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

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

Name of Respondent: Lennox Robert Groves

Address of Respondent: 20 Main Ridge West
Boston
PE21 6SS
Lincolnshire

Registration Number: 01753

On 3-4 August 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"):

AMENDED ALLEGATION:

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

PARTICULARS OF THE ALLEGATION (AS AMENDED ON 12 MAY 2026):

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

1. On or around 7 April 2025, at an appointment with Patient A, you made one or more of the comments set out in Schedule 1;

2. Your conduct at 1, above, failed to adequately maintain a professional relationship and/or professional boundaries.

Schedule 1

- You wanted to do ballet but were not gay enough, or words to that effect;
- You always wanted to be gay as it would make life easier than being straight as you would have more common interests with your partner, or words to that effect;
- You told Patient A that her regular chiropractor, Colleague A, likes women, or words to that effect;
- You had a friend who was an Indian lesbian, her name was Minjeeta/ minge-eater, or words to that effect;
- You asked Patient A whether she was a lesbian, or words to that effect;
- You asked Patient A whether she was the only straight girl on her netball team, or words to that effect;
- You asked Patient A whether she allows her boyfriend to watch porn, or words to that effect;
- You asked Patient A whether she would think her boyfriend was cheating if he watched porn, or words to that effect.

PRELIMINARY MATTERS

Mr Adam Slack appeared on behalf of the General Chiropractic Council ("the Council"). Mr Groves was present at the hearing and was represented by Mr Jonathan Goldring. The hearing was conducted remotely using Microsoft Teams.

Background

Mr Groves is a registered chiropractor with a practice in Horncastle and other places in Lincolnshire.

Patient A had an appointment with Mr Groves on 7 April 2025 in connection with her back. According to Patient A, after a preliminary discussion about her back issues and some treatment, Mr Groves asked her about her age and school activities. He asked her to change her position in the chair which led to a reference to ballet.

Patient A states that Mr Groves then made the first three comments set out in the schedule to the Allegation. He went on to say that he had told Colleague A, who was Patient A's usual practitioner, a joke which she did not find funny, and made the fourth comment in the schedule, which he had to explain to Patient A. He then asked Patient A the questions set out in the last four items in the schedule. After that he changed the subject to skiing.

Mr Groves accepts that he made the comments attributed to him in the schedule but thinks that they may have occurred in a different order. He says that the first comment, that he wanted to do ballet but was not gay enough, arose either because Patient A mentioned dancing in answer to a background question about sports and hobbies, or from the way she moved when changing her position on the bench. He says that what he meant was that he did not have the natural grace associated with ballet. He then realised that what he had said was inappropriate and tried to correct any wrong impression by continuing to talk, in an attempt at humour. He now recognises that this made matters worse.

After the appointment Patient A's mother contacted the clinic and asked that Colleague A should call her. She received a telephone call that evening from Mr Groves but declined to speak to him.

The following day, 8 April 2025, Patient A received a text message from Mr Groves apologising for his poor attempt at humour, and saying that he recognised that the conversation was unprofessional and inappropriate. The day after that, 9 April 2025, Patient A's mother spoke to Colleague A and told her what had occurred.

On 13 April 2025 Patient A made an online complaint to the Council about the incident.

Evidence

The Committee received a bundle of documents presented by the Council comprising:

- the Notice of Hearing and Allegation;
- the witness statement of Patient A, exhibiting the complaint and the text message from Mr Groves; and
- an email from Patient A to the Council's solicitors.

The Committee also received a bundle prepared by Mr Groves which included:

- his own witness statement, exhibiting the certificate from a course on boundaries and his clinic's code of conduct; and
- a number of statements from patients, professional colleagues and others attesting to Mr Groves' character.

The Committee heard no oral evidence.

DECISION

Admissions

The Allegation was read out as amended.

Mr Goldring, on Mr Groves' behalf, admitted particulars 1 and 2, which were announced as proved.

UNACCEPTABLE PROFESSIONAL CONDUCT

Submissions on unacceptable professional conduct

The submissions of Mr Slack and Mr Goldring are a matter of record and are not set out in detail here.

Mr Slack submitted that unacceptable professional conduct was the same as misconduct in other regulatory jurisdictions. It was a falling short of the standards expected of practitioners, and the falling short must be serious. He submitted that Mr Groves' conduct was in breach of Principles B, D and F of the Code, and particularly of Standards B5, D2 and F5. He submitted that there were a number of sexualised comments which amounted to a failure to maintain boundaries, and that they fell far below the standards of a registered practitioner.

On Mr Groves' behalf, Mr Goldring admitted unacceptable professional conduct but acknowledged that this was a matter for the Committee.

Decision on unacceptable professional conduct

In deciding whether Mr Groves was guilty of unacceptable professional conduct the Committee bore in mind that there is no onus of proof on this question. The Committee exercised its own independent judgment. It took into account all of the evidence before it, together with the oral and written submissions of Mr Slack and the oral submissions of Mr Goldring.

The Committee accepted the advice of the legal assessor. He advised that under section 20 of the Chiropractors Act 1994, unacceptable professional conduct means conduct which falls short of the standard required of a registered chiropractor, but that the Committee should keep in mind that chiropractors are going to make mistakes during the course of a working career. It is not every failure or falling short of proper standards that will amount to unacceptable professional conduct. It denotes conduct which is far short of what is acceptable, is serious, and which is morally blameworthy and which fellow practitioners would regard as deplorable.

In reaching its decision the Committee took account of the Code and Standards. It bore in mind that a breach of the Code does not necessarily amount to unacceptable professional conduct. The Committee was of the view that Mr Groves' actions were in breach of the following provisions of the Code:

> B You must ... uphold high standards of professional conduct and personal behaviour to ensure public confidence in the profession.
>
> B5 You must ensure your behaviour is professional at all times … thus upholding and protecting the reputation of, and confidence in, the profession and justifying patient trust.
>
> D The professional relationship between a chiropractor and a patient depends upon confidence and trust. It is your duty to uphold that trust and confidence.
>
> You must establish and maintain clearly defined professional boundaries between yourself and your patients to avoid confusion or harm and to protect the welfare and safety of patients and those who care for them.
>
> D2 You must be professional at all times and ensure you … treat all patients with equal respect and dignity.
>
> F The relationship between a chiropractor and a patient is built on trust, confidence … .
>
> F5 You must ... be polite and considerate at all times with patients ....

While there is no allegation of sexual motivation this was a series of sexualised comments. It was a one-off incident taking place in the course of a single treatment session involving a single patient, but in the Committee's view it was nonetheless a sustained piece of wholly inappropriate behaviour which went from bad to worse. It began with a remark about Mr Groves himself with potentially homophobic implications, that he was not gay enough to be a ballet dancer, progressed to an unnecessary reference to the sexuality of Mr Groves' colleague and a supposed joke about a lesbian with an Indian name, and ended with four intrusive and highly personal questions to Patient A about her own sexuality, whether her boyfriend watched porn, and if she would think he was cheating if he did.

There was no conceivable clinical purpose or other reason to make any of these remarks. This was not a case of a long-standing professional relationship where a degree of informality had developed: it was only the second time that Mr Groves had seen Patient A. There was a clear power imbalance between an older male chiropractor and an 18-year-old female patient.

In the Committee's judgment Mr Groves' behaviour was extraordinary. It was not what any patient should be subjected to, when they go to see a professional in a clinical setting. It was totally inappropriate, crossed professional boundaries and undermined the professional relationship, and if it was an attempt at humour that does not take away from its seriousness.

The Committee is in no doubt that Mr Groves' conduct fell seriously short of acceptable standards, was morally blameworthy and which fellow practitioners would regard as deplorable.

The Committee accordingly finds that Mr Groves is guilty of unacceptable professional conduct.

SANCTION

The Committee went on to consider, in the light of its findings on unacceptable professional conduct, what steps to take under section 22 of the Chiropractors Act 1994.

Submissions on sanction

The submissions of Mr Slack and Mr Goldring are again a matter of record and are only summarised here.

Mr Slack referred to the Council's *Guidance on Sanctions* (April 2018) ("the GS"), to the need for proportionality and to the over-arching objective. He invited the Committee to consider that Mr Groves' understanding and insight may be relevant. He pointed out the provisions of the GS relating to testimonials. Mr Slack acknowledged that there were no previous regulatory findings against Mr Groves and none of the other factors listed in the GS as aggravating features. He asked the Committee to consider the matters set out in its decision on unacceptable professional conduct.

Mr Goldring stated that the Committee had Mr Groves' signed witness statement and he would not be giving oral evidence. Mr Groves had accepted both the amended allegation and unacceptable professional conduct. He stressed the evidence of Mr Groves' insight and that he did not seek to minimise the seriousness of his conduct or of the impact on Patient A. Mr Goldring asked the Committee to impose an admonishment: he submitted that this was the minimum sanction necessary to meet the public interest, including the maintenance of standards. He accepted that boundary breaches were not trivial and often required restrictive sanctions, but submitted that in this case they were not necessary.

Mr Goldring made six points in support of his submission: Mr Groves' acceptance of responsibility and written apology; the serious, but isolated, failure not demonstrative of a continuing course of conduct; Mr Groves' real and developed insight; his substantial, relevant and independently corroborated course of remediation; the

absence of any identified repetition and a lengthy and unblemished professional history; and the absence, because of those efforts, of any current risk requiring conditions or suspension.

Decision on sanction

In reaching its decision the Committee again took into account all of the evidence before it, including the testimonials and other material provided on Mr Groves's behalf, together with the submissions of Mr Slack and Mr Goldring.

The Committee accepted the advice of the legal assessor on the Committee's powers under section 22 of the Act and the matters to which it should have regard in reaching its decision. His advice included that in determining the appropriate sanction the Committee should take into account the public interest as set out in the over-arching objective, which can be summarised as the protection of the public, the maintenance of confidence in the profession and the promotion of proper standards of conduct. He also advised that the Committee should take account of the GS, and that it should bear in mind that the purpose of a sanction is not to be punitive, although it may have a punitive effect, but is to protect patients and to safeguard the public interest.

The Committee had regard to the hardship which Mr Groves could face as a result of the sanction which it imposes, and took account of the principle of proportionality, balancing Mr Groves' interests with the public interest.

As the Committee stated in its decision on unacceptable professional conduct, this was a series of sexualised comments which, although it was a one-off incident in the course of a single treatment session, was nonetheless a sustained piece of wholly inappropriate behaviour. There was no clinical purpose or other reason for Mr Groves to make any of the remarks he did and there was a clear power imbalance between him, an older male chiropractor, and Patient A, an 18-year-old female patient. The Committee found that Mr Groves' conduct was totally inappropriate, crossed professional boundaries and undermined the professional relationship.

The Committee was however impressed by the reflection in Mr Groves' witness statement. His reflection is on the patient's experience rather than his own and in the Committee's view he has shown real insight. The following passages illustrate this.

> *"I am deeply sorry for the distress and discomfort I caused Patient A. She was entitled to feel safe, respected and professionally cared for throughout the consultation. What I said to Patient A was unprofessional, inappropriate and unacceptable in a clinical consultation. I have reflected carefully on what happened, on the impact of my conduct on Patient A and others, on why my*

judgement failed, and have taken steps to ensure that nothing similar happens again."

"The consultation on 7 April 2025 began as a normal chiropractic appointment. During the appointment, I attempted to use humour and informal conversation. That approach was entirely misplaced. I made comments which I now recognise were inappropriate, unprofessional and unrelated to Patient A's clinical care.
I accept that my comments included inappropriate references to sexuality and sexual matters, including comments and questions of the kind identified in Schedule 1. I accept that those comments and questions should not have formed any part of a professional consultation and that they represented a failure to maintain appropriate professional boundaries.
I recognise that Patient A was a young, female patient in a treatment setting. There was an inherent power imbalance between practitioner and patient. I failed at the time to give proper thought to that imbalance, or to how difficult it may have been for Patient A to challenge me, stop the conversation, or leave the appointment.
I now understand that once an inappropriate comment had been made, the correct professional response would have been to stop immediately, acknowledge that the comment was inappropriate, apologise briefly, and check if the patient was happy to continue and if so, return the consultation to Patient A's clinical needs. Instead, I became flustered and continued talking in an attempt to repair any embarrassment. I was trying to make it clear that this was humour rather than anything else and as a result tried harder to be 'funny'. That was wrong. It placed my discomfort and concerns above Patient A's needs and escalated the breach of boundaries.
I realised very quickly after the appointment that my conduct had fallen well below the standard expected of me."

"I understand why Patient A felt uncomfortable, embarrassed and unsafe. I understand why my comments have damaged her confidence in me, in the clinic, and potentially in the wider chiropractic profession. I also understand why my comment about Colleague A, Patient A's usual chiropractor, could have undermined Patient A's therapeutic relationship with Colleague A.
I have reflected particularly on the power imbalance in the practitioner-patient relationship. Even where a practitioner is friendly and informal, that imbalance remains. A patient may feel unable to object, may feel pressure to laugh or respond, and may not know how to bring an uncomfortable conversation to an end. It is the practitioner's responsibility to maintain boundaries at all times."

The Committee received 27 character statements dealing among other matters with Mr Groves' communication and behaviour, from colleagues such as Mr Groves' practice manager and from patients, some of them young women. All of the writers

were aware of the allegation which Mr Groves faced, and all alluded to the behaviour being wholly out of character. One statement included this passage:

> *"Chiropractic treatment is, by its nature, hands-on. As a young woman, I am conscious of how people behave towards me. From the beginning, however, Lex [Mr Groves] has made me feel at ease. Over more than 100 sessions, I have never felt uncomfortable."*

The Committee noted the remedial steps which Mr Groves had taken. He took a 22-hour course in maintaining professional boundaries and arranged to be mentored concerning communication and boundaries, first weekly and then fortnightly, by two separate practitioners. He also wrote a code of conduct for his practice.

The Committee considered the aggravating and mitigating features of the case.

This is not a case of abuse of a position of trust in the ordinary sense, but there was an imbalance of power inherent both in the relationship between practitioner and patient and in the difference in age. There was a degree of emotional harm caused to Patient A. In her complaint she said that she was made to feel very uncomfortable, that she found the whole appointment uncomfortable, and that she felt that she would never feel comfortable or safe in any other clinic due to Mr Groves' actions. In the Committee's view these were aggravating features.

The mitigating circumstances include that this was a single, though sustained, incident. There has been no repetition. Mr Groves accepted that he failed to maintain boundaries and admitted unacceptable professional conduct. He did not challenge Patient A's account and apologised the next day, and there is a consistency of expression between his apology and his witness statement. He has recognised the power imbalance and his responsibility, and has undertaken remedial steps such as training in maintaining professional boundaries.

The Committee also took into account the absence of any previous regulatory findings in respect of Mr Groves.

In forming its view as to the appropriate sanction the Committee considered the risk that the conduct may be repeated. In the light of the matters which it has already set out, in the Committee's judgment the risk of repetition is low.

The Committee considered the sanctions available to it, beginning with the least restrictive.

The GS notes that an admonishment does not directly restrict a chiropractor's ability to practise. It may be appropriate if the behaviour is at the lower end of the spectrum

of unacceptable professional conduct and the Committee wishes to mark that the behaviour of the chiropractor was unacceptable and must not happen again.

The guidance lists a number of factors and provides that admonishment may be considered if most of them are present. In the Committee's view this is the case here. The Committee is not able to say that no harm was caused to Patient A, as she describes in her complaint how uncomfortable the conversation made her feel. However the Committee regards the insight which Mr Groves has shown as not merely sufficient but substantial, and it accepts that his expressions of regret and apologies are genuine. The behaviour was an isolated incident, and while it was deliberate as opposed to accidental it was not premeditated. There is no history, during over 20 years of practice, of previous regulatory misconduct of this or any kind, and there has been no repetition of the behaviour since the incident. With regard to the rehabilitative or corrective steps which Mr Groves has taken, the Committee is unable to see what more he could do.

In the Committee's judgment an admonishment will meet the over-arching objective of protecting patients, maintaining confidence in the profession and upholding standards of conduct. It is not necessary to impose a sanction which restricts Mr Groves' practice in order to protect patients from harm. The Committee regards the risk of repetition as low and the case does not involve clinical practice. Conditions of practice requiring Mr Groves, for example, to undertake courses or mentorship would only duplicate what he has already done.

With regard to the public interest, the Committee has kept in mind that this does not work in only one way and that it is in the interests of the public not to be deprived of the services of an otherwise good practitioner. The Committee's finding of unacceptable professional conduct and the sanction it imposes are a matter of public record. The Committee is satisfied that an admonishment adequately meets the need to maintain public confidence in the profession and to declare to the public and to practitioners the seriousness with which the profession views Mr Groves' misconduct. In the Committee's view any more restrictive order would be neither necessary nor proportionate.

Accordingly the Committee admonishes Mr Groves. Mr Groves should be in no doubt that any finding of unacceptable professional conduct by his regulatory body is a serious matter and he should not take this admonishment lightly.

That concludes this case.

Derek McFaull

Chair of the Professional Conduct Committee

In accordance with the provisions 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:

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.