded in Patient D's notes;

297. **Found proved**. The notes for the appointment on 14 September 2022 were extremely sparse. In particular, there was no mention of any discussion with Patient D, nor any information about any examination the Registrant had conducted or about the exact treatment he had provided. Patient D's statement indicated that while the Registrant made the comments referred to in Schedule 1 his hands were on her neck, yet the notes did not indicate to what aspect of the treatment this was related.

298. In his second witness statement dated 28 January 2026, the Registrant had accepted that he had not documented "…*much of* [Patient D's] *personal disclosure*". In his closing submissions on behalf of the Registrant, Mr Butler stated: "*The Registrant acknowledged that his records could be better*". The Committee therefore found this allegation proved.

4. During the Appointments, the Registrant failed to maintain patient confidentiality in that he left other patients' records in sight of Patient D;

299. **Not proved**. It was common ground that the Registrant left a pile of patient files on his desk in relation to patients he was due to see during the day (which had also been Patient C's evidence). However Patient D confirmed that she had not in fact seen any confidential patient information at any point. There was therefore no basis on which it could be said that the Registrant had failed to maintain patient confidentiality.

5. The Registrant's conduct as set out at paragraphs, 2, 3, and/or 4 in their entirety was inappropriate.

300. **Found proved in respect of 2 and 3.** (As a result of the Committee's findings above, the allegation in respect of paragraph 4 had fallen away).

301. As with its previous findings concerning questions of the Registrant's communication style, the Committee took account of the effect of [redacted], and of Dr Kralimarkov's report.

302. However, the fact that the Registrant[redacted] may at times have caused his communication style to be, as Dr Kralimarkov put it, "*insufficiently filtered*" did not make the content of his communication any less inappropriate. To make

a comment to a patient on the treatment table that was so troubling to her that she felt the need to stop treatment and leave was obviously inappropriate.

303. As regards the failure to maintain adequate records for the appointment on 14 September 2022, this was also inappropriate given the requirement under Standard C2 of the OPS to ensure that patient records are comprehensive, accurate legible and completed promptly.

6. The Registrant's conduct as set out at paragraph 2 was a transgression of sexual boundaries and/or sexually motivated.

304. **Found proved as a transgression of sexual boundaries.** The comment the Committee had found proved was of a sensitive and potentially offensive nature, in that it referred to a sexual offence.

305. Standard D2 emphasises that the perception of the patient is important in determining where professional boundaries lie:

> "*5. When establishing and maintaining sexual boundaries, you should bear in mind the following:*
>
> *5.1 words and behaviour, as well as more overt acts, may be sexualised, or regarded as such by the patient. Examples might include:*
>
> *…*
>
> *5.1.3 making inappropriate sexual remarks to or about patients*."

306. Patient D had at first interpreted the remark as sexualised:

> "*I remember feeling like I was vulnerable because he was in a position of power. I questioned why he would say such a thing to me and what his intention was; specifically, whether he planned to assault me and then make sure he was believed and not me.*"

307. The Committee therefore concluded that the comment – which had been made to a female patient on the treatment table while the Registrant was alone with her – was a transgression of sexual boundaries.

308. However, bearing in mind Dr Kralimarkov's evidence about the Registrant's communication style, the Committee accepted that the remark appeared to be, as the Registrant had suggested, a generalised comment and not specifically directed at Patient D, even though her initial reaction was that it was.

309. Patient D did not provide any evidence that the Registrant was sexually motivated in making the comment, for instance that he was sexually aroused at any point during the appointment, or that the Registrant had made any

efforts to suggest or pursue a sexual relationship with her. She had not had any issue with him previously.

310. The Committee noted that having received his email of apology and spoken to friends, Patient D had returned to the Registrant for further treatment for a number of months. It considered that this supported its conclusions on whether the comment had been sexually motivated.

Case 939 – Patient E

1. Patient E attended osteopath treatments with the Registrant between around 19 January 2022 to around July 2022, ("the Appointments");

311. **Admitted and found proved**.

2. During the period of the Appointments and whilst Patient E was his patient, the Registrant engaged in social activities with Patient E;

312. **Admitted and found proved**.

3. In or around 2023, the Registrant engaged in a personal relationship with Patient E;

313. **Admitted and found proved**. The Registrant's evidence was that he had entered into a sexual relationship with Patient E in November 2023, 15 months after his professional relationship with her had ended.

4. The Registrant's conduct as set out at paragraph 2 and/or 3 was:
a. a transgression of professional boundaries;
b.a transgression of sexual boundaries;
c. sexually motivated.

Paragraph 2

314. **Found proved as a transgression of professional and sexual boundaries, but not sexually motivated**.

315. From about May 2022, the Registrant engaged in a number of social activities, including going out to restaurants, eating meals together, and visiting his friends in Birmingham with two women he would not have met but for the fact they came to him first as patients. On one occasion, Patient E went to the Registrant's house to have a bath.

316. As had been found by the Committee in respect of the relevant paragraphs of the allegation relating to Patient C, osteopaths must be aware of the risks of blurring professional boundaries by engaging in or developing social relationships with patients. There was no evidence the Registrant had given any consideration whatsoever to such risks as regards Patient E, and in the Committee's view he had clearly breached professional boundaries in socialising and developing a friendship with her and her sister during the time they were both his patients.

317. The Registrant accepted that on 30 July 2022, Patient E had spent the night in his room after crying in front of him for 5 to 8 hours, during which she

recalled a distressing memory involving her sister. Both the Registrant and Patient E said that she had not slept in the same bed as him.

318. Standard D2 of the OPS is relevant in this context:

> "*5.2 You should avoid any behaviour which may be construed by a patient as inviting a sexual relationship or response*"

319. The Registrant and Patient E were clear that she had stayed at the Registrant's as a friend and that at that time she had no romantic interest in him nor he in her. However, bearing in mind the OPS and the PSA Guidance on Clear Sexual Boundaries, the Committee considered that, viewed objectively, for an osteopath to allow a patient to sleep in his bedroom overnight was not only a breach of professional boundaries, but also a transgression of sexual boundaries.

320. The Committee did not however find that the Registrant had been sexually motivated in engaging in social activities with Patient E while she was his patient.

321. As noted above, the Registrant and Patient E both said that their relationship during the time she was a patient was purely friendly. Patient C interpreted their conduct together at the time as flirtatious, but both Registrant and Patient E denied this was the case.

322. The Registrant and Patient E had subsequently developed an intimate and sexual relationship in approximately November 2023, but in their evidence this had been after a significant break in seeing each other. Patient E had stopped being a patient of the Registrant in about July 2022 (in her statement dated 19 January 2026 she said that Patient C had cancelled her last appointment with the Registrant on 20 August 2022, the day before it was due to take place).

323. Patient E told the Committee in her oral evidence that she then ceased having any contact with the Registrant until about May 2023, when Patient E got in touch with him and they met for a talk in a park. They subsequently met up occasionally for walks until November 2023, when they mutually decided they wanted to be in a relationship. Patient E said that the Registrant had not expressed any sexual interest in her during these walks. Nor had they had any conversation about being a relationship. It had "*just sort of happened*". According to Patient E, their relationship became a sexual relationship quite quickly.

324. In her statement dated 19 January 2026, Patient E said:

> "*I never felt pressured, unsafe, or uncomfortable during any of my treatment sessions with Jeremy and at no point did I perceive any intention on his part to act inappropriately, coercively, or sexually. I have never had reason to believe his behaviour was sexually motivated.*"

325. The Committee treated the evidence of Patient E with some caution, as she is currently in a relationship with the Registrant and no doubt wished to assist his case. This was reflected in her statement, which was entirely supportive of the Registrant, and contained a considerable amount of comment on Patient C's allegations, as well on Patient C's mental health, demeanour and behaviour at the time of and after the events in question.

326. Despite this, other than Patient C's perception that they were flirting, there was no evidence other than the Registrant's and Patient E's as to the Registrant's motivations during the period when he was treating her. The WhatsApp messages between the Registrant and Patient C supported the idea that he was not pursuing a sexual relationship with Patient E at that time, but rather with Patient C, for instance the message of 06/08/2022, 06:27 in which he consulted Patient C about how he should act toward Patient E:

> "*Also I was wondering yesterday if I need to/should set boundaries to how I talk or interact physically with your sister, perhaps I might have been enabling her weird behaviour/ideas/feelings to some extent?*"

327. Accordingly the Committee decided that the Registrant was not sexually motivated in engaging in social activities with Patient E.

Paragraph 3

328. **Found not proved**. The GOsC's case was essentially that in entering into a personal relationship with Patient E in November 2023, it could be inferred that the Registrant had transgressed professional and sexual boundaries, and had been sexually motivated in so doing because Patient E had been his patient.

329. As set out above, the Registrant's case, supported by Patient E was effectively that the way in which their relationship had developed was independent of their previous osteopath/patient relationship, and the Registrant had not therefore taken advantage of his professional standing to initiate the relationship. In particular it was Patient E who had initiated the renewed contact. The Registrant had not ended the professional relationship in order to pursue the personal relationship (in fact Patient C had, on Patient E's account, obliged her to end the professional relationship).

330. As also noted previously, the only evidence as to how the relationship had developed was that of the Registrant and Patient E. The Registrant did not explicitly address in his evidence the factors set out in Standard D2 5.8 of the OPS.

331. However, in light of the evidence of Patient E that she had initiated further contact with the Registrant and subsequently established a consensual relationship with him some time after she had last been his patient, the Committee decided on balance that the Registrant had not breached professional or sexual boundaries in this respect.

332. Mr Butler stated in his closing submissions on behalf of the Registrant that any physical relationship between two consenting adults must be sexually motivated. However, the Committee understood "*sexually motivated*" in this paragraph of the allegation to refer to conduct that was also a breach of professional or sexual boundaries, and so did not find this proved.

Application to proceed in absence

333. At the resumption of the adjourned hearing on 2 August 2026, the Registrant did not attend. Mr Butler however continued to appear on his behalf.

334. Mr Gillespie applied to proceed with the case in the Registrant's absence on the basis that he had voluntarily absented himself and that in accordance with the judgment of the Court of Appeal in *General Medical Council v Adeogba* [2016] EWCA CIV 162: "*Where there is good reason not to proceed, the case should be adjourned; where there is not, however, it is only right that it should proceed.*"

335. Mr Butler confirmed that the Registrant was not able to attend the resumed hearing and that the Registrant was content for the hearing to proceed without him being present.

336. The Committee received and accepted the advice of the Legal Assessor. The Legal Assessor advised that the Committee was entitled to continue to hear the case without the Registrant being present. Rule 20 of the Rules permitted the Committee to proceed in absence "*where the osteopath does not appear and is not represented*". In this situation, Mr Butler had the Registrant's instructions and ably continued to represent him. The Registrant had indicated through Mr Butler that he was content for the hearing to proceed.

337. In all the circumstances, the Committee concluded that there was no obstacle to its continuing to hear the case which was also clearly in the public interest.

Submissions on Unacceptable Professional Conduct ("UPC")

338. The parties had provided written submissions on UPC in advance of the resumed hearing on 2 August 2026.

339. Mr Gillespie reminded the Committee that it was considering the question of unacceptable professional conduct and thus looking retrospectively at the conduct in question. Any question of remediation or rehabilitation was irrelevant at this stage, unlike those jurisdictions where impairment of fitness to practise was being considered. Mr Gillespie invited the Committee to follow the logic of its own factual findings as to the professional standards that the Registrant had breached.

340. Mr Gillespie submitted that of the facts found proved by the Committee, the most serious concerned commencing a sexual relationship with a patient, Patient C, whom he knew to be vulnerable. Mr Gillespie said that the Registrant's behaviour towards Patient C demonstrated "*a complete collapse of personal, professional and sexual boundaries*". Mr Gillespie asked the Committee to note the effect of the Registrant's conduct on Patient C.

341. Mr Gillespie submitted that the Registrant's inappropriate conduct also extended to Patient D, noting that the Committee had found that the remark he had made to her was a transgression of sexual boundaries. Mr Gillepsie said that the Committee had similarly found that the Registrant had transgressed professional and sexual boundaries as regards Patient E.

342. Mr Gillespie accepted that as a whole the Committee's findings in respect of Patients D and E were not of the same level of seriousness as those in respect of Patient C. However, Mr Gillespie maintained they were still serious transgressions deserving the description of unacceptable professional conduct.

343. Mr Gillespie said that the Registrant's conduct in: accepting money from a vulnerable patient; failing to return Patient C's possessions within a reasonable time; and dealing with Patient E's disclosure of an incident with Patient C when they were children were equally all instances of breaches of the OPS.

344. Mr Gillespie submitted that the Registrant had breached the OPS in a number of respects, in particular D2 (establishing and maintaining clear professional boundaries with patients) as regards his transgressions of professional and sexual boundaries in respect of Patients C, D and E, but also D1 (acting with integrity) and D5 (maintaining confidentiality).

345. Mr Gillespie stated that the course of the Registrant's conduct would be regarded by fellow professionals as deplorable, and that by his actions the Registrant had damaged the reputation of the profession. Mr Gillespie submitted that members of the public would find his actions morally blameworthy.

346. Mr Butler, on behalf of the Registrant, accepted that the Committee's findings relating to the sexual relationship with Patient C amounted to UPC. However, he submitted that many of the remaining findings, viewed individually, did not reach the threshold of UPC.

347. Mr Butler said that the gravamen of the case was the breakdown of professional boundaries in the relationship with Patient C and that the Committee's other findings were better characterised as shortcomings in professional practice, communication, record keeping and judgment. He invited the Committee to view those findings as aggravating features of the Patient C misconduct rather than as distinct categories of misconduct of equivalent gravity.

348. Mr Butler said that the findings concerning Patients D and E occupied a very different position on the spectrum of seriousness. Mr Butler observed that the Committee had found proved a single inappropriate comment which amounted to a transgression of sexual boundaries but was not sexually motivated.

349. In relation to Patient E, Mr Butler said that the Committee had found inappropriate socialisation during the treating relationship, but had rejected sexual motivation and rejected the central allegation that the eventual consensual relationship constituted a boundary breach. Mr Butler acknowledged that these findings undoubtedly supported the conclusion that the Registrant's understanding of professional boundaries was deficient but submitted that they did not demonstrate a broader pattern of sexual misconduct.

350. Mr Butler reiterated that it was accepted that the findings concerning the sexual relationship with Patient C whilst she remained a patient were sufficient, whether viewed individually or collectively with the associated boundary failures, to make a finding of unacceptable professional conduct. He invited the Committee to characterise the case on that basis.

351. Mr Butler submitted that the misconduct found was properly analysed as a serious boundary failure centered on Patient C rather than as a case involving multiple independent species of misconduct across a range of

regulatory domains. Mr Butler suggested that such an approach most accurately reflected both the Committee's findings and the authorities governing the proper identification of misconduct.

The Committee's Findings on UPC

352. The Committee considered whether the facts found proved in the case as set out above amounted to unacceptable professional conduct. The Committee took into account the submissions from both parties and the advice of the Legal Assessor, which it accepted. In coming to its determination, the Committee had regard to the relevant guidance, including the OPS and the CHRE Guidance on Clear Sexual Boundaries.

353. The Committee considered that the facts found proved collectively demonstrated a serious departure from the standards required of an osteopath. The Committee's findings demonstrated that, in summary, the Registrant had transgressed appropriate professional and sexual boundaries with more than one patient. One of those patients, Patient C, was vulnerable and as the Committee had found, the Registrant had been sexually motivated in some of his actions towards her. Mr Butler had accepted on behalf of the Registrant that as regards Patient C at least, the Registrant's conduct amounted to UPC.

354. Professions rightly require a high standard of conduct from their members. The Registrant had failed to recognise any meaningful distinction between his personal and professional lives and had proceeded to develop personal relationships with Patients C and E. In the case of Patient D, the Registrant had apparently not understood the professional behaviour required of an osteopath towards a patient undergoing treatment and in a state of undress by initiating a highly inappropriate line of conversation with her that transgressed sexual boundaries.

355. The Committee considered it self-evident that boundaries are important in a therapeutic relationship and breaching them carries a risk of serious harm to patients. Both the public and fellow members of the profession would view the Registrant's conduct in this regard with a significant degree of moral opprobrium.

356. As the Committee had found, the Registrant had breached a number of the Standards of the OPS, in particular Standards A1, A2, C1, C2, D2 and D7. It was cognisant of the fact that a breach of the OPS or the CHRE Guidance does not automatically constitute unacceptable professional conduct. However, in this case there had been a number of clear and significant transgressions of appropriate professional and sexual boundaries.

357. The Committee was clear that by his conduct the Registrant had abused his professional position, transgressed professional boundaries, and had failed to uphold the reputation of the profession. Having regard to the overarching objective, the Committee was of the opinion that a finding of unacceptable professional conduct was justified on the grounds that it was necessary to maintain confidence in the profession and promote proper standards of conduct.

358. In the Committee's judgment the conduct of the Registrant fell seriously short of the standard required of an osteopath. It therefore found that the facts proved amounted to unacceptable professional conduct.

Evidence at sanction stage

359. As well as written submissions on sanction, Mr Butler provided the Committee with an unsigned reflective statement prepared by the Registrant and dated 27 July 2026.

360. In that statement, the Registrant stated that he accepted the Committee's findings in full and recognised their seriousness. The Registrant said that in 2022 he was practising while experiencing significant difficulties [redacted] which affected his perception of professional boundaries. While he emphasised that he had treated thousands of patients without complaint, the Registrant acknowledged that he blurred professional and emotional boundaries with Patient C, including allowing her to stay at his home and share a bed, and accepted that the responsibility for maintaining professional boundaries rested entirely with him.

361. The Registrant also acknowledged the Committee's findings that he had formed a sexual relationship with a vulnerable patient whom he continued to treat, that aspects of his conduct were sexually motivated, and that he had made inappropriate and offensive comments to Patient C. He similarly accepted the Committee's findings about the inappropriate comment made to Patient D, breaches of patient confidentiality, inadequate record keeping, deficiencies in his clinical assessment, and his lack of integrity in relation to money received from Patient C and the delayed return of her belongings. The Registrant stated that he recognised that these actions fell below the standards expected of an osteopath and that his good intentions or disability did not excuse misconduct.

362. The Registrant stated that he now understands that professional and sexual boundaries must be maintained regardless of how the conduct is perceived by either practitioner or patient at the time. He asserted that he failed to appreciate the risks and potential harm arising from blurred professional and emotional boundaries and that" "*Even where there is no wish to exploit or harm*

a patient, an unaware and unsupported [redacted] ractitioner can inadvertently behave in a way that will be perceived as transgressive by a regulator.". The Registrant said that the proceedings had given him a much clearer understanding of regulatory expectations and professional obligations.

363. The Registrant described in his statement the remediation he said he had undertaken since the events in 2022. He stated that he had strengthened his consent procedures and had engaged a female chaperone for new patients. The Registrant said that he had also moved to digital records, as well as undertaking a substantial amount of professional development, and establishing regular supervision and mentoring with experienced practitioners. *[N.B. The Committee had previously received evidence that although the Registrant had been suspended as an osteopath since 22 March 2024, he was currently working as a "holistic practitioner" i.e. in some form of unregulated manual therapy and continued to see patients in that context.]*

364. The Registrant also reported making significant personal changes, including obtaining "*…infinitely stronger personal support, reasonable adjustments and a structured life to reduce the effects of my [redacted]*". He asserted that these safeguards had been embedded in his daily practice for nearly four years and were permanent measures.

365. The Registrant concluded that he had emerged from the "*difficulties of 2022*" a more conscious practitioner and that, in light of his "*extensive remediation…and the safeguards embedded within my practice*", was confident that he was able to continue to practise safely, ethically and in accordance with the high standards expected of a registered osteopath.

366. The Committee did not receive any further evidence at the sanctions stage.

Submissions on sanction

367. Mr Gillespie said that it was not the practice of the GOsC to argue for any particular sanction. He said that the appropriate sentence in this case was a matter of judgment for the Committee, based on what it had heard in this case and informed by the Hearings and Sanctions Guidance (May 2025) ("HSG").

368. Mr Gillespie indicated his intention to take the Committee to the relevant parts of the HSG. In arriving at its determination, Mr Gillespie said that the Committee should first have regard to paragraph 26 of the HSG, which sets out the Council's overriding objective, namely the protection of the public which in turn involves: protecting, promoting and maintaining the health, safety and

well-being of the public; promoting and maintaining public confidence in the profession of osteopathy; and promoting and maintaining proper professional standards and conduct for members of the profession. Mr Gillespie then referred the Committee to paragraph 27 and the requirements of the public interest identified in it.

369. With reference to paragraph 28 of the HSG, Mr Gillespie reminded the Committee that it must act proportionately, and consider the available sanctions starting with the least severe first.

370. As regards the mitigating and aggravating features listed at paragraph 34 of the HSG, Mr Gillespie said that the Committee would have to assess the extent to which the Registrant's health, about which it had heard much, mitigated his conduct in deliberately engaging in an emotional and sexual relationship with a vulnerable patient.

371. Turning to the aggravating features also listed at paragraph 34 of the HSG, Mr Gillespie suggested that the Committee would want to consider whether those at a. (abuse of the osteopath's professional position) b. (predatory behaviour, especially where this involves vulnerable patients), d. (sexual misconduct) and i. (behaviour at the hearing, in the sense that the Registrant kept asking for explanations or definitions of matters including professional standards that it was his responsibility to understand) applied in this case.

372. Mr Gillespie asked the Committee to pay particular attention to paragraphs 49 to 52 of the HSG dealing with sexual misconduct, in particular to the guidance in paragraph 50 that sexual misconduct seriously undermines public trust in the profession of osteopathy and can present a risk to patient safety, and in paragraph 52 that especially in circumstances where there has been a breach of professional boundaries involving vulnerable patients, sexual misconduct should be regarded as very serious by the PCC and removal from the register is likely to be considered an appropriate and proportionate sanction.

373. Mr Gillespie drew the Committee's attention to the statement of the purpose of sanctions at the (second) paragraph 58 of the HSG. Acknowledging that Mr Butler had himself submitted that neither admonishment nor conditions were appropriate in this case, Mr Gillespie addressed the Committee on the elements of the HSG dealing with suspension and erasure. He suggested that the core question the Committee had to ask itself was whether the Registrant's conduct in this case was fundamentally incompatible with continued registration.

374. As regards the Registrant's reflective statement, Mr Gillespie observed that there had been no ability to test the Registrant's claimed insight, as he was not present to confirm the content of his statement, and that the statement itself was somewhat generic in nature. Mr Gillespie noted that the Registrant had simply acknowledged the Committee's findings in the statement but did not demonstrate any real grasp of why the conduct found proved was so wrong.

375. Mr Gillespie also said that the reflective statement contained very scant information about the Registrant's remediation. According to Mr Gillespie, the Registrant had simply provided a list of the CPD he had undertaken and had not explained how that had helped him understand the unacceptability of his conduct for instance or how he now understands professional boundaries. Mr Gillespie again reminded the Committee of the Registrant's challenge during his evidence that it was for the Council to explain to him what the relevant professional standards meant.

376. Mr Butler, on behalf of the Registrant, directed the Committee to his written submissions on sanction, which he supplemented with brief oral submissions.

377. In his written submissions, Mr Butler stated that the Registrant accepted the seriousness of the findings against him, had expressed remorse, and had produced a reflective statement evidencing insight and remediation. His central submission was that the Registrant's conduct, while serious, was not fundamentally incompatible with continued registration, and therefore erasure would be disproportionate.

378. Mr Butler also acknowledged that sexual misconduct was serious and undermined public confidence, but relying on *Giele v General Medical Council* [2006] 1 W.L.R. 942 suggested that there is no presumption of erasure in sexual misconduct cases. Mr Butler argued that such cases exist on a spectrum, with predatory or exploitative conduct at the most serious end and isolated, remediable conduct at the lower end.

379. Drawing on the cases of on *Sayer v GOsC* [2021] EWHC 370 (Admin) and *GMC v Gilbert* [2026] EWCA Civ 53, where suspension rather than erasure was held to be an appropriate and proportionate sanction in serious sexual misconduct cases involving healthcare professionals, Mr Butler submitted that suspension may be appropriate in a case such as the Registrant's where the misconduct was serious but capable of remediation.

380. Mr Butler said that the Registrant acknowledged the following aggravating features, namely:

(a) the conduct involved an abuse of the Registrant's professional position and standing;
(b) it involved breaches of professional boundaries in respect of Patients C and E, and of sexual boundaries in respect of Patient C;
(c) aspects of the Registrant's conduct towards Patient C were found to have been sexually motivated;
(d) Patient C was a vulnerable patient, with a history of mental ill-health and of having been the victim of sexual assault, of which the Registrant was aware;
(e) the findings concerned more than one patient;
(f) certain conduct was found to have lacked integrity, in that the Registrant accepted and retained money from Patient C and did not return her belongings in a timely manner; and
(g) the Registrant made a number of inappropriate and, in some instances, offensive comments, and there were failures of record-keeping and of patient confidentiality.

381. However, Mr Butler submitted that the following substantial mitigating factors were also evident:

(a) The Registrant was previously of good character with no previous criminal convictions or regulatory findings;
(b) The Registrant was a clinically competent and effective osteopath;
(c) The Registrant was [redacted]
(d) There was no finding of predatory conduct or grooming.
(e) Sexual misconduct did not involve sexual intercourse and physical contact was not found to be overtly sexual;
(f) The Registrant's conduct towards Patient D was found not to be sexually motivated, and his later relationship with Patient E was found not to breach professional or sexual boundaries;
(g) The Registrant made admissions and concessions and has engaged constructively with the proceedings;
(h) The Registrant had demonstrated genuine remorse, insight and apology, both during the proceedings and in his reflective statement;
(i) there was no finding of actual harm to the physical safety of any patient; and
(j) The Registrant relied upon his osteopathic practice as his source of income.

382. In his oral submissions, Mr Butler asserted that the context was important in assessing the build up to the relationship between the Registrant and Patient C. Mr Butler said that Patient C had accepted that the interactions between her and the Registrant were consensual. Her sister, Patient E, remained in the background during this time. The full extent of the sexual

misconduct as regards Patient C was, according to Mr Butler, one night in which Patient C slept in the Registrant's bed and there was no sexual intercourse. Again, Mr Butler submitted that it was not automatic that all breach of boundaries or sexual misconduct cases should lead to erasure.

383. Mr Butler also observed that there had been a significant gap between the events in question and Patient C making a complaint, during which time no concerns had been raised at all in the context of the Registrant's practice. Mr Butler said there was no evidence from Patient C that she had suffered any harm because of the Registrant's behaviour and the Committee was not entitled to draw that conclusion in the absence of any evidence.

384. As regards the Registrant's reaction to questions about professional standards during cross examination, Mr Butler suggested that the Registrant was entitled to ask questions about the allegations and seek clarification. This should not be held against him.

385. Mr Butler submitted that the Committee should not adopt a cumulative approach in assessing the seriousness of the misconduct in this case. Mr Butler asserted that given all the details of the Patient C case, the Committee could not possibly decide to erase the Registrant on that basis alone. Mr Butler said that the other complaints found proved – for instance the Registrant's failure to return some trivial items belonging to Patient C – did not materially aggravate the seriousness of the Registrant's conduct overall.

386. Mr Butler said that one of the most important features of case had been the evidence of Dr Kralimarkov, who had concluded amongst other matters that the Registrant's conduct should be viewed [redacted] rather than deliberate exploitation; that the Registrant's insight was "*developing to good*"; that the Registrant posed no ongoing risk of sexual predation or deliberate exploitation; and that any residual risks could be managed through structured safeguards and supervision.

387. Mr Butler asked the Committee to note the evidence of remediation, including significant continuing professional development and revised procedures and safeguards which were set out in the Registrant's reflective statement, as well as the Registrant's constructive engagement with proceedings, including admissions and concessions.

388. Mr Butler accepted that, when the Committee came to considering the appropriate sanction, admonishing the Registrant or imposing a conditions of practice order would be insufficient. Mr Butler maintained that suspension

would appropriately mark the seriousness of the misconduct, maintain public confidence, uphold standards, and protect the public.

389. Mr Butler accepted in his submissions that public confidence was paramount but suggested that a well-informed member of the public would recognise the seriousness of the misconduct and the need for a meaningful sanction; but also the absence of predatory or exploitative behaviour by the Registrant, the role of his [redacted] and the realistic prospect of rehabilitation.

Legal Advice

390. The Committee heard and accepted the advice of the Legal Assessor. He told the Committee that, having found that the Registrant's actions amounted to unacceptable professional conduct, it was required to impose a sanction. The available sanctions are set out in Section 22 of the Osteopaths Act 1993.

391. The Legal Assessor also advised the Committee that it should take into account the guidance in the HSG. The Legal Assessor also reminded the Committee that a Professional Conduct Committee may take into account the time spent by a registrant suspended under an Interim Suspension Order ("ISO") as a relevant factor when considering what is the appropriate and proportionate sanction. In this case, the Registrant had been suspended under an ISO since 22 March 2024.

Determination on Sanction

392. The Committee paid careful attention to the submissions of the parties and accepted the advice of the Legal Assessor on sanction. The Committee took into account the guidance in the HSG.

393. The Committee identified the following mitigating features in this case:

- The Registrant's behaviour was not predatory;
- The Registrant had provided some evidence of reflection and remediation activity as per his reflective statement, together with expressions of remorse, though the weight of this evidence was somewhat diminished because it had not been tested in front of the Committee. Further the Committee noted that the Registrant had not yet undertaken any specific training on professional boundaries as Dr Kralimarkov had suggested;
- There was some evidence of concrete steps taken to avoid a repetition of the other issues identified in the case, such as moving patient notes to a digital system, engaging a female chaperone and

mentoring or supervision by other professionals (albeit that was not, as a result of the Registrant interim suspension, in the context of osteopathy);
- The Registrant was of good character prior to these events with no previous fitness to practise findings;
- The time that had elapsed since matters come to light with no further complaints during that period.

394. The Committee considered the following were aggravating features:

- The central complaint was of sexual misconduct with a vulnerable patient;
- In respect of the complaints by Patients C and D, and in his dealings with Patient E, the Registrant had clearly abused his professional position; and
- The Registrant's behaviour clearly had the potential to cause significant harm.

395. The Committee noted that, as the HSG made clear, sexual misconduct could involve a wide range of behaviour. The Committee accepted that, as Mr Butler had urged it to do, the sexual misconduct in this case was not of the gravest kind. However, despite the fact that the relatively brief relationship between the Registrant and Patient C's had only involved touching, kissing and sharing the same bed (they had not had sexual intercourse), she was (as the Registrant had identified) vulnerable as a result of previous mental health difficulties and a previous history of sexual assault.

396. The Committee therefore had no doubt that the Registrant's conduct as regards Patient C alone had to be regarded as serious and would certainly have the effect of undermining public trust in the profession of osteopathy.

397. Nor was the Registrant's behaviour towards Patients D and E entirely to be ignored in assessing the seriousness of the case. The inappropriate remarks to Patient D, which had clearly distressed her, and the Registrant's extended inappropriate socialising with patients (that led to Patient E sleeping in his bedroom on one occasion) also demonstrated the Registrant's lack of professionalism and blurring of boundaries. This was also true of the matters found proved that were incidental to the Registrant's relationship with Patient C and its subsequent breakdown, such as his accepting money from her and retaining her property. All of these were findings that in the Committee's view tended to undermine trust in the professional of osteopathy generally.

398. The Committee recalled that, as indicated in the HSG, the purpose of a sanction is not to be punitive, although it may have that effect. Rather, its purpose is to protect patients and the wider public interest. The Committee bore in mind the necessity for any sanction to be proportionate, taking into account both the Registrant's interests and the need to uphold the public interest, including confidence in the profession and the maintenance of appropriate professional standards.

399. The Committee first considered whether to admonish the Registrant. The Committee noted that this case had not involved an isolated incident of misbehaviour and, given the range of its findings against the Registrant, it was obvious that admonishment would not adequately reflect the seriousness of the matter.

400. The Committee then considered whether a conditions of practice order would meet the justice of this situation. It concluded again that such an order would not adequately address the seriousness of its findings, nor would it be possible to formulate workable or measurable conditions in any event, as Mr Butler had himself had accepted.

401. The Committee next considered the sanction of suspension. The HSG states that a suspension order is appropriate for more serious offences and where some or all of the following factors are apparent:

a. There has been a serious breach of the Osteopathic Practice Standards but the conduct is not fundamentally incompatible with continued registration.
b. Removal of the osteopath from the Register would not be in the public interest, but any sanction lower than a suspension would not be sufficient to protect members of the public and maintain confidence in the profession.
c. Suspension can be used to send a message to the registrant, the profession and the public that the serious nature of the osteopath's conduct is deplorable.
d. There is a risk to patient safety if the osteopath's registration were not suspended.
e. The osteopath has demonstrated the potential for remediation or retraining.
f. The osteopath has shown insufficient insight to merit the imposition of conditions or conditions would be unworkable.

402. As the HSG also makes clear, proven sexual misconduct, especially in circumstances where there has been a breach of professional boundaries involving a vulnerable patient, should be considered as very serious and

removal from the register is likely to be considered an appropriate and proportionate response.

403. The key question, as both parties had indicated in their submissions, was whether in the Registrant's case the serious departure from the OPS the Committee had identified was fundamentally incompatible with his continued registration.

404. The Committee noted, and gave the Registrant some credit for, the fact that he had apparently begun some remedial work prior to its findings on facts. Dr Kralimarkov's report dated 12 February 2026 stated that at the time of his assessment earlier this year, the Registrant's emotional awareness had improved with increased reflection and psychological work. As noted above, Dr Kralimarkov also offered the opinion that the Registrant was capable of professional rehabilitation with ongoing psychological and professional support and appropriate training.

405. As indicated above, the Registrant had also provided some, albeit incomplete, evidence in his reflective statement that he now understood his professional responsibilities, and the effects of [redacted] on his ability to practise safely, and had taken some steps to ensure that he maintained professional boundaries in his current unregulated work.

406. However, the Committee was unable to assess the extent of the Registrant's current understanding of professional boundaries and the requirements of professional regulation as a result of his non-attendance at this stage of the hearing. As Mr Gillespie had pointed out, given that the Registrant had in his own evidence repeatedly demanded an explanation or clarification of the professional standards to which he was subject, it was important to understand how it was that the Registrant had "…*addressed the underlying circumstances that contributed to the events of 2022*" and was now able "…*to ensure that professional and personal relationships remain entirely separate*". This considerably reduced the weight of the evidence advanced in the reflective statement.

407. Further, the Committee had no objective evidence (other than the report of Dr Kralimarkov) of the Registrant's claimed change of attitude and understanding, such as reports from the supervisors or mentors he mentioned in his reflective statement, or testimonials from colleagues, former patients or others who could provide some reassurance about his ability to return safely to osteopathic practice.

408. Throughout this case, the Committee has been mindful of the effect that [redacted] might have on his professional

behaviour and interactions, and on his presentation during the parts of the hearing that he attended. However, it noted that all registered osteopaths, regardless of their state of health or predispositions were subject to the same professional standards, and that, as the Committee had found, the Registrant's [redacted] could not provide a complete explanation for his conduct in this case.

409. The Committee took account of the indication in the case of *Giele* that the public interest could also include retaining the services of a competent practitioner. It bore in mind that the Registrant had been subject to an interim order for suspension for over two years.

410. In light of the concerns it retained about the degree to which the Registrant had in fact addressed the underlying causes of his behaviour, the Committee was not persuaded that the sort of situation which had led the Registrant to breach professional and sexual boundaries with more than one patient would not arise again. The Committee therefore considered that the Registrant presented a continuing risk to other patients who might seek his help in a professional context, as a result of his failure to demonstrate his understanding of appropriate professional boundaries.

411. In any event, the Registrant's sexualised conduct and transgression of boundaries in the case of Patient C (who the Registrant had acknowledged was a vulnerable patient and whose history of previous sexual assault and mental illness he himself had documented in her patient notes) was, in the Committee's view, fundamentally incompatible with his continued registration as an osteopath.

412. The Committee therefore concluded that the only appropriate and proportionate sanction to protect the public and mark the seriousness of this case was to order that the Registrar of the Council remove the Registrant's name from the register.

413. The Committee considered that to impose a lesser sanction for the behaviour exhibited by the Registrant in this case would send a potentially harmful message to the public and other practitioners about compliance with professional standards in osteopathy and would not satisfy the public interest.

Application for interim order of suspension

414. Mr Gillespie, on behalf of the Council, applied for an interim suspension order (ISO) under Rule 40(1)(b) of the Rules and s.24(2) of the Osteopaths Act 1993 on the grounds that it was necessary for the protection of the public.

415. He submitted that the grounds for such an order were to be found in paragraph 410 of the Committee's determination which included that there remained a continuing risk to patients who might seek the Registrant's help in a professional context, as a result of the unresolved question of his understanding of professional boundaries. Mr Gillespie said that it must flow from that finding that an ISO was required now to protect the public, rather than after the expiry of the appeal period or pending the determination of any appeal that the Registrant was minded to bring, which might take a considerable length of time.

416. Mr Butler on behalf of the Registrant indicated that the application was not opposed.

417. The Committee listened carefully to the submissions of both parties. It referred to the relevant GOsC guidance to Committees on ISOs. It accepted the advice of the Legal Assessor as to the test to be applied in considering whether to impose an ISO.

418. The Committee understood that the correct approach to that test is that the Committee must be satisfied there is a real continuing risk, whether actual or potential, to patients, colleagues or other members of the public if an interim suspension order is not made. The Committee must therefore look forward in the light of its own final determination of the allegations regarding the Registrant's past conduct.

419. In assessing the risk, the Committee considered first the nature and seriousness of the allegations. Having heard from the witnesses and having considered all the written evidence, the Committee had concluded (as set out above) that the Registrant was guilty of a number of professional failings including transgressions of professional and sexual boundaries and sexual misconduct with a vulnerable patient which, viewed as a whole, were serious enough to justify his removal from the Register.

420. The Committee next considered the likelihood of the conduct being repeated if the ISO was not imposed. Again, as the Committee had concluded in its findings on sanction, there remained a continuing risk to patients who might seek the Registrant's care. It followed that there was a likelihood of that conduct being repeated.

421. Given the nature of the matters found proved by the Committee, any repetition of the same conduct was likely to result in harm to a patient.

422. As to the weight of the information or evidence available to it, this Committee had made factual findings against the Registrant based on detailed consideration of the oral and written evidence and having had the benefit of full argument by the advocates on each side. The Committee was obliged to observe that it was in no way bound by the decision of any other panels of the Professional Conduct Committee and was required to come to an independent view on the facts of this case.

423. The Committee also carefully weighed the potential negative effects on the Registrant resulting from an imposition of an ISO against the need for public protection. It noted that in this respect that he was currently subject to an ISO and continued to work as an unregulated manual therapist.

424. In light of the facts found proved, and the judgments reached as to the Registrant's insight, relevant reflection and remediation, the Committee concluded that it was necessary for the protection of the public to order that the registration of the Registrant be subject to an ISO during the appeal period or pending the determination of any appeal against the decision in this case.

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

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

All final decisions of the Professional Conduct Committee are considered by the Professional Standards Authority for Health and Social Care (PSA). Section 29 of the NHS Reform and Healthcare Professions Act 2002 (as amended) provides that the PSA may refer a decision of the Professional Conduct Committee to the High Court if it considers that the decision is not sufficient for the protection of the public.

Section 22(13) of the Osteopaths Act 1993 requires this Committee to publish a report that sets out the names of those osteopaths who have had Allegations found against them, the nature of the Allegations and the steps taken by the Committee in respect of the osteopaths so named.