



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: **Mr Peter Leeper**

Address of Respondent: **3 East Court Mews  
Charlton Kings  
Cheltenham  
Gloucestershire  
GL52 6UN**

Registration Number of Respondent: **03932**

---

On 25-27 January 2021 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 . At the material times you practised as a chiropractor at Good Health Naturally, Burgage Lodge, 184 Franche Road, Kidderminster and (until about 25 March 2019) at Cotswold Chiropractic Clinic, 2 Stoke Road, Bishops Cleeve, Cheltenham ('the clinics').
2. Between about May 2018 and about March 2019 you had a sexual relationship with Ms A.
3. The sexual relationship referred to in paragraph 2 above commenced and/or continued:
  - (a) Whilst Ms A was a patient of one or both of the clinics; and/or
  - (b) before you had notified Ms A by letter dated 9 October 2018 that she had ceased to be a patient of Good Health Naturally; and/or
  - (c) whilst you were in a therapeutic relationship with Patient A and were providing chiropractic treatment to her.
4. In the alternative to 3(a) above, the sexual relationship referred to in paragraph 2 above commenced shortly after Ms A had ceased to be a patient of yours.
5. You had sexual intercourse with Ms A at Cotswold Chiropractic Clinic:
  - (a) on or about 27 June 2018;
  - (b) on or about 7 July 2018.
6. On or about 25 October 2018 you sent to Ms A:
  - (a) a photograph of a patient of yours lying face down on a treatment couch with his shirt off;
  - (b) messages saying:
    - (i) 'Phew..last one done..might've done me back in :-('

'..pic taken with his permission to show him how his spine being twisted by his excessively HUGE ffn belly!..he does Jiu Jitsu btw!'"

## **AMENDED ALLEGATION**

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

1. At the material times you practised as a chiropractor at Good Health Naturally, Burgage Lodge, 184 Franche Road, Kidderminster and at Cotswold Chiropractic Clinic, 2 Stoke Road, Bishops Cleeve, Cheltenham ('the clinics').

2. Between 22 August 2017 and 9 October 2018:

- (a) Ms A was registered as a patient of the clinic(s);
- (b) You provided therapeutic treatment to Ms A up to and including 20 May 2018.

3. You failed to maintain a clear professional relationship with Ms A in that:

- (a) At appointments in August and/or September 2017 you made comments about Ms A's appearance;
- (b) At some time between 22 August 2017 and 20 May 2018, you became "friends" with Ms A on Facebook;
- (c) In October 2017 you failed to take appropriate steps in accordance with GCC Guidance when Ms A declared she had feelings towards you;
- (d) You developed a personal relationship with Ms A which included:
  - i. Exchanging verbal and picture messages of an intimate nature;
  - ii. Regular meetings with Ms A;
  - iii. Engaging in sessions of "mutual massage" with Ms A at the clinic(s).

4. By letter dated 9 October 2018 you provided Ms A with "formal notification that chiropractic (or other) treatment" would "no longer be available" to her at the clinic, following which:

- (a) You continued to provide massages to Ms A at the clinic(s);
- (b) You continued your personal relationship with Ms A.

5. Your behaviour at 3d, 4a and 4b above was:

- (a) Sexually motivated; and/or
- (b) Crossed sexual boundaries.

6. You had sexual intercourse with Ms A at Cotswold Chiropractic Clinic:

- (a) on or about 27 June 2018;
- (b) on or about 7 July 2018.

7. On or about 25 October 2018 you sent to Ms A:

- (a) a photograph of a patient of yours lying down on a treatment couch with his top off;
- (b) Derogatory comments relating to that patient which included personal information.

8. Your behaviour at 7 above was:

- (a) A failure to maintain patient confidentiality; and/or
- (b) Unprofessional.

## DECISION

1. The Committee convened to consider an Allegation of Unacceptable Professional Conduct (“UPC”) against Mr Peter Leeper. Ms Rebecca Harris appeared on behalf of the General Chiropractic Council (“the GCC”). Mr Leeper attended and was represented by Mr Jonathan Goldring. The hearing was conducted remotely using Microsoft Teams due to the restrictions caused by the COVID-19 pandemic.

### **Application to amend**

2. At the outset of the hearing Ms Harris made an application to amend the Allegation. She informed the Committee that the reasons for the proposed amendments were as follows:

- They will ensure that the allegation more accurately reflects the evidence served and placed before the Committee;
- They will set out far more precisely what is alleged to have taken place;
- They will identify the timing of the alleged conduct more clearly, which is particularly important in the circumstances of this case;
- They will make clear the basis for the GCC’s allegation of UPC by providing more detailed particulars underpinning that allegation.

3. Ms Harris submitted that the proposed amendments could be made without injustice. She said the nature of the case had not changed and that the amendments sought were intended to clarify the precise nature of the case the registrant was required to meet.

4. Mr Leeper, and those representing him, had been provided with the proposed amendments in advance of the hearing and Mr Goldring indicated that the Defence had no objection to them. He added that Mr Leeper had prepared his statement with specific reference to the proposed amended particulars.

5. The Committee considered the application with care and took into account the advice of the Legal Assessor. The Committee was cognisant of the need to ensure the case was not being under prosecuted, and the importance of ensuring the proposed amendments would not have that effect. The Committee had the benefit of Ms A’s two statements and exhibits and also the 20 page statement provided by Mr Leeper. The undoubted gravamen of the case was that of an alleged breach of professional boundaries and the Committee was satisfied that the proposed amendments retained that gravamen and would not result in the case being under prosecuted. The Committee noted that Mr

Leeper did not oppose the application - indeed, he actively supported it - and the Committee was satisfied that no injustice would be caused to him were it to allow the amendments.

6. In all the circumstances, the Committee decided it was both necessary and desirable to allow all the proposed amendments, which more accurately reflected the evidence of Ms A and explained more clearly what it is that Mr Leeper was said to have done wrong and why that amounted to UPC.

### **Admissions**

7. Mr Goldring, on behalf of Mr Leeper, indicated that, following the amendments as reflected above, Mr Leeper admitted all the facts. Notwithstanding the full admissions, there remained some minor unresolved conflicts on the evidence between Ms A's account and that given by Mr Leeper. The Committee was advised by the Legal Assessor that it was not necessary to resolve every conflict of evidence and that the question was whether or not the unresolved conflicts would be likely to materially affect whether the admitted facts amounted to UPC, or could affect sanction, should that stage be reached.
8. The Committee was satisfied that the unresolved conflicts on the evidence were minor, nuanced, superfluous satellite issues, which did not affect the gravamen of the offending behaviour and would be most unlikely to affect the issue of UPC and/or impact upon the appropriate sanction in this case. The Committee agreed with the submission made by Ms Harris that to call Ms A to give evidence in an attempt to resolve these issues would be unnecessary, disproportionate and not in the public interest. Accordingly, the Chair announced that all the facts were found proved, without the need to resolve any outstanding conflicts of evidence.

### **Background**

9. Mr Leeper is a registered chiropractor. At the time of the matters alleged, he practised as a chiropractor at Good Health Naturally, Burgage Lodge, in Kidderminster, and at Cotswold Chiropractic Clinic, Bishops Cleeve, Cheltenham ["the clinics"].
10. The complainant in this case, Ms A, first went to see Mr Leeper in late summer 2017. She had developed lower back pain after doing some gardening. This pain became worse over a period of weeks.
11. Ms A's first appointment with Mr Leeper was on 22 August 2017. Mr Leeper carried out an assessment on 24 August 2017, which included details of Ms A's physical and mental health,

including the fact that she was receiving treatment for depression. Mr Leeper suggested that Ms A attend for 4-6 treatments for her back, and recommended that she did not bend or twist too much as this would create more pain. In fact, Ms A received treatment from Mr Leeper for her back from 24 August 2017 to 20 May 2018. There were around 17 appointments in total.

12. Over the course of these treatments, the relationship between Mr Leeper and Ms A turned from a professional relationship into a close personal one, and then ultimately became an intimate relationship sometime around 20 May 2018.

13. During Ms A's appointments in August and September 2017, Mr Leeper complimented Ms A on her appearance. At some point during this time, Ms A sent Mr Leeper a "friends request" on Facebook. Mr Leeper accepted this request notwithstanding GCC guidance which strongly recommends that chiropractors do not become "friends" with their patients on social media, because of the risk that it poses to maintaining professional boundaries. Mr Leeper and Ms A went on to exchange a significant number of informal and personal messages via Facebook, and used Facebook to arrange and discuss appointments and meetings.

14. During the course of an appointment on 10 October 2017, Ms A became upset. When Mr Leeper asked her what the matter was, Ms A explained to Mr Leeper that she "*had a crush on him*" and told Mr Leeper that she could not see him anymore. Ms A was very embarrassed about this, and expected Mr Leeper to refer her to a different chiropractor, but he did not. The GCC has very specific guidance on the steps that should be taken by a chiropractor if a patient reveals they have feelings for that chiropractor. In his statement for these proceedings, Mr Leeper stated that he recognised that this was an issue and that he should not have continued to treat Ms A.

15. Initially Ms A did not notice any change in Mr Leeper's behaviour following the declaration of her feelings. To the best of her recollection, she sent Mr Leeper a Facebook message stating that she felt there was something between them, a statement he denied at that time. In his statement, Mr Leeper asserted that the early Facebook messages would show that he had resisted Ms A's advances initially. However, he still did not take any action with regard to their professional relationship.

16. Mr Leeper and Ms A continued to exchange personal messages via Facebook. Whilst it is clear from Ms A's statement that she no longer has all of the messages that passed between her and Mr Leeper, she did print out and produce those that she still held, running to some 173 pages within the GCC's bundle. The messages begin on 8 April 2018 and are immediately friendly and affectionate in tone, often accompanied by a "x". By the end of April 2018 the messages became increasingly informal and suggestive on both sides.

17. On 20 April 2018, there was a long message exchange between Mr Leeper and Ms A during the course of which Ms A asked Mr Leeper if he would consider meeting her for a drink. It would appear that, at that stage, Mr Leeper avoided being drawn on the subject of social contact, but he was aware of Ms A's enthusiasm for the same. Later that evening, Ms A sent a message to Mr Leeper via Facebook asking him if he fantasised about her and telling him that she fantasised about him. He did not respond to that. Ms A was very embarrassed the following day, and messaged him again to apologise.
18. The personal messages on Facebook continued into May 2018. On 14 May 2018, Ms A had an appointment with Mr Leeper during the course of which, she said, he seemed quieter than usual. Later that evening, Ms A sent Mr Leeper a message asking him if was *"trying to re establish prof boundaries"*. Mr Leeper replied *"they've always been there lol..just knackered"*.
19. On 17 May 2018, Ms A had a further appointment at the Good Health Naturally clinic. This appointment did not appear within the records (and Mr Leeper did not charge for it) as it appeared to have been organised at relatively short notice via Facebook. Ms A asked Mr Leeper in the morning of the 17 May 2018 whether he had any cancellations and he offered her a *"quick fix"* at 5pm. According to Ms A, her treatment took a slightly different turn at the appointment on 17 May 2018. During the appointment, Mr Leeper used a massage tool on her calf and her buttock, as he had done at previous appointments. He pulled her underwear up and applied it directly to the skin. Ms A told Mr Leeper that it was *"very stimulating"*.
20. Ms A sent Mr Leeper a message via Facebook the next morning thanking him for a *"very pleasurable massage"* and seeking another appointment. She asked if he was at his clinic in Cheltenham on Sundays and suggested coming to see him there. Mr Leeper asked Ms A if she wanted a *"full body massage"* or *"a quickie freebie?"*. Ms A elected a full body massage. Mr Leeper asked her to bring cash and told her that she was booked in.
21. On 19 May 2018, Ms A sent Mr Leeper a Facebook message asking if there was a shower room at the Cheltenham Clinic. She also told him that she was menstruating to which he replied *"no probs"*.
22. The 20 May 2018 was Ms A's first visit to the Cotswold Chiropractic Clinic. There was no one else there but Mr Leeper. He showed Ms A to the bathroom so she could freshen up and then they chatted before the treatment started. During the conversation Mr Leeper mentioned that his thigh was playing up and that he could do with a massage. He mentioned that he had a thigh/hip issue possibly due to the standing position he adopted whilst working.

23. Ms A massaged Mr Leeper's thigh. According to Ms A, Mr Leeper asked her to pass him a gown so that he could place it on his groin area in case he had an "*involuntary response*" to Ms A "*touching him*". Ms A noticed that Mr Leeper became aroused and she stopped massaging him. She states that she brushed over his genital area and giggled. Mr Leeper claimed she went further than that and actually put her hand on his penis. Ms A described how she was not surprised or offended but felt excited. After it happened, Ms A asked if it was ok and Mr Leeper replied that it was "*lovely*" or "*wonderful*" or words to that effect. He claimed that he only asked for help with his thigh because it was playing up.

24. Notwithstanding Mr Leeper's assertion, allowing Ms A to massage his thigh and touch his genitals (in whatever manner that took place) on 20 May 2018, was taken by Ms A as an indication that the nature of their relationship could change. His actions (or inactions) are to be seen against the background of the appointment on 17 May 2018, when Ms A told him she had found the massage "*stimulating*" and "*pleasurable*" and in the context of the Facebook messages leading up to the appointment on 20 May 2018, where Ms A had made it clear that she would like more from the relationship. Whatever the motive for the thigh massage, Mr Leeper would have known from Facebook messages that Ms A would gladly massage his thigh and touch him if given an opportunity to do so.

25. Mr Leeper did provide chiropractic treatment to Ms A on 20 May 2018, although, according to Ms A, he told her that she did not need to wear a gown because they knew each other well enough. Mr Leeper disputes saying this and asserted that the gown was not worn because it was a hot day. Whatever the reason, Ms A was not wearing a gown for the massage that day. There was nothing unusual about the massage that Mr Leeper gave Ms A on 20 May 2018. She said she was left "*reeling*" from massaging him however.

26. It was the GCC's case that there can be no doubt that professional and sexual boundaries were crossed on 20 May 2018 while Ms A was still a patient of Mr Leeper's. At 5.23pm, Ms A sent a Facebook message to Mr Leeper in which she said "*I have so many questions still & tummy is churning*". She followed this up with "*Why me? Why now?*" and then 10 minutes later with "*I don't want to be one of a string of women..how do i know I'm not*". Ms A also told Mr Leeper "*I do so want to see you again. I VERY much enjoyed massaging you*" to which he replied "*I have to say..you do have a good touch..maybe do a massage course:-)*".

27. At this stage Mr Leeper seemed to be attempting to cover himself by claiming to Ms A that there was nothing going on between them and that they "*must maintain boundaries*". Given what had

happened during the appointment on 20 May 2018, Ms A was not convinced by these assertions. She told Mr Leeper that she had found the day “*most pleasurable, extremely turned on*” to which Mr Leeper responded that he was “*Soooo pleased*” that she had had a “*good experience*”.

28. Whilst Mr Leeper did not formally terminate his professional relationship with Ms A, the appointment in Cheltenham on 20 May 2018 was the last occasion upon which he provided actual chiropractic treatment to Ms A. However, Mr Leeper continued to meet Ms A regularly at both clinics. The purpose of the meetings was to pursue a personal and intimate relationship with Ms A and to engage in “*mutual massage*”. Whilst it was Mr Leeper who suggested that they engage in mutual massage, a suggestion made at a time when Ms A was still receiving chiropractic treatment, Ms A was fully aware that what took place after 20 May 2018 was not chiropractic treatment and she was a willing participant in the personal relationship.

29. Mr Leeper and Ms A met on 14 occasions between 20 May 2018 and 9 October 2018. Most of the meetings took place in Cheltenham, however on three occasions Ms A went to Good Health Naturally in Kidderminster. The time Mr Leeper and Ms A spent together got progressively longer over time, with the later meetings being something in the region of 5 or 6 hours long. Ms A provided details of the massage appointments. In summary the meetings tended to follow the same format. There would be conversation and refreshment followed by massage. The massage was mutual and the time spent on each other was equal. Gowns were not worn and underwear was removed. The massage focussed on each other’s private and intimate areas.

30. On two occasions, in late June and early July 2018, Mr Leeper and Ms A had sexual intercourse. Ms A stated that Mr Leeper had hinted on previous occasions that they needed some form of contraception, which she took as an invitation and prepared accordingly. Mr Leeper denied this suggestion, but accepted that they had sexual intercourse.

31. Alongside the intimate meetings between Mr Leeper and Ms A, they also continued their relationship by way of prolific messaging both on Facebook and WhatsApp. The messages were very personal and on occasions quite explicit. A significant number of private images were exchanged. Mr Leeper stated that there were a number of telephone/video calls and other meetings also.

32. From 9 October 2018, Ms A ceased to be a patient registered at the Good Health Naturally clinic. Just prior to that time, there had been a great deal of contact between Mr Leeper and Ms A, by way of messages, followed by a walk in Sandwell Country Park on 30 September 2018 to discuss their relationship. Ms A was anxious and wound up about her position and, as she saw it, the apparent lack of understanding from Mr Leeper. She was worried that the relationship would come to an end.

On 1 October 2018, Ms A told Mr Leeper that she was not coping and later that she felt “*totally insignificant*”. Although Mr Leeper told Ms A that he would be there for her, he was unwilling to offer Ms A the degree of commitment that she was looking for.

33. On 2 October 2018, Ms A sent a Facebook message to Mr Leeper asking whether he found her attractive and whether he wanted to “*mess around*” with her still. Mr Leeper told Ms A not to ask him questions like that on messenger because it was “*not appropriate...not secure*”. Eventually Mr Leeper told Ms A to stop messaging him. Ms A threatened to message someone else and “*get their take on it*”. From further Facebook messages on the same date, it was apparent that Ms A was sent home from work in a distressed state. She went straight to the clinic in Kidderminster where she saw the Practice Manager. Ms A was very upset at the time, and so the Practice Manager allowed her to speak to Mr Leeper.

34. The following day, Mr Leeper explained to Ms A that he had spoken to the Practice Manager about her, that they had discussed Ms A’s file and the friendship status on social media. Mr Leeper and his Practice Manager had come up with a plan which included blocking Ms A from Facebook, writing to Ms A’s GP, terminating her relationship with the clinics, and contacting Mr Leeper’s insurers. This discussion was followed by a letter dated 9 October 2018, from Mr Leeper to Ms A, providing Ms A with “*formal notification*” that chiropractic treatment would no longer be available to her at the clinic. Mr Leeper’s letter instructed Ms A not to make contact with Mr Leeper via social media as that would contravene GCC guidelines, and referred to practice policy that dictated patients should not turn up unannounced.

35. Notwithstanding the decision to no longer treat Ms A, thereby bringing to an end the professional relationship between Mr Leeper and Ms A, they continued with their intimate relationship and met up for a further eleven times at the clinics to share mutual, intimate, massages.

36. On 25 October 2018, there was a particular message exchange, during which Ms A suggested to Mr Leeper that they meet up, however Mr Leeper indicated that he had a patient with him. This fact was confirmed immediately by Mr Leeper sending a photograph of the patient concerned. In the photograph, the patient is lying on his side, naked from the waist up, with his back to the camera. Ms A asked Mr Leeper how he took it. In his reply, Mr Leeper explained that the picture was taken with the patient’s consent in order to show the patient the cause of his clinical issues. Mr Leeper’s WhatsApp explanation to Ms A was not only derogatory in tone, but also revealed details of the patient’s ailment.

### Mr Leeper's response

37. In his statement, Mr Leeper said, *"I do accept that I engaged in a consensual sexual relationship with Ms A. I fully accept that this was completely inappropriate and hope my statement echoes this realization."* He added, *"I accept that that I provided therapeutic treatment to Ms A from 22 August 2017 up to and including 20<sup>th</sup> May 2018. After this date we exchanged mutual massages and engaged in a consensual sexual relationship, which consisted of mutual massages, intimate touching, exchange of texts and pictures of a sexual nature and on two occasions sexual intercourse."*

38. With reference to the allegation that he made comments about Ms A's appearance, Mr Leeper said, *"I accept that I did make comments about her appearance in the normal course of friendly chitchat. For example, on one occasion she came in with her hair done like Princess Leia and I think I said something like 'Oh, you've done your hair like Princess Leia'. These comments were not flirtatious in nature or sexually motivated, but they were inappropriate and I realise this now and am truly sorry."*

39. Mr Leeper also accepted that he became friends with Ms A on Facebook whilst Ms A was still his patient, which he recognised was not in line with the GCC's guidance on the use of social media and that it was unprofessional. He said he wanted to make it clear that the mutual sending of pictures of a sexual nature happened when Ms A was no longer a patient.

40. Mr Leeper fully accepted that he did not follow GCC guidance and he recognised that he should have terminated the professional relationship with Ms A when she declared feelings for him, even if, at that stage, the feelings were not reciprocated. Mr Leeper said that he explained to Ms A that he thought it best if he did not treat her again, but that other chiropractors in the clinic could do so, if she wished. However, a couple of weeks later Ms A sent him a message asking if she could come back for treatment as she was still having issues with her calf and a visit to see another practitioner had left her in discomfort.

41. Mr Leeper said, *"I reminded her of why we had stopped in the first place, and she explained that she didn't really know what had come over her. I questioned her about it and the impression given was that it was an aberration, that she did not in fact have feelings for me, that it was completely forgotten about and wouldn't be a problem. I questioned her further and asked if she was sure and she assured me that she was. I was satisfied with her responses and agreed to treat her again. I accept now that this was a mistake."* He added, *"At the subsequent appointments she appeared to be completely normal and together, friendly in an appropriate way and comfortable. Any concerns I had about treating her when she first informed me of having a crush were alleviated. I again realise that I*

*should have not made this assumption and that I should have known that the professional relationship was now untenable.”*

42. With reference to Allegation 3(d), Mr Leeper said, *“Whilst I accept this allegation, I want to make it clear that this was after 20<sup>th</sup> May 2018 when there was no longer a practitioner-patient relationship. The only exception to this was at the appointment on 20<sup>th</sup> May 2018, where she massaged my leg. I accept that at this point she was still a patient and I failed to maintain a clear professional relationship. The exchanging of intimate messages and all other ‘mutual’ massages took place after 20<sup>th</sup> May 2018, when Ms A was no longer a patient of mine. However, I accept that in the circumstances, it was inappropriate to form a personal relationship with her. It should never have happened and was a clear breach of professional sexual boundaries.”*

43. Mr Leeper said that as this was an extra-marital affair the clinic was a convenient place to meet, although they did also meet at other locations such as the cinema, or going for a walk. He acknowledged that conducting an affair with a former patient in any clinic setting was *“... highly inappropriate and could further exacerbate the imbalance of power.”*

44. Mr Leeper wished to emphasise that, although there were a lot of messages exhibited by Ms A, they were not shown in their entirety which would, he said, have shown more context. He said he had deleted all messages upon the insistence of his Practice Manager. Mr Leeper said the messages were a very small part of the relationship and that they spent hours talking on the phone, Whatsapp video chat and in person and they developed a *“... very close and intimate relationship.”* He said, *“I developed genuine and deep feelings for her and cared for her very much.”*

45. In his statement Mr Leeper accepted that after the letter of 9 October 2018 discharging Ms A as a patient of the Good Health Naturally clinic, he and Ms A continued to exchange mutual, sensual massages at the other clinic in the context of their sexual relationship. He accepted that this was inappropriate and a clear breach of professional sexual boundaries. Mr Leeper accepted his behaviour was sexually motivated and crossed sexual boundaries, saying, *“It was totally inappropriate and unprofessional for me to enter into a personal relationship with Ms A given the circumstances and I did not give any proper consideration to the situation or the guidance.”* Mr Leeper also admitted that, on the two occasions referred to in the Allegation, he and Ms A had sexual intercourse at the Cotswold Clinic.

46. With reference to Particular 7, Mr Leeper said:

*“I accept that I sent this photograph to Ms A. I am truly sorry and deeply ashamed that I did this. What I was trying to do was to demonstrate to Ms A how busy I was and didn’t have time to reply to her messages. However, I accept this was unacceptable and completely out of character and I am appalled that I did this.*

*I accept that the comments were derogatory and again I am deeply ashamed of myself. There was no ‘personal information’ that could identify the name or other details of the patient.”*

47. Mr Leeper added:

*“I would like to explain the context in which this photograph was taken and shared with Ms A. I asked the patient whether he would mind if I sent a picture of him to show how hard I was working, or words to that effect, to which he agreed. There was nothing to identify who the patient was. I accept that I did not tell him who I was sending it to. I added the derogatory comments afterwards and without telling him what they were and again I am genuinely sorry for this. Accordingly I accept that this was both a breach of patient confidentiality and unprofessional.”*

48. By way of further comment, Mr Leeper said in his statement:

*“As the relationship progressed I began to realise that I wanted it to end, as although things were not great at home I did not want to leave my wife. I accept that I did not stop it and it was my responsibility not to let it happen in the first place. I did find the situation difficult and I did not want to leave my wife. I told Ms A this at various stages throughout our affair. However, I did have strong feelings for Ms A and there was a genuine connection and relationship there. I found Patient A to be a highly intelligent, warm-hearted and resourceful individual who I became very fond of and cared for a great deal. I wish her nothing but well and do not condemn her at all for making this complaint.*

*Despite the fact that we kept trying to end it, we kept getting pulled back into it because of how we felt about each other. I know that ultimately it was my responsibility, but I did genuinely care for her and I really couldn’t bear the thought of hurting or upsetting her. This has been a huge learning process for me and I am now appalled by how it developed. As a result, I know that it is not something that could possibly be repeated. I am deeply ashamed of my behaviour and the hurt and upset that I have caused to everyone involved.”*

## UNACCEPTABLE PROFESSIONAL CONDUCT

49. Having found all the facts proved, following Mr Leeper's full admissions, the Committee next considered whether he was guilty of 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 evidence and the advice of the Legal Assessor. The Committee noted Mr Leeper's acceptance that his behaviour amounted to UPC, which it took into account. However, the Committee reached its own conclusion about whether the proved facts amounted to UPC.

50. In relation to the breaching of professional and sexual boundaries, the Committee found 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:

- A You must put patients' health first, respect them and ensure that you promote their health and welfare at all times.
- B1 You must protect patients from harm if your conduct puts patients at risk.
- B5 You must ensure your behaviour is professional at all times, including outside the workplace, thus upholding and protecting the reputation of, and confidence in, the profession and justifying patient trust.
- D1 You must not abuse the position of trust which you occupy as a professional.  
You must not cross sexual boundaries.

51. The Committee also considered much of the GCC's Guidance on maintaining Sexual Boundaries (April 2016) to be pertinent in this case, in particular the following extracts:

*You must not display sexualised behaviour towards patients. Doing so can cause significant and enduring harm.*

*A breach of sexual boundaries can seriously damage the reputation of, and confidence in, the chiropractic profession. A chiropractor who displays sexualised behaviour towards a patient undermines the profession, breaches trust, exploits a power imbalance, acts unprofessionally and may additionally, be committing a criminal act and be the subject of fitness to practise proceedings.*

*It is your responsibility to be aware of the potential for an imbalance of power between you and your patients, and to maintain professional boundaries. You occupy a position of trust with respect to your patients. An imbalance of power is a feature of the chiropractor/patient relationship, although this may not be explicit. Patients often are or feel vulnerable when they require care. Chiropractors are in a position of power as they have access to the knowledge and any resources that the patient may need.*

*If a patient displays sexualised behaviour towards you, it is strongly recommended that you seek advice from a colleague or an appropriate professional body.*

*It is your responsibility never to act on these feelings in order to prevent any harm that any such actions may cause, and to maintain the integrity of and confidence in the chiropractic profession.*

*Sexual relationships with any former patient are often inappropriate however long ago the professional relationship ended. This is because the sexual relationship may be influenced by the previous professional relationship, which will have involved an imbalance of power.*

52. In fact, in this case, the sexual relationship commenced prior to the professional relationship ending and carried on straight after it had ended. Mr Leeper had many opportunities to adhere to the guidance, to seek advice and to stop the relationship. He did none of these things and the relationship continued for some time. Thereafter he did end the relationship and the impact on Ms A was readily apparent. In her second statement she spoke of her lifelong battle with depression and how she had to return to counselling following the ending of the relationship with Mr Leeper because of “*the emotions that had been churned up from meeting Mr Leeper.*”

53. The Committee also considered the following extracts from the GCC’s guidance on the use of Social media (April 2016) to be particularly relevant to Mr Leeper’s sexualised behaviour:

*Chiropractors should be conscious of their online “image” and how it may impact on their professional standing and the reputation of the wider chiropractic profession. As well as any legal proceedings that could follow, you may put your registration at risk if, on any form of social media, (either personal or professional accounts), you act in any way that is unprofessional, or unlawful including (but not limited to):*

(i) ...

(ii) ...

*(iii) posting or otherwise permitting inappropriate images of yourself such that your professional reputation or that of the wider profession may be adversely affected;*

*(iv) ...*

*(vi) building or pursuing relationships with patients or ex-patients.*

54. In relation to the sending to Ms A another patient's photograph, the Committee found the following breaches of the Code:

A2 You must respect patients' privacy, dignity

B4 You must strictly maintain patient confidentiality when communicating publicly or privately, including in any form of social media or when speaking to or writing in the media.

D2 You must be professional at all times and ensure you treat all patients with equal respect and dignity.

H1 You must keep information about patients confidential and avoid improper disclosure of their personal information.

H2 You must only disclose personal information without patient consent if required to do so by law.

55. The Committee considered the following extracts from the GCC's guidance on the use of Social media to be particularly relevant to Mr Leeper's behaviour in sending the patient photograph:

*Chiropractors should be conscious of their online "image" and how it may impact on their professional standing and the reputation of the wider chiropractic profession. As well as any legal proceedings that could follow, you may put your registration at risk if, on any form of social media, (either personal or professional accounts), you act in any way that is unprofessional, or unlawful including (but not limited to):*

*(i) sharing confidential information;*

*(ii) posting images of patients and people receiving care (or pictures from which they can be identified) without their consent;*

*(iii) ...*

*(iv) posting inappropriate comments about patients;*

(vi)...

56. For a period of approximately nine months Mr Leeper breached professional boundaries in relation to Ms A, which included engaging in sexual acts, culminating in two occasions where sexual intercourse took place at one of the Clinics. Members of the public reveal to health care professionals their most intimate details and secrets in the belief that the professional will remain just that, professional and objective. A crossing of the boundary into a sexual relationship with the patient, and that is a sexual relationship of any kind, whether or not it includes penetrative sex, undermines the fundamental trust which patients put in their therapists and thus strikes at the heart of the relationship between chiropractors and their clients. Mr Leeper was aware, having taken a history from Ms A, that she was a particularly vulnerable patient who suffered from depression and yet he still allowed this relationship to develop, failed to adhere to the GCC's guidance and acted in both an inappropriate and unprofessional way. The Committee considered these breaches of professional and sexual boundaries to be very serious.

57. Whilst this case is primarily about Mr Leeper breaching professional and sexual boundaries with Ms A, there is the further, discrete but linked, allegation about the sending of a photograph of a semi-naked patient to Ms A, from which it is possible to identify that patient. Mr Leeper also sent with the photograph details of that patient's condition, together with derogatory remarks. This was clearly an improper use of that image and a clear breach of patient confidentiality. Even if Mr Leeper did have the patient's consent to take the photograph, as he asserted, it is the act of sending the photograph to Ms A that offends proper practice, since he did not have consent to send the photograph to Ms A. The Committee considered this act alone to be very serious and is capable of amounting to UPC in its own right. It raises concerns about Mr Leeper's attitude towards his patients, over and above those raised by his relationship with Ms A.

58. All this behaviour falls far short of what would be proper in the circumstances and is sufficiently serious that, in the Committee's view, it amounts to misconduct. It is behaviour which a fully informed member of the public would find morally reprehensible and it would be considered deplorable by members of the profession.

59. Accordingly, the Committee found the allegation of UPC to be well founded.

## SANCTION

60. On deciding the appropriate and proportionate sanction, the Committee took into account all the evidence and material provided, together with the submissions made by Mr Goldring and those made by Ms Harris.

61. 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.

62. The Committee also took into account the GCC's guidance on maintaining sexual boundaries and on social media, referred to at the stage when it was considering UPC.

63. The Committee was provided with several character references on behalf of Mr Leeper, together with a statement from his wife, and all these were taken into account when considering the appropriate sanction in this case. All authors were aware of the allegations when providing their references/statement.

64. In his statement, Mr Leeper said:

*"I accept that I was entirely at fault here and irrespective of what difficulties I was dealing with at the time, it was solely my responsibility. I should never have accepted Ms A's friend request; I should never have treated her again following her confession of having feelings for me; allowed her to massage my leg or suggest meeting for mutual massages. I should never have allowed this to get to the point it did. It was ultimately my responsibility and I am deeply ashamed and appalled that I let it progress and develop. It was a totally unique situation and set of circumstances and I accept that I lacked the tools and experience to cope with this situation. I was naïve to think we could work past it and it was totally unprofessional. I have also let down my profession and the impact that this will have on public confidence. This situation will never arise again. This experience has been a massive learning process, and will guard against future occurrences. If I*

*am allowed to return to practice I can assure the committee that this nor anything like it will never happen again.”*

65. Mr Leeper provided the Committee with a Certificate showing that in June 2019 he attended a training course on ‘Maintaining Professional Boundaries’. In response to a question from the Committee about what he had learned from the course, it was submitted on his behalf that Mr Leeper recognised the power imbalance, and that he had identified the need to make consultations entirely patient focussed and to guard against revealing details of his own personal life.

66. In her statement, Mrs Leeper spoke of the heartache and challenges brought about by her husband’s behaviour, but maintained that he had acted totally out of character whilst under a lot of stress at work. She made reference to their long and loving relationship over the last 30 years and how much she admired his *“warmth, kindness, intellect, humour, talent and commitment to his work”*. She spoke of how in the two years leading up to the events in 2018, Mr Leeper had been working *“way too hard”* in an effort to provide for them financially but also out of a loyalty to his patients, always wanting to put them first. This put a strain on their relationship and also on Mr Leeper’s health; he lost a lot of weight, looked ill and unhappy and developed several health issues. Mrs Leeper spoke of the devastation she experienced as a result of her husband’s behaviour and the resulting distress and upset, but said she still loved him and would stand by him.

67. Mrs Leeper added that her husband found the three day boundaries course *“incredibly enlightening, as well as emotionally challenging”* and that they had talked about it at length. She said, *“He feels awful for letting everyone down – his family and Ms A, but also his work colleagues, his patients, his students, the McTimoney College, his regulator and his profession. He’s spoken to me about them all and is devastated at the ripple effect of what happened. He constantly berates himself and is incredulous that he couldn’t see the situation unfolding and control it.”*

68. Mrs Leeper also spoke of their difficult financial position, with neither her nor her husband working at the moment (he has been suspended from working as a Chiropractor).

69. The Director of the Cotswold Clinic provided a character reference for Mr Leeper. She said that she first met him in 2012 in her capacity as a lecturer on the undergraduate chiropractic course at the McTimoney College of Chiropractic, where he was a student. She was so impressed by his *“commitment to learning and to patient care”* that she employed him as an associate chiropractor at her clinic when he graduated. She added:

*“In work, Peter was cheerful, friendly and personable. He was well liked by patients, colleagues and staff, with whom he always maintained excellent professional relations. He was hard working, reliable and I found him to be committed to providing a high standard of care to patients. He was always professional in his approach. The allegations against Mr Leeper are not in keeping with my prior experience of his professionalism or conduct. I have never known him to make any sexual remarks, gestures or comments towards myself, or any other staff member or patient of Cotswold Chiropractic and I am not aware of any incidents of him causing anybody to feel uncomfortable or intimidated in any way. I found Peter to be kind, conscientious and committed to helping patients, frequently putting himself out to create appointments for patients who requested emergency care, or who were unable to attend during regular clinic hours.*

*Peter had a list of chiropractic patients who were registered to him, but also often saw patients of mine if I was not available. I only ever received positive comments and feedback from patients after they had seen Peter, and had no hesitation in recommending him to any patient.”*

70. One female patient of Mr Leeper’s described him as “an exceptional practitioner” and added:

*“I have had regular treatments from Mr Leeper and have never had any concerns with his professionalism or standard of treatment. I have never found Mr Leeper to be intimidating and he has never made me feel uncomfortable; in fact he has always made me feel at ease with my treatment explaining what he is doing and checking if certain adjustments are ok to do (pubis, ribs, coccyx) and explaining where his hands need to be positioned in order to do the required adjustment. Mr Leeper has never made any sexual remarks or comments towards me and has always remained professional in my treatment. In every appointment that I have had, Mr Leeper has always acted in a professional manner and never breached the patient/practitioner relationship. He has only ever helped my symptoms improve.*

*I was surprised by the allegations and they totally go against any experiences I have had with Mr Leeper. I could not fault his treatment and professionalism, or the standard of treatment [I] have received. I have always found him personable and ALWAYS to have my best interests at the core of his treatment. I have always found this very refreshing as a patient and always left my appointments feeling that my symptoms have improved. I would without question return to Mr Leeper for treatment and would recommend friends to do the same without hesitation.”*

71. These observations were echoed by another female patient, who also referred to having received “excellent, top-quality treatment” from Mr Leeper. Other female patients who provided references

spoke in equally glowing terms about Mr Leeper's abilities as a chiropractor and his complete professionalism when treating them. There were also references from male patients in a similar vein.

72. Another female patient, who was not keen to see a male Chiropractor due to "*deeply personal/emotional issues*" did receive treatment from Mr Leeper because of the pain she was in and there being no one else available. She spoke of how apprehensive she was, but that Mr Leeper was "*totally professional, but relaxed and friendly.*" In fact, she now no longer trusts anyone else to treat her saying, "*Since his demise [sic] I still resist going elsewhere and my quality of life is suffering, I don't trust anyone else to treat me. I feel his approach is solely for his clients health/welfare and never for financial gain or otherwise.*" She added:

*"During my treatment, apart from obviously my self-confidence side of undressing (behind a screen), I felt totally relaxed, at no time did I feel uncomfortable or intimidated in any way. Mr Leeper's actions were totally in line with a patient/practitioner relationship. At no time did he make any sexual remarks, gestures or comments and I consider him to be an excellent Practitioner and a thoroughly nice man. He has a total empathy toward patient care and I trust him totally."*

73. When deciding the appropriate sanction in this case the Committee considered both the mitigating and aggravating features. The mitigating factors included the following: no previous adverse disciplinary findings; full admissions to the matters alleged, thereby avoiding the need for Ms A to have to give evidence; insight (albeit not fully developed) as shown by his admissions and in his reflection; remorse; apologies to Ms A, his colleagues and the profession; evidence from him and his wife that this conduct fell within a stressful time for him when he was working particularly long hours and travelling between the two clinics and this may have impacted upon his judgement; evidence of some remediation by the attendance on an appropriate and relevant course on maintaining professional boundaries; a number of references, many from female patients fully aware of both the matters alleged against him and of his acceptance of the matters alleged, who nevertheless spoke very highly of his clinical skills, professionalism, personality and the trust they had for him.

74. The Committee considered the following to be aggravating factors: abuse of position of trust by acting in the cavalier way in which he did, putting his own needs ahead of his duty to care for a vulnerable patient; acted contrary to the GCC's guidance; missed many opportunities to end the relationship, which persisted for many months; distress and emotional harm caused to Ms A; abuse of position of trust by sending a patient photograph to Ms A without the patient's consent.

75. In his written statement Mr Leeper provided some evidence of reflection and limited insight. He realised he should not have acted as he did in relation to either the breaching of boundaries or the breaching of confidentiality. He fully accepted his error of judgement with reference to sending the photograph. He also fully accepted his error of judgement with reference to Ms A, but his focus, in the Committee's view, was more about the consequences for him and less on an acknowledgment of why he allowed this to happen with a vulnerable patient and the impact on the profession and wider public confidence. The two years of interim suspension has undoubtedly had a salutary effect on him. During that time he undertook a three day course on professional boundaries, he also had counselling and is in the process of rebuilding his relationship with his wife. However, the Committee was left with concerns as to why a registered Chiropractor did not act on warning signs, he himself identified, throughout these events, and in particular on and just before 20 May 2018 and October 2018. The Committee was left unconvinced that he fully understands the effects of his actions and his responsibility towards vulnerable patients.

76. Ms A was, on any view, vulnerable by virtue of the fact that she had been Mr Leeper's patient and also by reason of her mental health, of which he should have been aware, having taken her medical history during the initial assessment, prior to treatment commencing. Whether it was deliberate or not, Mr Leeper played with Ms A's feelings in a way which caused her distress and emotional harm, which would have been foreseeable had he given it any meaningful thought. Given that Ms A attended the clinics initially to receive chiropractic treatment as a patient, it was wholly unacceptable that, as her chiropractor, Mr Leeper through his own actions or inactions, caused or allowed Ms A to develop such a strong attachment to him. The facts of this case underline why the guidance surrounding maintaining professional boundaries exists and why not crossing those boundaries or sexual boundaries is so important in the context of a therapeutic practitioner/patient relationship. The position of Ms A, as a vulnerable patient, is a good illustration of how the imbalance of power between patient and practitioner can manifest itself.

77. It is against that background that the Committee approached its decision on sanction. Having considered the aggravating and mitigating factors, the Committee then considered whether an admonishment would be appropriate and proportionate. It noted that some of the factors listed in the Guidance on Sanctions where an admonishment is appropriate, were present in this case, but many were not. Furthermore, sexual misconduct is serious and cannot be said to fall at the lower end of the spectrum of UPC and was exacerbated by Mr Leeper's behaviour in breaching confidentiality in sending the patient photograph to Ms A. The Committee considered that public confidence in the profession would be undermined if behaviour as serious as this were to be marked by an admonishment. Whatever the circumstances, it is the chiropractor's responsibility to prevent sexual boundaries being crossed, not the patient's and this was a grave error of judgement by Mr Leeper.

Furthermore, the breaches of patient confidentiality were also serious and not at the lower end of the spectrum.

78. The Committee next considered whether to impose a Conditions of Practice Order. The main aim of conditions is to protect patients from harm, while allowing the chiropractor to put right any shortcomings in their practice and is usually aimed at rectifying clinical failings. There are no clinical failings identified in this case, indeed his patients speak very highly of Mr Leeper's clinical competence. This case was concerned with inappropriate behaviour and conditions could not readily be used to address that behaviour. The Committee considered that the risk of Mr Leeper behaving in this way again was low, however there was insufficient evidence to rule out the risk of repetition. The Committee notes that some remediation has occurred as a result of and by attending a course on Maintaining Professional Boundaries. However, given that Mr Leeper has been suspended, on an interim basis, he has not had the opportunity to put the learning from this course into practice. The Committee concluded that, whilst the risk of repetition is likely to be low, it cannot be ruled out. It is important that Mr Leeper fully understands the need to maintain professional and sexual boundaries and to respect patient confidentiality. The Committee was also left with a residual concern about Mr Leeper's understanding of his obligations towards vulnerable patients. In all the circumstances the Committee considered that a Conditions of Practice Order would not be an appropriate sanction in this case. It would be difficult to formulate and monitor effective conditions, and in any event such a sanction would not reflect the seriousness of Mr Leeper's behaviour.

79. The Committee then looked at whether a period of suspension from the register would be appropriate and proportionate. The guidance states that a Suspension Order may be appropriate when the following are apparent:

- *there has been a serious breach of the Code of Practice or Standard of Proficiency and the misconduct is not fundamentally incompatible with continued registration. Therefore removal from the register would not be in the public interest. However, the breach is so serious that any sanction lower than a suspension would not be sufficient to serve the need to protect the public interest;*
- *there is no evidence of harmful deep-seated personality or attitudinal problems;*
- *there is no evidence of the repetition of similar behaviour since the incident;*
- *the committee is satisfied the chiropractor has insight and does not pose a significant risk of repeating the behaviour.*

80. The Committee considered most of these factors to be present in this case. It was also satisfied, in light of what had been said about him by his wife and female patients, that this conduct was out of character and there was no doubt Mr Leeper has learned a salutary lesson from it. Whilst Mr Leeper did demonstrate attitudinal problems at the time, there was no evidence of deep-seated personality or attitudinal problems, no evidence of repetition and the Committee has already indicated that, whilst Mr Leeper has some limited insight, it considers he does not pose a significant risk of repeating the behaviour. In all the circumstances the Committee concluded that this misconduct, although very serious, was not, in the particular context of this case, fundamentally incompatible with continued registration. It recognised that there was a spectrum of sexual relations and degrees of culpability and that this relationship was an entirely consensual, mutual relationship and not a case of his seducing Ms A. There were no elements of coercion or exploitation. This meant that, in the Committee's view, his limited insight did not prohibit suspension.

81. Although the Committee does not consider Mr Leeper to be a significant risk to patients, it was concerned about the need to ensure that public confidence in the profession and the GCC as its regulator is not undermined. The Committee recognised that a suspension would have a punitive effect upon Mr Leeper by preventing him from working, but considered this was outweighed by the public interest and the need to send out a very clear message that this sort of behaviour is wholly unacceptable. The Committee was satisfied that such a sanction in this case would maintain public confidence in the profession and also uphold proper standards of conduct and performance in the chiropractic profession.

82. The Committee did consider at length whether it was necessary to remove Mr Leeper from the register and, it is fair to say, came very close to concluding removal could be appropriate. However, whilst some of the factors in the guidance were present, a number were not. Having concluded that his misconduct was not fundamentally incompatible with continued registration, the Committee decided that such a sanction would not be appropriate or proportionate and would be unduly punitive. But Mr Leeper should be in no doubt he came very close to being removed.

83. The Committee decided that, given the serious departures from the Code and the serious nature of the misconduct, a lengthy period of suspension was needed, notwithstanding the time Mr Leeper has already been suspended on an interim basis. The Committee felt it imperative to send out the right message to the public and the profession as a whole that Mr Leeper's actions amounted to grave errors of judgement and represented appalling behaviour. However the Committee did not want to prevent Mr Leeper from having the opportunity to return to practice as a chiropractor in due course.

It was clear from the references and testimonials that he could be an asset to the profession in the future, if he is successful in addressing the concerns that the Committee has identified.

84. The order of this Committee, therefore, is that Mr Leeper be suspended for a period of two years and six months. In light of his limited insight, as referred to above, the Committee is of the view that this Order should be reviewed prior to its expiry. The Committee considered a reviewing Committee would be assisted by:

- Mr Leeper's attendance and hearing from him in person about his reflection and insight;
- evidence of continuing professional development;
- further written reflections on professional boundaries and the management of vulnerable patients.

#### **Consideration of an interim suspension order**

85. Following the Committee's decision on sanction, Ms Harris reminded the Committee of its power to impose an interim suspension order to cover the 28 day period before this order comes into effect and any appeal, in the event that one is made. She submitted that an order may be considered necessary given the limited insight shown and the findings made by the Committee and suggested protection of members of the public could be extended to cover public interest.

86. Mr Goldring, on behalf of Mr Leeper had no representations to make. He said that Mr Leeper had no intention of returning to work as a Chiropractor during the appeal period.

87. The Committee considered the position with care and took into account the Legal Assessor's advice. It was cognisant of the fact that an interim suspension order can only be imposed if considered necessary to protect members of the public. The Chiropractors Act makes it clear that it is members of the public that are covered and it does not extend to encompassing protection of the wider public interest. In its findings above the Committee concluded that, although there remains a risk that Mr Leeper could behave in a similar way in the future, that risk was low. In such circumstances the Committee could not say there was a real risk of significant harm to the health, safety and well-being of a patient, colleague or other member of the public if an order were not made. Whilst an order may be desirable the test was one of necessity and the Committee did not consider necessity to have been established. Accordingly, the Committee decided not to impose an interim suspension order.

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.

That concludes this case.

*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: 27 January 2021



**Satpal Singh Bansal**

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.