



In the matter of Section 22 of the Chiropractors Act 1994
("the Act")

and

The General Chiropractic Council (Professional Conduct Committee) Rules 2000 ("the Rules")

and

The consideration of an allegation by the Professional Conduct Committee

**NOTICE OF FINDING BY
THE PROFESSIONAL CONDUCT COMMITTEE
OF THE GENERAL CHIROPRACTIC COUNCIL**

Name of Respondent: **Jeremy English**

Address of Respondent: **798 St. Albans Road
Watford
WD25 9FF
Hertfordshire
United Kingdom**

Registration Number of Respondent: **00080**

On 20-26 August 2026 & 8 October 2026 the Professional Conduct Committee ("the Committee") of the General Chiropractic Council met to consider the following allegation against you, referred to it by the Investigating Committee in accordance with Section 20(12)(b)(ii) of the Chiropractors Act 1994 ("the Act"):

THE ALLEGATION:

That being a registered chiropractor you are guilty of unacceptable professional conduct.

PARTICULARS OF THE ALLEGATION:

“That, being a registered chiropractor, you are guilty of unacceptable professional conduct in that:

- 1. On or around 26 February 2025, you failed to develop, apply and document a plan of care for Patient A.*
- 2. On or around 26 February 2025, you failed to communicate your plan of care to Patient A.*
- 3. On or around 26 February 2025, you failed to document Patient A's consent to treatment.*
- 4. On or around 26 February 2025, you commenced treatment without obtaining Patient A's informed consent.*
- 5. On or around 5 March 2025, you lowered Patient A's clothing to expose her buttocks without Patient A's informed consent.*
- 6. On or around 5 March 2025, you lowered Patient A's clothing to expose her buttocks without clinical justification.*
- 7. Your actions at particulars 5 and 6 failed to respect Patient A's dignity.*
- 8. Your actions at particulars 5 and 6 were sexually motivated.*

DECISION

INTRODUCTION, PRELIMINARY MATTERS AND BACKGROUND

1. The Committee convened to consider an Allegation against Mr Jeremy English. The hearing was conducted remotely using Microsoft Teams. Mr English attended and was assisted by Mr Noble, a 'McKenzie Friend'. Mr Sleight appeared on behalf of the General Chiropractic Council ("the GCC").

Admissions

2. Mr Noble on behalf of the Registrant indicated that in relation to Particular 1, the Registrant admitted that he had not documented a plan of care for Patient A. He denied that he had failed to develop or apply a plan of care. The Committee acknowledged this partial admission, but made no formal finding at this stage as there were elements of Particular 1 yet to be decided.
3. Mr Noble also indicated that Particular 3 was admitted and the Chair formally announced that this Particular was found proved, in accordance with Rule 6(3) of the General Chiropractic Council (Professional Conduct Committee) Rules 2000 ("the Rules").

Background

4. Mr English ('the Registrant') is a registered chiropractor with the GCC.
5. This case concerns the alleged interactions between the Registrant and Patient A on two occasions in early 2025. Patient A had an initial consultation with the Registrant on 26 February 2025, during which he massaged her upper back and provided spinal manipulation.
6. Patient A attended again on 5 March 2025. As with the previous consultation, she changed into a backless hospital-style gown. On her lower body, she was wearing gym leggings.

7. Patient A's account in her witness statement to the GCC, dated 6 September 2025, is that, when she lay down, the Registrant " ... *pulled my leggings and thong down really fast ...*" As a result, her " ... *leggings and thong were pulled down three quarters down my bum ...*" She described being on her period at the time and worrying her menstrual blood was visible.
8. Patient A then stated the Registrant began massaging her back whilst playing what Patient A described as " ... *some sort of Indian music ...*" The Registrant is said to have told her the second song that started playing was his favourite and meant "*Praise God*".
9. Patient A described feeling "*uncomfortable*" and "*violated*". After the appointment she read some reviews on Google and noted one from a female who said: " ... *at times very creepy, especially as he likes to pull your clothes down without saying anything first. If your a female I would recommend going anywhere near him for your own safety!*" (sic).
10. Upon reading that review Patient A decided to make the complaint to the GCC because she was concerned about other women being treated by the Registrant. A copy of that review was provided to the Committee.
11. Mr Sleight made it clear that, for the avoidance of doubt, the purpose of adducing that Google review was to explain why Patient A made the complaint. It was not adduced as evidence that the contents of the review were true and the PCC was not invited to make any such finding.
12. Patient A made a complaint to the GCC on 13 March 2025. In her complaint she said:

"He told me to take everything on my top half off so he could get to my back but gave me a gown to put on with an open back. Then when I laid down on the bed, without warning or consent, he swiftly pulled down my leggings/thong down off my bum. My whole bum was

exposed and I was conscious my genital area was too. I was in complete shock and too stunned to even speak, I felt so violated and embarrassed. I have also told him at my first consultation I have no lower back pain. So there shouldn't have even been a reason to touch my leggings/underwear."

13. As part of its investigation, the GCC obtained an expert report, dated 8 September 2025, from a chiropractor, Professor Richard Brown. For the purposes of the matters alleged he concluded in particular:

(i) That he was "*... unable to identify documented consent to any form of examination or treatment in the chiropractic records disclosed by [Mr English] ...*" and that if Patient A's version of events is accepted "*... the failure to obtain informed consent would represent a breach of Standard E6 and, in [his] opinion, would fall below the standard expected of a reasonable chiropractor ... [and] would represent a failure to respect dignity and privacy during examination (a breach of standard C2) ... such actions would have no basis in clinical justification where the objective was to examine the lower back and sacroiliac joints.*"

(ii) That he was unable to "*... identify where in the records [the] diagnosis / rationale for care was recorded ... [Patient A] is silent as to whether a diagnosis or rationale for care was communicated to her. In the event that a committee were to find that [Mr English] did not formulate a diagnosis or communicate his assessment findings to Patient A, [he] would consider this failing far below the standard*". He noted that standard C4 of the Code of Conduct requires chiropractors to develop, apply and document a plan of care.

14. With reference to the examination of the lower back on the second visit, Professor Brown opined:

“I would not consider the clinical decision to undertake an examination of the lumbar spine and pelvis was inappropriate. In my opinion, in the presence of a long-standing condition and with an ergonomic component, it would not have been considered unreasonable to assess the state of the lower back.

Further to my comments above, in order to examine the lower back, a body of reasonable chiropractors would have either requested that a patient remove their leggings or would have adjusted them downwards in order to facilitate unobscured access to the key anatomical areas. In my opinion, it was therefore not unreasonable to have provided information to the complainant that such measures were necessary and to have sought consent from the complainant to do so in a manner that respected her privacy and dignity.

In my opinion, to have facilitated access to the lower back including the sacroiliac joints, lowering clothing may have been necessary. Where the proposed examination was not in an area where the complainant had presented with symptoms, it was incumbent on the Registrant to have provided a full explanation as to why he considered an examination of the lower back was necessary.

In summary, I consider that in circumstances where a patient was wearing clothing that hindered access to anatomical areas that were the target of examination, there is a body of reasonable chiropractors that would have sought for such clothing to be adjusted for an effective assessment to have been performed.”

15. Professor Brown said that informed consent would have been required to lower Patient A’s leggings and underwear. He said the act of adjusting patient clothing is specifically referenced in standard E6 of the Code, where chiropractors are mandated to always obtain consent.
16. Professor Brown goes on to say:

“As a matter of fact, I am unable to identify documented consent to any form of examination or treatment in the chiropractic records disclosed by the Registrant. This represents a breach of standard E2 of the Code as it refers to patient care ...

It is alleged by the complainant in her initial complaint that the Registrant "without warning or consent swiftly pull down my leggings/thong down off my bum. My whole bum was exposed and I was conscious my genital area was too." In her witness statement, she states that her leggings were pulled three quarters of the way down her buttocks.

...

If the complaint's version of events is accepted, the failure to obtain consent would represent a breach of standard E6 and, in my opinion, would fall below the standard expected of a reasonable Chiropractor. Furthermore, if it is accepted that the adjustment of clothing was excessive, in that, without warning or consent, the complainant's leggings and underwear were lowered to such a degree that the whole of her buttocks and genitalia were visible, then in my opinion, this would represent a failure to respect dignity and privacy during examination (a breach of standard C2) as well as a breach of standard E6 and represent a falling far below the standard expected of a reasonable chiropractor. In my opinion, such actions would have no basis in clinical justification where the objective was to examine the lower back and sacroiliac joints.”

17. With regards to the allegation of sexual motivation, Professor Brown stated, *“There is no suggestion made by the Patient A that there was a sexualised element to the alleged actions such that if proven this would amount to a breach of sexual boundaries. Rather, even if taken at its highest, this*

allegation ... is more one of a breach of privacy and dignity on a single occasion during the course of the Patient A's care."

18. The GCC's position is that having heard the evidence, the Committee may infer sexual motivation from the act of pulling down Patient A's thong to expose her buttocks, whilst playing a song titled "*Praise God*", combined with the absence of a clinical, or any other, reason for doing so.
19. In a letter dated 27 March 2025, the Registrant strenuously denied the allegations made by Patient A. He explained how his clinic utilises patient gowns that open at the back. He said that the complainant was positioned in the prone position for the purposes of examining her spine and that the waistband of her clothing was adjusted slightly in order to expose the lower back. He said that this was consistent with standard chiropractic practice. He explained that the examination of the lower back was brief as it was not the anatomical area of the complainant's primary complaints.
20. The Registrant contested Patient A's version of events, stating that any adjustment of clothing was minimal and clinically appropriate, with care taken to preserve her dignity throughout. The Registrant also commented that the change in language by Patient A from 'underwear' to 'thong' escalated the seriousness of the allegations. He explained that his clinic has a procedure in place for when female patients attend wearing certain types of underwear and provides female boxer shorts for them to wear, in order to preserve their dignity. He stated that had the complainant attended wearing such underwear she would have been provided with shorts; in the alternative had she been only wearing a thong as alleged, there would have been no need to roll down her underwear in any event.
21. The Registrant stated, in his letter, that at the end of the treatment he re-fastened the gown at the back and the complainant was shown into the changing area in order to re-clothe herself. The Registrant concluded by stating that at no time were the complainant's buttocks or genitalia exposed. He maintained that at all times privacy, safety and professionalism were

maintained. He stated that it is never his practice to treat patients without their underwear on, nor does he expose sensitive areas without obtaining consent.

Half-time submission of no case to answer on Particulars 4, 5, 6 and 8

22. Following the close of the case for the GCC, Mr Noble made a submission of no case to answer in relation to Particulars 4, 5, 6 and 8. The Committee had been forewarned about such an application in respect of Particular 8 in a written skeleton argument provided by Mr Noble. Having made his application in relation to Particular 8, Mr Noble went on to make a submission of no case to answer in respect of Particulars 4, 5 and 6. For the purposes of this determination, the Committee will take them in chronological order, rather than the order in which Mr Noble submitted.
23. In relation to Particular 4, Mr Noble submitted that Patient A had stated there was an explanation provided by the Registrant at the beginning of both sessions of treatment (the treatment on 26 February 2025 and the treatment on 5 March 2025) that led to Patient A removing the top half of her clothing. He said Patient A, in her oral evidence, did not recall what was said. Mr Noble submitted that this was enough to constitute informed consent and he reminded the Committee that Patient A did not confirm in her oral evidence that no consent had been given. He thus argued there was insufficient evidence in relation to Particular 4.
24. With regards to Particulars 5 and 6, Mr Noble effectively dealt with these compendiously, arguing that if the exposure of the buttocks was clinically justified for the treatment the Registrant was giving, as, he said, was confirmed by Professor Brown, and with Patient A not able to say consent was not given, that is sufficient to show consent was given. Mr Noble said the Registrant was willing to accept that by accident he may have made Patient A feel uncomfortable, which, he said, is a difficult thing to measure, and thus he was not submitting that there was no case to answer on Particular 7.

25. Particular 8 formed Mr Noble's primary submission. Mr Noble submitted that the fact that an examination involved an intimate or potentially intimate anatomical area cannot, without more, answer the separate question of why the practitioner acted as alleged. Accordingly, even if the Committee was ultimately to find some or all of the physical conduct alleged at Particulars 5 and/or 6 proved, that would not of itself establish Particular 8. The Committee would still require an evidential basis from which it could properly infer that the conduct was sexually motivated.
26. Mr Noble submitted that Patient A's subjective reaction cannot itself establish what was in the Registrant's mind: Patient A accepted in cross-examination that she could not know what the Registrant was thinking. Mr Noble reminded the Committee of Patient A's evidence and that she did not identify:
- any sexually explicit comment made to her by Mr English;
 - any comment by Mr English about the appearance of her body;
 - any sexual conversation;
 - any sexual proposition;
 - any allegation that Mr English massaged her buttocks;
 - any request for sexual contact;
 - or any other overt conduct independently demonstrating sexual interest in Patient A.
27. Mr Noble indicated that the Registrant did not suggest that any single one of those matters would necessarily have to be present before sexual motivation could ever be established. However, he submitted, the significance is cumulative. Where the conduct occurred during a clinical examination, and the GCC seeks to move from alleged deficiencies in the manner in which that examination was conducted to an allegation about the practitioner's sexual purpose, the absence of independent sexual features was, Mr Noble submitted, material when considering whether that further inference was properly available.

28. With regards to the reference made by the GCC to the music being played, Mr Noble highlighted that the music was simply playing in the background and there was no evidence that the Registrant had selected the music specifically for Patient A. There was, therefore, no evidence that the song was selected for Patient A, directed towards her, drawn to her attention by the Registrant, or used by him as part of any sexualised interaction. Mr Noble said the mere fact that a particular song happened to be playing did not provide evidence of the Registrant's sexual motivation.
29. Mr Noble submitted there was also an important limitation in Patient A's evidence concerning the degree of exposure. Patient A confirmed that she was lying prone with her head in the face rest. She could not see what was occurring behind her. Her assessment of the position to which the waistband had been moved was therefore based upon what she could feel, rather than upon visual observation. When it was put to her that her perception could possibly have differed from what was physically occurring, she accepted that possibility. When subsequently asked whether there may have been some confusion as to the exact location of the waistband, she accepted that there may have been. Mr Noble said this was important because the extent of the alleged exposure forms part of the factual foundation from which the GCC invites the Committee to infer sexual motivation.
30. Mr Noble referred to the evidence of Professor Brown, who, when the examination was considered on the factual basis described by the Registrant, did not identify that examination as clinically unjustified. Accordingly, on the Registrant's account, namely that the waistband was adjusted only sufficiently to obtain the access required for examination of the lower back and sacroiliac region, Professor Brown did not identify the examination as clinically unjustified. That is important to Particular 8, said Mr Noble, because part of the basis upon which the GCC invited the Committee to infer sexual motivation was the alleged absence of clinical justification for the conduct.

31. Mr Noble said that where Professor Brown's criticisms depend upon a greater degree of exposure having occurred, those criticisms necessarily depend upon which factual account the Committee ultimately accepts. If Patient A's account is ultimately accepted, the Committee, said Mr Noble, may have to consider whether there was unnecessary exposure, inadequate explanation, inadequate consent, or insufficient protection of privacy and dignity. Those, he said, are legitimate questions for the Committee, but they are not the same question as whether the examination was undertaken for a sexual purpose.
32. Mr Nobel submitted that whether sexual motivation can nevertheless properly be inferred is a matter for the Committee, but that inference must arise from evidence capable of supporting it; it cannot be supplied by expert evidence which neither establishes an absence of clinical justification nor addresses sexual motivation.
33. Mr Noble told the Committee the Registrant recognises why an allegation involving exposure of the buttocks may understandably cause concern, but concern is not itself evidence of sexual motivation: nor is suspicion. The Committee, he said, must guard against allowing the intimate nature of the allegation to fill an evidential gap concerning purpose. The question is not whether sexual motivation is theoretically conceivable. The question is whether the GCC has adduced evidence capable of establishing it. If the evidence establishes, at its highest, circumstances capable of amounting to inadequate explanation, consent, privacy or dignity, but contains no sufficient evidential basis for the additional inference of sexual motivation, Particular 8 should not continue merely because sexual motivation can be hypothesised.
34. Mr Noble went on to highlight the inconsistencies in Patient A's evidence when describing the lowering of her leggings. In her online complaint she said, "*... he swiftly pulled down my leggings/thong down off my bum. My whole bum was exposed and I was conscious my genital area was too.*" In her witness statement she said, "*... he pulled my leggings and thong down*

really fast ..." As a result, *"My leggings and thong were pulled down three quarters down my bum ..."* This, said Mr Noble, contradicted her online account. Furthermore, later in her witness statement she said, *"... I was pretty sure my bum had been exposed ..."* which, suggested Mr Noble, sounded less confident than before. In addition, she had said nothing to the Registrant, or made any adjustment to her waist or hips.

35. Mr Noble submitted that even taking the GCC's case at its proper height, the evidence may raise questions concerning communication, consent, privacy, dignity or the extent of exposure. However, none of those matters, individually or collectively, supplied evidence capable of establishing that the Registrant acted for a sexual purpose. Mr Noble therefore invited the Committee to determine Particular 8 in the Registrant's favour at this stage.

GCC's Response

36. Mr Sleight, on behalf of the GCC, opposed Mr Noble's submissions of no case to answer in respect of Particulars 4, 5, 6 and 8, arguing that the evidence relied on by the GCC was not weak, inconsistent or tenuous. He submitted that there was sufficient evidence in relation to each of the contested Particulars that would allow the Committee, taking the GCC's case at its highest, to find these Particulars proved.
37. In relation to Particular 4, Mr Sleight reminded the Committee that Patient A has no recollection of providing informed consent. He directed the Committee to Professor Brown's report where it was confirmed that there was no documented record of consent. Mr Sleight submitted that these two factors together amount to sufficient evidence upon which the Committee could find Particular 4 proven.
38. With regards to Particular 5, Mr Sleight reminded the Committee of the evidence Patient A gave in her statement and confirmed in oral evidence that:

“I got changed, I came back in the room, and he said okay, you can lay down on the bed. So, I put my head in the headrest again and my arms up in the armrests. I was looking at the floor. As soon as I put my hands in the armrest and laid down, he pulled my leggings and thong down really fast, I didn't even have time to say anything. There was no warning, he didn't say he was going to remove anything; as soon as I laid down, he just pulled them. My leggings and thong were pulled down 3/4 down my bum. I was on my period at the time, and I remember thinking, oh God, is my period blood on show? I could feel how far down he had pulled my leggings and thong, as I could feel the band of my gym leggings on my bum.”

39. Mr Sleight also referred to Professor Brown's evidence about the lack of any documented consent for this action. He submitted that the evidence of Patient A, together with the absence of any documented consent, was sufficient foundation for the Committee to be able to find Particular 5 proven.
40. With regards to Particular 6, Mr Sleight submitted that Patient A gave clear evidence that three quarters of her buttocks were exposed and that there was no evidence of an exposure to that extent being clinically justified. He referred the Committee to paragraph 155 of Professor Brown's report where it was stated, *“... if it is accepted that the adjustment of clothing was excessive, in that, without warning or consent, the Complainant leggings and underwear were lowered to such a degree that the whole of her buttocks and genitalia were visible then in my opinion, this would represent a failure to respect dignity and privacy during examination ... such actions would have no basis in clinical justification where the objective was to examine the lower back and sacroiliac joints.”*
41. Mr Sleight submitted that this was sufficient evidence for this Particular to go forward at this stage.
42. For Particular 8, Mr Sleight referred the Committee to his opening note and submitted that it was not for Patient A, or indeed Professor Brown, to identify

sexual motivation. He referred the Committee to the case of *Basson v General Medical Council* [2018] EWHC 505 (Admin), where the High Court considered the question of sexual motivation and said:

“... the state of the man's mind, is to be proved in the usual way by the necessary body of evidence on the balance of probabilities ... However, the state of a person's mind is not something that can be proved by direct observation. It can only be proved by inference or deduction from the surrounding evidence.”

43. Mr Sleight submitted that the the GCC's position is that having heard the evidence, the Committee may infer sexual motivation from the act of pulling down Patient A's thong to expose her buttocks, whilst playing a song titled *"Praise God"*, combined with the absence of a clinical, or any other, reason for doing so.
44. Accordingly, Mr Sleight submitted there was sufficient evidence of sexual motivation and this Particular should stand.

The Committee's Decision

45. The Committee considered Mr Noble's application with care, taking into account the submissions of both parties, together with the evidence relied on by the GCC. That evidence was provided by Patient A and Professor Brown, both orally and in writing, together with Patient A's chiropractic records completed by the Registrant.
46. The Committee also accepted and followed the advice of the Legal Assessor, who made reference to the case of *R v Galbraith* [1981] 1 WLR 1039, advising as follows:

“The Test to be applied on a submission of no case to answer is taken from a criminal case called Galbraith from 1981. With regard to the

denied Particulars if there is no evidence that the facts alleged have been committed by the Registrant then the Committee should stop the case in so far as it relates to those facts. Where there is some evidence but it is of a tenuous character, for example, because of inherent weakness or vagueness or because it is inconsistent with other evidence and a submission is made to stop the case, the Committee should consider whether the Council's evidence, taken at its highest, is such that the Committee properly directed could not, on the balance of probabilities find those facts proved. If it does so conclude then the Committee should stop the case in relation to those facts.

Where, however, the Council's evidence is such that its strength or weakness depends on the view to be taken of a witness's reliability, or other matters which are, generally speaking, within the province of the fact finding function of the Committee and where, on one possible view of the facts, there is evidence on which the Committee could properly come to the conclusion that the facts could be found proved, then the Committee should not stop the case, in relation to those facts."

47. The Legal Assessor also referred to the case of *Basson, ibid*, where it was said that sexual motive means that the conduct was done either in pursuit of sexual gratification or in pursuit of a future sexual relationship. It was also said that the state of a person's mind is not something that can be proved by direct observation; it can be proved only by inference or deduction from the surrounding evidence.
48. The Committee was advised that it was entitled to draw inferences from the evidence it had heard. That is to say the Committee could come to common sense conclusions from the evidence put before it and draw proper inferences from that evidence. However, before an inference could properly be drawn, the Committee had to be able safely to exclude, as less than probable, other possible explanations for the Registrant's alleged conduct. Furthermore, an inference must be founded upon facts and must be distinguished from conjecture or speculation.

49. Finally, the Committee was advised that when considering the issues, the Committee must take the relevant evidence as a whole and not simply rely on any parts of the evidence helpful to the Council's case and ignore the pieces of evidence which either contradict or in some way modify the thrust of that evidence as a whole.

Particular 4

50. Turning to Particular 4, the Committee did not agree with Mr Noble's submission that the mere fact Patient A had removed her top clothing on 26 February 2025 and put on a gown meant she had to have provided informed consent for whatever treatment followed. Informed consent could only be given if Patient A was aware of the treatment that was to be given. Professor Brown's unchallenged evidence was that there was no documented consent to any form of examination or treatment in the chiropractic records disclosed by the Registrant, relating to Patient A. The Committee was satisfied that the absence of any document consent, together with Patient A being unable to recall having provided consent, was sufficient evidence that could result in a positive finding in relation to Particular 4, taking the GCC's case at its highest.
51. Accordingly, the Committee rejected Mr Noble's submissions of no case to answer in respect of Particular 4.

Particular 5

52. The Committee acknowledged the evidence of Professor Brown, when referring to the second appointment, that he, *"would not consider the clinical decision to undertake an examination of the lumbar spine and pelvis was inappropriate."* He went on to say, *"In my opinion, in the presence of a longstanding condition and with an ergonomic component, it would not have been considered unreasonable to assess the state of the lower back."* Professor Brown added that in such circumstances, *"... a body of reasonable chiropractors would have either requested that a patient remove*

their leggings or would have adjusted them downwards in order to facilitate unobscured access to key anatomical areas.”

53. Professor Brown then went on to say, *“In my opinion, it was therefore not unreasonable to have provided information to the Complainant that such measures were necessary and to have sought consent from the Complainant to do so in a manner that respected her privacy and dignity.”* However, in relation to consent, Professor Brown could find no evidence to identify any documented consent in this case.
54. Professor Brown concludes that if the Complainant's version of events is accepted then there was a failure to obtain consent. Conversely, if the Registrant's evidence is accepted, *“where informed consent has been obtained to adjust clothing, it would be considered within the usual practice of chiropractors to adjust clothing in the manner stated by the Registrant.”*
55. It was thus apparent that there were two possible versions of events and that if the Committee took the GCC's case at its highest, as per the test in *Galbraith* cited above, then there was evidence upon which it could find Particular 5 proved by preferring the evidence of Patient A. For the avoidance of doubt, the Committee is not saying at this stage that it prefers the evidence of Patient A, only that in applying the test it could do so.
56. Accordingly, the Committee rejected Mr Noble's submission in relation to Particular 5.

Particular 6

57. With regards to Particular 6 and whether the exposure of the buttocks was clinically justified, this depended on whose version of events the Committee preferred. Professor Brown had made it clear that some adjustment of the leggings could have been clinically justified for the assessment and/or treatment carried out by the Registrant. Equally, if Patient A's account were to be accepted by the Committee then, according to Professor Brown, “...

such actions would have no basis in clinical justification where the objective was to examine the lower back and sacroiliac joints.”

58. It was thus apparent that a decision on Particular 6 would depend upon whose version of events the Committee preferred. This falls within the fact-finding function of the Committee and is not something to be determined at half-time. This is because if the Committee took the GCC's case at its highest and accepted Patient A's versions of events, it could find this Particular proved.
59. Accordingly, the Committee rejected Mr Noble's submission in relation to Particular 6.

Particular 8

60. Particular 8 alleges that the Registrant's actions at 5 and 6 were sexually motivated. Mr Sleight made it clear that the GCC's case is that it could be 5 and 6 or either, but did not have to be both, in order for there to be a positive finding in relation to Particular 8. Mr Noble indicated that he accepted this approach and there was, therefore, no need to amend Particular 8 (or indeed 7 which is pleaded in the same way), to say and/or.
61. The Committee reminded itself that for the purposes of a half-time submission, it had to take the GCC's case at its highest. At its highest would mean the Registrant exposed Patient A's buttocks without consent and without clinical justification. The Committee was of the view that if it found the Registrant, without warning, without consent and without clinical justification, pulled Patient A's leggings and thong three quarters of the way down her buttocks, there could be a strong argument to say such action was sexually motivated. The Committee acknowledged that there was no other evidence to support a sexual motive, but considered this action alone could be sufficient.
62. The Committee did not consider the music playing assisted the case one way or the other.

63. Accordingly, the Committee rejected Mr Noble's submission in relation to Particular 8 and the case will continue in relation to all the Particulars alleged by the GCC.

Application by Mr Noble to admit the evidence of Morag Cairns

64. Mr Noble made an application to admit the evidence of Mrs Morag Cairns, the Administrator of the Scottish Chiropractic Association. She provided two statements, the first dated 12 August 2026 and the second dated 19 August 2026. In her first statement she says she knows the Registrant through the Scottish Chiropractic Association. She also confirms that she has no involvement in the events of 26 February 2025 or 5 March 2025 and she has never met Patient A.
65. Mrs Cairns speaks about a telephone call she had with the Registrant on 11 August 2026. There is then a heading in her statement which reads '*How women's gym leggings are made and how they sit on the body*'. There is a further heading '*What happens if you pull them down*'. Under the final heading of '*Why I offered this to Mr English*', Mrs Cairns makes reference to paragraph 17 of Patient A's witness statement, quoting parts of Patient A's statement.
66. Mrs Cairns says in unequivocal terms that she is not an expert witness.
67. Mr Noble wrote a letter to the Legal Assessor, dated 20 August 2026, copying in Mr Sleight, detailing why he said Mrs Cairns' statements are admissible in this case. He then supplemented that letter, which was seen by the Committee, with oral submissions. Mr Noble referred to Rule 7(2), (set out in full below), He said the Registrant did not seek to call Mrs Cairns as an expert witness on textile science, garment construction, biomechanics or any other specialist discipline. The evidence, submitted Mr Nobel, is considerably narrower. He said Mrs Cairns regularly wears the type of close-fitting gym clothing under discussion. She can give evidence concerning

garments she personally owns and wears, what she personally did when carrying out the practical exercise described in her statement, and what she personally experienced and observed. That, submitted Mr Noble, is evidence derived from personal knowledge and direct observation, rather than a purported expert opinion.

68. Mr Noble submitted that the fact that a witness describes an everyday physical observation, for example that a particular garment she was wearing was tight, required deliberate manipulation to move, or behaved in a particular way when she attempted to move it, did not of itself transform her into an expert witness. The Registrant, he said, does not seek to have Mrs Cairns determine how Patient A's particular garment must have behaved. Mr Noble submitted that the Registrant readily accepts that:

- Mrs Cairns is not Patient A;
- the garment used by Mrs Cairns was not Patient A's actual garment;
- body shapes may differ;
- garments may differ in material, construction and fit; and
- the precise circumstances cannot retrospectively be recreated.

69. Mr Noble's answer to this was that these are legitimate matters upon which Mrs Cairns may be cross-examined. They are also matters which the Committee may properly take into account when deciding what weight, if any, to attach to her evidence, said Mr Noble: they do not require the evidence to be excluded altogether.

70. Mr Noble further submitted that if, contrary to the Registrant's primary submission, the Committee considered that some part of Mrs Cairns' proposed evidence falls outside ordinary factual observation, the Registrant respectfully asks the Committee to consider the wider discretion expressly provided by Rule 7(2). Mr Noble argued that the evidence of Mrs Cairns is relevant and that it would be fair to admit it. Requiring the Registrant at this stage of the substantive hearing to obtain specialist textile or garment

evidence concerning an ordinary item of clothing would, said Mr Noble, be disproportionate and practically difficult.

71. Mr Sleight also referred to Rule 7(2) and submitted that Mrs Cairns' statements are clearly opinion evidence, she is not an expert and her statements would be inadmissible in a criminal court. He said there was a good reason why only expert witnesses are permitted to give opinion evidence, which is to do with reliability and the need to preserve the fact finding function of the Tribunal hearing the case. Mr Sleight said the GCC understood why the Registrant had obtained this evidence because one of the issues in this case is the lowering of Patient A's clothing. However, he added, the Committee should not allow it because it was not desirable to receive opinion evidence from a non-expert. He said there was no good reason to deviate from the general principle that such evidence is inadmissible.

72. Accordingly, the GCC objected to the admission of Mrs Cairn's evidence.

The Committee's decision on the evidence of Mrs Cairns

73. The Committee considered the application with care, taking into account the written and oral submissions provided by Mr Noble, together with the oral submissions of Mr Sleight. The Committee also took into account the contents of the two witness statements provided by Mrs Cairns. The Committee heard and accepted the advice of the Legal Assessor.

74. Admissibility of evidence is governed by Rule 7(2), which states:

"The Committee may receive oral, documentary or other evidence of any fact which appears to be relevant to the allegation before it, except that, where any matter tendered in evidence is such as would not be admissible in a court of criminal jurisdiction in the country in the United Kingdom in which the allegation is heard, it shall not be received unless the Committee is satisfied, after consulting the legal assessor,

that it is desirable in the interests of making due inquiry that it should be so received, having regard to the justice of the case and the difficulty or expense of obtaining evidence which would be so admissible.”

75. The starting point is whether the evidence appears relevant to an allegation before the Committee. Mrs Cairns was not a witness to any of the events on 26 February 2025 or 5 March 2025. She does not know Patient A. She does not know the Registrant. Her statements detail her own experience with wearing gym leggings. In the Committee’s view Mrs Cairn’s does not provide relevant evidence to the allegations before it. She was not present when the Registrant is alleged to have pulled down Patient A’s leggings. She does not know what brand or type of leggings they were or the condition of the leggings. She knows nothing of Patient A’s physique. She knows nothing about how forceful or otherwise the Registrant may have been. There are so many variables it renders her own experiences irrelevant to the issues the Committee has to decide.
76. Since Mrs Cairns’ evidence is irrelevant it is therefore inadmissible.
77. Furthermore, even if the Committee were wrong about that, the evidence is plainly opinion evidence, a fact acknowledged by both Mrs Cairns and Mr Noble. One only has to refer to the headings of *‘How women’s gym leggings are made and how they sit on the body’* and *‘What happens if you pull them down’*, to see these are expression of opinion by Mrs Cairns. In a criminal court such evidence would only be permissible if given by an expert. Mrs Cairns says she is not an expert. Mr Noble says she is not an expert. It is clear to the Committee that she is not an expert. Accordingly, in applying Rule 7(2), since such evidence would be inadmissible in a criminal court, it would only be admissible in a regulatory hearing if its admission were desirable in the interests of making due enquiry, having regards to the justice of the case and the difficulty or expense of obtaining evidence which would be so admissible.

78. The Committee did not consider it desirable to admit evidence that was the non-expert opinion of someone when there were so many variables it meant the evidence was meaningless and thus irrelevant. Furthermore, the credibility and thus reliability of Mrs Cairns as a witness was severely diminished by the fact that she had discussed the case with the Registrant and had even seen passages of Patient A's witness statement. The Legal Assessor advised the Committee that there is a general prohibition on witnesses being able to discuss their evidence or see what other witnesses have said. This is important as it is intended to prevent contamination and/or collusion of witness evidence. If a witness has been shown someone else's statement before writing their own, this may affect their credibility and reliability and as a consequence this may affect the weight to be attached to their evidence, in the event that it is admitted. This was, therefore, another reason why this evidence should not be admitted.
79. Accordingly, the Committee rejected Mr Noble's application to admit the evidence of Mrs Cairns: the contents of her two statements would play no part in the Committee decision making process.

The Committee's decision on the facts

80. In reaching its decision on the facts, the Committee considered with care all the evidence both oral and documentary. It also bore in mind the submissions made by Mr Sleight and Mr Noble and accepted the advice of the Legal Assessor. Throughout its deliberations the Committee had in mind the fact that it was for the GCC to prove its case and to do so on the balance of probabilities: it was not for Mr English to disprove the allegations.
81. In considering the evidence of Mr English the Committee took into account his long and unblemished career as a chiropractor, his good character and the many statements and references attesting to his integrity and professionalism as a Chiropractor, including the oral evidence provided by four character witnesses.

82. The Committee heard oral evidence from the following witnesses:
- Patient A - the Complainant
 - Professor Brown - expert Chiropractor witness
 - Jeremy English - the Registrant
 - Professor Tom Cosker - Consultant Orthopaedic surgeon
 - Harpreet Chohan - patient of the Registrant
 - Sukjeet Sandhu - patient of the Registrant
 - Carolyn Banner - patient of the Registrant
83. Health matters of the patients were, on the direction of the Chair, heard in private in order to protect their privacy.
84. The Committee makes it clear at the outset that the fact of the Google review and its contents was entirely irrelevant to its decision making. The Committee accepted the GCC's stance that the review was adduced in evidence for the sole purpose of explaining why Patient A made her complaint. The Committee emphatically did not take the review as any form of suggestion that there was or may have been a pattern of behaviour by the Registrant. The Committee approached this case on the basis of it being an isolated, one-off allegation involving Patient A and no one else.
85. All references to 'the Code' are references to 'The Code: Standards of conduct, performance and ethics for chiropractors (effective from 30 June 2016).'

Particular 1 - proved (as qualified below)

1. On or around 26 February 2025, you failed to develop, apply and document a plan of care for Patient A.

86. In his closing submissions, Mr Sleight said the GCC no longer pursued the allegation that the Registrant failed to develop and apply a plan of care, since this was no longer supported by the evidence. He said this was based

on having heard the evidence of the Registrant about the three components of a plan of care, and Patient A giving evidence that she had received those three components, namely massage, adjustments and information about posture, together with the evidence given by Professor Brown that this would constitute applying a plan of care. The GCC did, however, pursue the failure to document a plan of care, as admitted by the Registrant.

87. The Committee accepted that, in light of the evidence given by Patient A and Professor Brown, as referred to above, the allegation of a failure to develop and apply a plan of care could no longer be sustained.
88. At the outset of the hearing, the Registrant admitted that he had failed to document a plan of care. However, in his closing submissions, Mr Noble referred the Committee to the clinical notes at page 74 in the GCC's bundle and also the WhatsApp messages sent to Patient A, saying it was not the case that there were no notes made at all.
89. Professor Brown said, *"Chiropractors are obliged to develop, apply and document a plan of care (standard C4 of the code). I am unable to identify a documented plan of care in the chiropractic records. Such a plan would be expected to document the proposed interventions and the schedule/duration of visits."*
90. Code C4 states chiropractors must: *"develop, apply and document a plan of care in full agreement with the patient."*
91. The Committee was thus satisfied that the Registrant was under a duty to document a plan of care on 26 February 2026. The clinical notes for that date record a history, an exam, manipulation and massage that was carried out and notes that included information about ergonomics. They do not record a plan of care, as described by Professor Brown. In his closing Mr Noble said, *"Mr English accepts the plan should have been documented more formally and comprehensively."*

92. Accordingly, the Committee found Particular 1 proved on the basis of a failure to document a plan of care only and noted that, notwithstanding Mr Noble's comments on closing about there being some records, the Registrant had admitted this failure from the outset.

Particular 2 - not proved

2. On or around 26 February 2025, you failed to communicate your plan of care to Patient A.

93. Code C4 requires a registrant to develop a plan of care in full agreement with the patient. That can only be done by communicating the plan of care to the patient. Accordingly, the Committee was satisfied that the Registrant had a duty to communicate his plan of care to Patient A.
94. The Committee has accepted the Registrant did develop and apply a plan of care, consisting of massage, adjustments and the provision of information about posture. The question was whether or not he had communicated that plan to Patient A. Her evidence was that at the initial consultation they talked about her back issues and lifestyle factors and the Registrant, who was sitting at his computer, was making notes. She then said: *"After I told him my issues, he told me to take off everything from my upper half. I could keep my leggings on. He gave me a backless gown, like one of the ones you wear in the hospital. I went out to a separate changing room and came back."*
95. Patient A said the Registrant then gave her some points about her posture and how to improve it. She said he was pointing out where her pain was and then he asked her to lay prone on the chiropractic bed, where he commenced massaging her back for about ten minutes. After that, said Patient A, the Registrant made some adjustments. She thought he said, *"I'm going to do the adjustments now."* In her oral evidence Patient A said she could not recall if the Registrant explained anything before commencing the massage.

96. The Registrant, in his oral evidence, said he told Patient A he would be doing some treatment to her upper back. When cross examined about the three elements of the plan of care, massage, adjustments and information on posture, the Registrant said he explained all of them to Patient A.
97. It was clear to the Committee that elements of the plan of care had been communicated to Patient A. He spoke to her about her posture and how to improve it. He talked about doing adjustments. There were the WhatsApp messages referring to a sit-stand desk, workstations and home ergonomics with links to a website. There was also reference to this in the chiropractic notes. When Patient A returned on 5 March 2025, she told the Registrant that she had made a conscious effort to switch hands when doing things, such as driving or using her computer mouse. This demonstrated that she had received and acted upon information about her posture.
98. In her oral evidence Patient A said she could not remember if the Registrant explained anything before the massage. She could not remember if, for example, he said *"I am going to do this now and is that okay?"*
99. In light of the evidence that elements of the plan of care had clearly been communicated, as detailed above, together with Patient A being unable to remember if anything further was said and the Registrant saying he did communicate his plan of care, the Committee could not be satisfied, on the balance of probabilities, that the Registrant had failed to communicate his plan of care to Patient A. Accordingly, the Committee found Particular 2 not proved.

Particular 3 - proved

3. On or around 26 February 2025, you failed to document Patient A's consent to treatment.

100. The Registrant admitted Particular 3 and on the basis of that admission, the Committee found this Particular proved.

Particular 4 - proved

4. On or around 26 February 2025, you commenced treatment without obtaining Patient A's informed consent.

101. Code E2 states that a chiropractor must obtain and record consent from a patient prior to starting their care. The Registrant has admitted he failed to document consent, but said in evidence that a conversation occurred and consent was obtained.
102. From her witness statement and oral evidence, Patient A could not remember if the Registrant had asked her before the adjustments if it was okay to do them.
103. The Code says that patient consent must be voluntary and informed. It is the chiropractor's duty to ensure the patient has all the necessary information and support they need in order to give it. The Committee was satisfied that this meant it was not sufficient to say you are going to carry out adjustments and massage, without first obtaining informed consent from Patient A that she was happy for that to be done.
104. The Committee accepted that there was an element of implied consent from Patient A's actions of changing into a gown and laying on the chiropractor's bed, but that does not amount to informed consent.
105. In his witness statement, the Registrant refers to taking Patient A's medical history and then said, *"I carried out an examination ..."* He makes no mention of having obtained Patient A's consent to an examination or the subsequent treatment he provided. Notwithstanding this omission, in the skeleton argument that accompanied his statement, it was said, *"The Registrant's evidence is that informed consent to treatment was obtained."* No further detail was provided about how or when that consent was obtained.

106. In his oral evidence the Registrant said he did have a recollection about discussing consent to treatment on Patient A's first visit. He said, *"I don't remember the exact words used, but we discussed her issues etc and then I explained I would be needing to treat and examine her spine and she consented and went to a cubicle to remove her bra and put on a gown, so she knew she was going to be treated. I cannot remember what she said, but it would have been a nod or agreement or she said yes. There would have been discussion around consent: it is just that I can't remember the exact words that were used."*
107. The Registrant also said that his normal practice was to record consent on the electronic records either during or after an appointment, depending on the time available. In her witness statement, the content of which Patient A adopted in her oral evidence, she described the Registrant writing notes into his computer as they discussed matters prior to treatment. Thereafter, he told her to take everything off from her upper half and gave her a backless gown. The Committee acknowledged that patients may not always remember all that was said at a consultation and that therefore Patient A's lack of recall about being asked to give consent was not necessarily definitive. However, the Committee considered it was reasonable to conclude that if the Registrant had obtained consent then that would have been the moment to record it, as he was sitting at his computer making notes. There was no such record made.
108. The Committee thus concluded that, on the balance of probabilities, the Registrant failed to obtain Patient A's informed consent prior to commencing treatment. It therefore found Particular 4 proved.

Particular 5 - proved

5. On or around 5 March 2025, you lowered Patient A's clothing to expose her buttocks without Patient A's informed consent.

109. Code E6 states a chiropractor must *“always obtain a patient’s consent if it becomes necessary for the purposes of examination and treatment during care, for you to adjust and/or remove items of the patient’s clothing.”*
110. In Patient A’s online account she said, *“... when I laid down on the bed, without warning or consent he swiftly pulled my leggings/thong down off my bum.”*
111. In her witness statement, Patient A said, *“As soon as I put my hands in the arm rest and laid down, he pulled my leggings and thong down really fast, I didn’t even have time to say anything. There was no warning, he didn’t say he was going to remove anything: as soon as I laid down he just pulled them.”* Patient A adopted this account in her oral evidence.
112. The Registrant, in his witness statement said, *“I do not now have an independent recollection of the words I used before adjusting Patient A’s clothing. I have never adjusted a patient’s clothing without first saying what I intended to do and why, and I am confident that I did so on this occasion. What I cannot do, some eighteen months on, is set out the words.”*
113. In his oral evidence the Registrant was asked with reference to the second visit whether he mentioned the need to adjust Patient A’s clothing. He responded, *“Yes, I would have said I would need to move the clothing down a little and I believe she consented to that.”*
114. The Committee makes it clear that for the purposes of Particular 5, it is making no finding about how far the leggings were pulled down or for how long, only whether they were pulled down without first having gained consent to do so. On the Registrant’s own account, the clothing was pulled down sufficiently far to expose the very top of Patient A’s buttocks, this being necessary to examine the lumbosacral and sacroiliac region. He said in his witness statement, *“I accept that in order to obtain access to the sacroiliac joints the upper margin of the buttocks is necessarily visible. That is what*

occurred: briefly, incidentally, and only to the extent needed to carry out the examination.”

115. The Committee considered that if the Registrant had first told Patient A that he needed to adjust her clothing and she was happy with that, then not only would Patient A have remembered that, but also she would not have ended up feeling, in her words, ‘violated’ and needing to complain about his conduct. Furthermore, it was clear that Patient A was taken completely by surprise when the Registrant pulled down her leggings. This does not accord with her having been told about the need to do it beforehand and consenting to it, as the Registrant contends.
116. For the reasons given above, the Committee accepted Patient A’s account and was satisfied, on the balance of probabilities, that the Registrant pulled down her clothing to expose her buttocks without her informed consent. The Committee thus found Particular 5 proved.

Particular 6 - not proved

6. On or around 5 March 2025, you lowered Patient A’s clothing to expose her buttocks without clinical justification.

117. The Registrant said he only adjusted Patient A’s clothing to the extent necessary to carry out an examination of the lumbosacral and sacroiliac region and that the upper margin of the buttocks was visible.
118. In her online complaint Patient A said, *“My whole bum was exposed and I was conscious my genital area was too.”* In her witness statement she said, *“My leggings and thong were pulled three quarters down my bum. I was on my period at the time and I remember thinking, oh god, is my period blood on show. I could feel how far down he had pulled my leggings and thong, as I could feel the band of my gym leggings on my bum.”* Later in her statement she said *“I was pretty sure my bum had been exposed.”*

119. In her oral evidence, Patient A sought to explain the inconsistencies between her online account and her witness statement, saying, *“I was just saying how I felt at the time (in the online complaint) and my witness statement is more of an accurate recall of events.”* She added that her witness statement was *“... more thought through and more accurate than the first online complaint.”*
120. The Committee was in no doubt that Patient A believed a substantial part of her bottom was exposed, since why else be concerned about her period blood showing. However, she was responding to sensation and her perception of the extent to which her clothing had been pulled down, rather than actually being able to see it. She was face down on the chiropractor’s bed and so could not see how far her clothing had actually been adjusted. In cross-examination Patient A conceded it was possible she was confused about how far down the clothing had been pulled.
121. The clinical records show that the Registrant examined the lumbar and pelvis region and that *“no especial tightness of muscle spasm noted.”*
122. Professor Brown’s evidence was that:

“I would not consider the clinical decision to undertake an examination of the lumbar spine and pelvis was inappropriate. In my opinion, in the presence of a long-standing condition and with an ergonomic component, it would not have been considered unreasonable to assess the state of the lower back.

... in order to examine the lower back, a body of reasonable chiropractors would have either requested that a patient remove their leggings or would have adjusted them downwards in order to facilitate unobscured access to the key anatomical areas.

...

In my opinion to have facilitated access to the lower back including the sacroiliac joints, lowering clothing may have been necessary.”

123. In all the circumstances the Committee had to accept that Patient A’s perception of how far down her clothing was adjusted, based solely on sensation, could be wrong. It was not therefore possible to find, as a matter of fact, on the balance of probabilities, that the clothing had been adjusted more than was clinically justified.

124. The Committee thus found Particular 6 not proved.

Particular 7 - proved

7. Your actions at particulars 5 and 6 failed to respect Patient A's dignity.

125. The Committee found Particular 6 not proved, so was only concerned at this stage with Particular 5, the failure to obtain informed consent to lower Patient A’s clothing to expose her buttocks.

126. Professor Brown’s evidence was as follows:

“It was also within the scope of reasonable chiropractic practice to undertake an examination of the lumbar spine and pelvis at a subsequent appointment, given the nature and persistence of the Complainant’s presenting complaints. In such circumstances, some adjustment of lower body clothing may have been required to allow proper access to relevant anatomical areas.

The central issue therefore lies not in whether it was appropriate for clothing to be adjusted, but whether adequate informed consent was obtained and whether the manner of adjustment respected the Complainant’s dignity and privacy.”

127. Although the Committee has not found the Registrant acted without clinical justification, Code D2 requires chiropractors to treat all patients with dignity. In the Committee's view that must include obtaining informed consent to adjust clothing in an intimate area, where clinically justified, and this is supported by the evidence of Professor Brown. Patient A was not given the opportunity to object to the adjustment of her clothing and furthermore it was done suddenly and without warning. In the Committee's view this represented a failure to respect Patient A's dignity and this Particular is therefore found proved.

Particular 8 - not proved

8. Your actions at particulars 5 and 6 were sexually motivated.

128. As with Particular 7, the Committee was only concerned with Particular 5, the lack of consent, having found Particular 6 not proved.
129. By its finding in relation to Particular 6, the Committee has accepted the evidence that the adjustment of Patient A's clothing was clinically justified. That does not mean it cannot also be sexually motivated, since a registrant may have more than one motivation for their conduct. The Committee was advised by the Legal Assessor, who referred to the case of *Basson v General Medical Council* [2018] EWHC 505 (Admin), that the state of a person's mind is not something that can be proved by direct observation; it can only be proved by inference or deduction from the surrounding evidence. The Legal Assessor also advised that whilst the Committee is entitled to draw inferences from the evidence it has heard, the Committee has to be able safely to exclude, as less than probable, other possible explanations for the Registrant's alleged conduct. Furthermore, an inference must be founded upon proved facts and must be distinguished from conjecture or speculation.
130. Patient A made it clear that she did not know what was in the Registrant's mind and there was nothing he had done that was of a sexual nature: no

inappropriate touching, no comments about her body and no conversation of a sexual nature.

131. The GCC relied heavily on the extent of the buttocks exposed and the duration. The extent of the exposure was no longer a particularly relevant element, given the Committee's finding in relation to Particular 6. The duration of the exposure, according to Patient A, was the length of two songs. The Registrant said it would have been no longer than 30 seconds. Professor Brown considered it would take under a minute to carry out the necessary examination. There was clearly a discrepancy between the Registrant's account and that given by Patient A. However, having concluded that the Registrant's actions were clinically justified, the Committee did not consider the duration of the exposure (given the very small amount of buttock that would have been exposed) to be suggestive of a sexual motive.
132. The GCC also relied to some extent on the music that was being played, but as already mentioned when dealing with the half-time submissions, the Committee did not consider the music assisted this case one way or the other.
133. The Committee was thus left with the Registrant's failure to obtain consent for what was a clinically justified and documented examination. This was not sufficient to infer that his actions in not obtaining consent to lower Patient A's clothing and expose her buttocks was sexually motivated.
134. Accordingly, the Committee found Particular 8 not proved.

UNACCEPTABLE PROFESSIONAL CONDUCT

135. Having found particulars 1, 3, 4, 5 and 7 proved, the Committee next considered whether Mr English was guilty of Unacceptable Professional Conduct ("UPC"), which is conduct falling short of the standard required of a registered Chiropractor. The Committee took into account the submissions

made by both parties, together with all the relevant evidence and accepted the advice of the Legal Assessor.

136. The Committee considered there to be breaches of the following parts of 'The Code, Standards of conduct, performance and ethics for chiropractors' ("The Code"), effective from 30 June 2016:

A2 - respect patients' ... dignity

C2 - when carrying out a physical examination of a patient use diagnostic methods and tools that give due regard to patient health and dignity.

C4 - document a plan of care in full agreement with the patient.

D2 - be professional at all times and ensure you, and any staff you employ, treat all patients with equal respect and dignity.

E2 - obtain and record consent from a patient prior to starting their care and for the plan of care

E6 - always obtain a patient's consent if it becomes necessary for the purposes of examination and treatment during care, for you to adjust and/or remove items of the patient's clothing.

137. In deciding whether certain proved facts amounted to UPC, the Committee was assisted by the expert opinion of Professor Brown. In relation to documentation failures, Professor Brown's opinion was that these fell below, but not far below the standard expected. The Committee agreed and thus did not find Particulars 1 and/or 3 to be sufficiently serious to amount to UPC, when considered in isolation or in conjunction with other proved facts.
138. With regards to Particular 4, that the Registrant commenced treatment without obtaining Patient A's informed consent, Professor Brown opined:

“Informed consent is a fundamental requirement of chiropractic practice. The absence of any documented consent to examination or treatment in the records disclosed is a matter of concern. While a failure of documentation alone would constitute a falling below the expected standard, the absence of valid informed consent itself would amount to a falling far below.”

139. The Committee agreed with Professor Brown that a failure to obtain informed consent before commencing treatment is a fundamental failing and sufficiently serious to amount to UPC.

140. With regards to Particular 5 Professor Brown said:

“In the context of this case, informed consent to physical examination (including the adjustment of clothing) and treatment was required.

Specifically, as it relates to the complaint under investigation, that the Registrant lowered the Complainant’s leggings and underwear, informed consent would have been required. The act of adjusting patient clothing is referenced specifically in standard E6 of the Code, where chiropractors are mandated to always obtain consent.

Irrespective of whose version of events is preferred, the Registrant had a duty to obtain informed consent prior to adjusting the Complainant’s clothing and any failure to do so would represent a falling below the standard expected of a reasonable Chiropractor.”

141. Professor Brown went on to say that *“when coupled with a failure to explain the objectives of the action and an excessive exposure of intimate areas, in my opinion this would represent a falling far below the standard.”* Professor Brown considered various permutations based on the evidence provided by Patient A and the Registrant. What Professor Brown did not opine upon, however, was whether it would fall far below in circumstances where

consent had not been obtained, but it had not been proved that there had been excessive exposure of intimate areas.

142. The Committee concluded that the Registrant's conduct, as reflected in Particulars 5 and 7, did fall far below the standard expected. By not explaining to Patient A that he was going to adjust her clothing, which would result in the exposure of an intimate part of her body, albeit a small area, and by not obtaining her informed consent, he had deprived Patient A of an opportunity to object, particularly as she was concerned about her period, and this had resulted in a failure by the Registrant to respect Patient A's dignity. The Committee was satisfied that these combined failures are sufficiently serious to amount to UPC.
143. The Committee thus concluded that the allegation of UPC was well founded in relation to Particulars 4, 5 and 7, but not Particulars 1 and 3. Having said that, the Registrant should be in no doubt that his failure to document matters had contributed to his overall failures in relation to Patient A.
144. There was insufficient time to conclude the case during this listing and accordingly the hearing was adjourned until 8 October 2026.

Resumed hearing

145. On 8 October 2026, the case resumed with the same people present, save for the Presenting Officer on behalf of the GCC, who was Ms Holly Johnson. Mr English attended and was again assisted by Mr Noble, a 'McKenzie Friend'.
146. The Committee heard submissions from the parties on the question of sanction in this case.

SANCTION

147. In deciding the appropriate and proportionate sanction, the Committee took into account all the evidence and material provided, together with the submissions made by Mr Noble on behalf of the Registrant, both oral and written, and those made by Ms Johnson on behalf of the GCC.
148. In determining the appropriate sanction the Committee accepted the advice of the Legal Assessor and considered the Guidance on Sanctions issued by the Council. The Committee was cognisant of the fact that the purpose of sanctions is not to punish but to protect the public, maintain public confidence in the profession and maintain proper standards of conduct. The Committee considered the sanctions in ascending order starting with the least restrictive and concluding with the minimum sanction that it considered necessary for the protection of members of the public. Protection of the public includes the need to uphold proper standards of conduct and performance within the chiropractic profession and also maintaining public confidence in the profession of chiropractic and the GCC as its Regulator.
149. Ms Johnson confirmed that the Registrant has no previous findings of UPC.
150. The Registrant provided a reflective statement for the Committee to consider at this stage of the proceedings, detailing what he has reflected upon and the changes he has made. With regards to consent he said:

“Documenting verbal consent. I have always discussed with patients what I am going to do before I do it. What I did not do was record that discussion. I now understand that a conversation which is not written down cannot afterwards be shown to have taken place, and that the record exists for the patient’s protection as much as for mine. Recording consent also makes the conversation itself more deliberate, because it has to be captured.

...

Adherence to the Code. I have reviewed the Code in full against my own practice rather than relying on my familiarity with it. Standard E6 requires consent to be obtained before adjusting a patient's clothing, and Principle D requires clearly defined professional boundaries. I have gone through my own procedures against those standards and changed what did not meet them.

Ensuring patients are fully aware before I begin. This is the change that matters most to me. A patient lying face down cannot see what is happening. A client may be new to chiropractic and have no way of knowing what is usual. Whatever I believe I have explained, what counts is what the patient has actually understood and agreed to before anything begins. I now make sure of that explicitly, every time, and in particular before any adjustment of clothing — I say what I am going to do, I ask, and I wait for an answer. If a patient hesitates, I stop and explain again. I would not want any patient to leave my care feeling as Patient A described feeling.”

151. Under the heading ‘What I have changed in practice’, he said:

“The following are in place in my practice now:

- Consent process. Before any examination or treatment begins I explain what I propose to do and why, I ask the patient whether they are content for me to proceed, and I wait for an answer. If a patient hesitates I stop and explain again before going further. I check again when the area being treated changes, when I introduce a technique the patient has not had before, and after a gap in care.*
- Adjustment of clothing. Where it is necessary to adjust or lower any item of clothing I explain the reason before anything is moved, I ask expressly, and I proceed only once the patient has agreed. I expose only the area that is clinically necessary and maintain draping throughout.*

- *Documentation. I record the consent conversation in the notes at the time, including what was explained and what was agreed. I record the consent decision at each return visit, including where I decide to vary or defer treatment.*
- *Plan of care. I record the plan of care as a discrete, clearly labelled entry setting out the working diagnosis, the intended approach and what has been agreed with the patient, in a form the patient and any other practitioner can follow. I keep it under review and record any change.*
- *Chaperone. I offer a chaperone rather than waiting to be asked, and I record the offer and the response, whether accepted or declined. The standard in force at the time of these consultations required me to consider the need for a chaperone; I now make the offer.*
- *Patient information. I have revised the patient information on my clinic website so that patients know before they arrive what to expect at a first appointment, including how a chaperone is offered.*
- *Review of premises and materials. I have reviewed my premises, my patient-facing materials and my procedures as a system rather than waiting for a problem to arise, and I have put a periodic walk-round and review in place so that this is routine rather than a single exercise.”*

152. With regards to Continuing Professional Development (“CPD”), the Registrant said, *“I completed and submitted my CPD learning on 13 August 2026. This included 39.5 hours of CPD for 2025–26 across 20 activities, including the mandatory focused reflection under Principle B of the Code. Of those hours, nineteen go directly to consent, professional boundaries and record keeping.”*

153. Mr Noble, on behalf of the Registrant, emphasised that the case which ultimately resulted in a finding of UPC is materially narrower and less serious than the case originally advanced against the Registrant. Mr Noble said what the Committee has identified are shortcomings concerning informed consent and the protection of Patient A's dignity. He said the Registrant understands the importance of those matters, as shown in his reflective statement, as detailed above. Mr Noble submitted that the Registrant has shown genuine insight into the matters found to amount to UPC and has acted upon the Committee's findings. His actions include a CPD session on recent legal cases against chiropractors, from which the Registrant took the importance of ensuring that what was intended, discussed and agreed with the patient is both clear and properly recorded. They also include two sessions on consent and the GCC's own Insights video series, from which the Registrant took the point on adjusting clothing, namely to explain beforehand, obtain valid consent, and consider the patient's experience of it.
154. Mr Noble pointed out that the Registrant's actions also include *"this year's focused reflection on patient safety, from which he took the point that reflection means recording what changed, not what was attended."* In each case, he said, the Registrant has identified what he took from the session and what he changed as a result, as set out in his reflective statement. Mr Noble said these are not proposed changes: they are changes that the Registrant has already implemented and, where appropriate, evidenced before the Committee.
155. In light of the action already taken by the Registrant, Mr Noble invited the Committee to consider whether there was any identifiable deficiency in the Registrant's present practice that now required regulatory restriction and encouraged the Committee to consider an admonishment in this case.
156. The Committee first considered any aggravating or mitigating factors in this case.
157. The Committee did not identify any aggravating factors.

158. The Committee considered the following to be mitigating factors:

- an isolated failing as no previous complaints or regulatory history in a career spanning 38 years;
- a single patient over a short period of time, supporting the assertion that this was out of character and not his usual practice;
- no criticism of his clinical abilities or treatment;
- no physical harm caused;
- good insight demonstrated into all the matters found proved (see below);
- effective rehabilitative steps taken to strengthen his practice and prevent a recurrence;
- expressions of regret and remorse;
- extensive, positive and detailed testimonials from patients (many female) and colleagues attesting to his professionalism and dedication to the profession.

159. It was clear to the Committee that the Registrant is both passionate and committed to the profession of chiropractic and, in the view of his many positive testimonials, a valued and important member of the profession.

160. A key consideration at the sanction stage was the level of insight shown by the Registrant into his failings with regards to consent and ensuring the dignity of his patients. The Committee was satisfied that the Registrant had demonstrated good insight into the areas found to amount to UPC. A significant part of what went wrong with Patient A related to the lack of consent obtained and the Registrant's casual approach in dealing with her. The Registrant has since taken effect steps to address these issues as follows. Before any examination or treatment begins, the Registrant explains what he proposes to do and why, asks the patient whether they are content for him to proceed, and waits for an answer. If a patient hesitates, he stops and explains again before going further. He checks again when the area being treated changes, when he introduces a technique the patient has not

had before, and after a gap in care. Where it is necessary to adjust or lower any item of clothing, he explains the reason before anything is moved, asks expressly, and proceeds only once the patient has agreed. He exposes only the area that is clinically necessary and maintains draping throughout. He records the consent conversation in the notes at the time, including what was explained and what was agreed, and records the consent decision at each return visit.

161. The Committee was satisfied the Registrant had demonstrated sustainable, systemic change and thereby proactively addressed his shortcomings. These changes reassured the Committee and it was satisfied the Registrant would be unlikely to repeat the failures identified in relation to Patent A.
162. The Committee first considered whether the sanction of admonishment would be appropriate in this case. In accordance with the sanctions guidance an admonishment may be appropriate if the allegation is at the lower end of the spectrum of unacceptable professional conduct, and the Committee wants to mark that the behaviour of the chiropractor was unacceptable and must not happen again. The Committee considered the UPC in this case to be towards the lower end of the scale and certainly considered it necessary to mark that the behaviour of the Registrant was unacceptable and must not happen again.
163. The Guidance goes on to state that admonishments may be considered when most of the following factors are present in the case (this is not a complete list):
 - a) evidence that the behaviour did not and would not have caused direct or indirect patient harm;*
 - b) evidence of sufficient insight into the matters found proved;*
 - c) the behaviour was an isolated incident, which was not deliberate;*

d) a genuine expression of regret or apologies;

e) the chiropractor was acting under duress;

f) previous good history;

g) no repetition of the behaviour since the incident;

h) evidence that effective rehabilitative or corrective steps have been taken.

164. The Committee considered the matters found proved to be serious. They included failures in relation to patient care and dignity, including failures to obtain consent, an absolute essential requirement of any chiropractor when treating patients.
165. However, when one considers the above factors where an admonishment may be appropriate the Committee considered all of them to be met, save (e), that was not relevant in this case. There was no evidence of any direct patient harm, albeit there was evidence of distress, which was not to be minimised. There is evidence of good insight into all the matters found proved. The behaviour was isolated in that it related to one patient over a short period of time in a 38 year career as a chiropractor, with no other complaints. The behaviour in relation to Patient A was not deliberate, although might be considered somewhat cavalier. There have been genuine expressions of regret and some apology, with the Registrant saying he is sorry that Patient A felt distressed. The Registrant does have a previous good history and there has been no repetition of the behaviour in the year and a half or so since these matters arose. Finally, there is evidence of effective corrective steps being taken which, together with his insight, satisfied the Committee that he is unlikely to repeat his behaviour.

166. Accordingly, the Committee considered an admonishment would be in accordance with the guidance and could, therefore, be an appropriate and proportionate sanction in this case.
167. However, before settling on admonishment the Committee did consider whether a more onerous sanction would be appropriate. The Committee did not consider conditions to be appropriate in this case because all the matters that needed to be addressed have been addressed. In addition, there was ample evidence by way of testimonials and witness character evidence to attest to the Registrant's ability, professionalism and skill as a chiropractor and he is clearly a very valued member of the profession. A Conditions of Practice Order would, therefore, be punitive and serve no useful purpose.
168. The Committee did also look at whether it would be appropriate to suspend the Registrant's registration for a period of time. However, the Committee was satisfied that such a sanction would be disproportionate in this case. The Registration had failed in a number of respects in relation to his practice. However, he has acknowledged his failures and demonstrated insight into them. He has put in place effective corrective steps to avoid repeating his behaviour. The Registrant has been through a rigorous disciplinary process, resulting in a finding of UPC. This has been a salutary lesson for him and the Committee did not underestimate the effect and toll of facing such serious allegations, which had included an allegation that his actions were sexually motivated, subsequently found not proved. The sanction in this case has to reflect the seriousness of the matters found proved, but has also to take into account the extensive mitigation referred to above. There is a clear public interest in allowing an otherwise competent and highly valued member of the profession in being able to continue to practise.
169. In all the circumstances the Committee was confident that a fully informed member of the public, who had seen and heard all the evidence in this case, would consider it wrong to suspend the Registrant's registration and that a sanction of admonishment is, therefore, the appropriate and proportionate sanction in this case.

170. Mr English should be in no doubt that any finding of UPC by his regulatory body is a serious matter and he should not take this admonishment lightly.

171. That concludes this case.

In accordance with Section 31 of the Chiropractors Act 1994, this decision will not have effect until the expiry of 28 days from the date on which notification is served on you or, where an appeal is made, until the appeal is withdrawn or otherwise disposed of.

Claire Bonnet

Chair of the Professional Conduct Committee

In accordance with provision of Rule 18(1)(a) of the General Chiropractic Council (Professional Conduct Committee) Rules 2000, we must remind you of your right of appeal under Section 31 of the Chiropractors Act 1994, as amended by Section 34 of the National Health Service Reform and Health Care Provisions Act 2002, to the High Court of Justice in England and Wales against this decision of the Committee. Any such appeal must be made before the end of the period of 28 days, beginning with the date upon which this notice is served upon you.

Please note that the decision of this Committee is a relevant decision for the purposes of Section 29 of the National Health Service Reform and Health Care Professions Act 2002.

The Professional Standards Authority has a period of 40 days, in addition to any appeal period provided to the chiropractor, in which to lodge an appeal.

Signed:

Dated: 8 October 2026



Karol Martina Robert

On behalf of the Professional Conduct Committee

Explanatory Notes:

Notices of Finding are normally divided into three sections, which reflect different stages of the hearing process:

1. The Allegation: This section contains the full allegations as drafted by the Investigating Committee and as considered by the Professional Conduct Committee.
2. The Decision: This section contains the findings of fact reached by the Professional Conduct Committee on the allegation and the reasons therefore. In particularly complex cases the reasons may be given separately from the findings of fact for purposes of clarity.

3. The Sanction: This section contains details of the sanction applied by the Professional Conduct Committee. In certain cases the section may be sub-divided for the purposes of clarity.