



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 Stephen Michael Blinman**

Address of Respondent: **Synegis House
Crockhamwell Road
Woodley
Berkshire
RG53LE
United Kingdom**

Registration Number of Respondent: **02946**

On 3-5 July 2023 and 22 August 2023, the Professional Conduct Committee ("the Committee") of the General Chiropractic Council met to consider the following allegation against Mr Stephen Blinman, 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:

Whilst registered as a chiropractor, by reason of the matters outlined at any or all of 1 – 10 below, you are guilty of unacceptable professional conduct in accordance with section 20(1)(a) of the Chiropractors Act 1994 (as amended).

1. Between December 2021 to around March 2022 the Registrant treated Patient A at the Libra Chiropractic Clinic ('the clinic') in his capacity as a Registered Osteopath.
2. You saw Patient A at the clinic on approximately seven occasions between 23 December 2021 and 10 March 2022.
3. You groomed Patient A and/or pursued an improper sexual relationship with Patient A in that he
 1. Initiated a meeting at the clinic with Patient A that was not treatment based on 10 January 2022
 2. Saw Patient A at her home approximately 15-20 times in total between January and April 2022
 3. Discussed your own use of masturbation to release tension and encouraged Patient A to do the same on 10 January 2022
 4. Hugged Patient A and told her a story during the hug to make it last longer on 13 January 2022
 5. Disclosed Personal information during treatment sessions with Patient A about your previous affairs and relationships
 6. Disclosed that you had feelings towards Patient A on 25 January 2022
 7. Encouraged Patient A to have a treatment session at her house without any clothes on 24 January 2022
 8. Told patient A you wanted to "heal" her of previous abuse and get her ready for her "real relationship" by helping her to overcome sexual phobias and vaginismus
 9. Sent messages of a personal and sexual nature to Patient A between December 2021 and April 2022.
4. You engaged in a sexual relationship with Patient A in that he
 1. Had penetrative sex with Patient A on two occasions
 2. Had oral sex and/or other sexual contact with Patient A on around 15-20 occasions between January and April 2022
5. You contacted Patient A again in March and April 2022 after she had ended the relationship with you:-
6. You shared details with Patient A which indicated that you had engaged in sexual activity *and/or* contact with other patients at the clinic:-
7. You did not refer Patient A to any other professionals or colleagues for further advice or support.

8. You told Patient A that you had made a false entry on her records for 27 January 2022, to the effect that you had advised that they should have some distance due to her feelings of attachment and that you would refer her elsewhere.

9. Your actions as described at 2 to 8 above were:

1. Not clinically justified
2. Breached professional and sexual boundaries
3. Sexually motivated

10. Your actions as described at 8 above

1. Lacked integrity
2. Were dishonest

PRELIMINARY MATTERS AND AMENDMENTS

Ms Louise Culleton appeared on behalf of the General Chiropractic Council (“the Council”). Mr Blinman did not attend the hearing and was not represented. The hearing was conducted remotely using Microsoft Teams.

Whether the Committee should recuse itself

Mr Blinman was also registered as an osteopath and was the subject of professional conduct proceedings heard before the General Osteopathic Council (“GOsC”) which have now concluded. The Committee noted that the information provided to it before the hearing included an email from the GOsC which stated the final outcome of their proceedings in March 2023. The email did not provide further information, for example findings or reasons on factual particulars - those had been successfully redacted from the documents in the bundle.

The Committee invited submissions from Ms Culleton as to whether the Committee should recuse itself because it had been made aware of this information. Ms Culleton submitted that there was no need for the Committee to do so: it was not uncommon for a Committee to become aware of inadmissible material and an experienced Committee was able to put this out of its mind. The Committee accepted the advice of the legal assessor.

The Committee is satisfied that it is able to put the information regarding the outcome of the GOsC hearing out of its mind, and that it will make a decision unaffected by that inadvertent disclosure.

The Committee also carefully considered whether a reasonable and well-informed observer would be concerned that the Committee might be biased because it was aware of the outcome of the other proceedings. The Committee will of course reach its decisions on factual particulars and other matters in light of the evidence and the arguments presented. It is satisfied that, as long as the conduct of the case and the Committee's decision-making are fair and objective, and based on evidence, a reasonable and fair-minded observer would not consider that the Committee's decision-making has been affected by bias.

Service

The documents before the Committee indicate that a Notice of Hearing was sent to Mr Blinman's email address on 24 May 2023. The Notice informed him of the date and time of the hearing and

that the hearing would be held by video teleconference, and included the Allegation as formulated by the Investigating Committee.

The Committee had regard to the submissions of Ms Culleton and accepted the advice of the legal assessor.

The Committee was satisfied that Notice of Hearing had been given to Mr Blinman in accordance with rules 3(2)(a) and 21 (1) of the General Chiropractic Council (Professional Conduct Committee) Rules 2000, as amended (“the Rules”).

Proceeding in absence

The Committee considered whether proceedings on the Allegation should be heard and determined in the absence of Mr Blinman. It had regard to the submissions of Ms Culleton and accepted the advice of the legal assessor.

In reaching its decision the Committee had regard to the public interest in the expeditious conduct of proceedings and to the need for fairness to all those concerned with the hearing, and in particular to Mr Blinman. It took account of the considerations identified in *General Medical Council v Adeogba* [2016] EWCA Civ 162 and bore in mind that the exercise of its discretion under rule 6(1) to proceed with the hearing in the respondent’s absence is one that must be exercised with great care.

The Committee noted that in his emails of 5 July 2022 to the Council and to the GOsC Mr Blinman made it clear that he did not intend to participate in further hearings of either regulatory body. He has not sought a postponement or responded to the Notice of Hearing at all, neither did he take any part in the GOsC hearing. There is no reason to suppose that Mr Blinman would be any more likely to appear if the hearing were listed for another date, and no reason to think that his absence from the present hearing is for any other reason than that he remains of the view that he does not wish to participate. While his not attending the hearing will cause some disadvantage to Mr Blinman, in the Committee’s view he has made his intentions clear and it is fair for the hearing to proceed in his absence.

The Committee has accordingly decided under rule 6(1) that the Allegation should be heard and determined notwithstanding the absence of Mr Blinman.

Application for amendment of the particulars of the Allegation

Ms Culleton made an application to amend the particulars of the Allegation which had been formulated by the Investigating Committee.

The proposed amendments sought to:

- make minor changes to the wording to correspond with Mr Blinman’s admissions, without changing the substance of what is alleged;

- add a reference to Mr Blinman’s providing treatment as a registered chiropractor;

- make minor changes of style, in particular to correspond with the drafting in the GOsC proceedings;

- discontinue certain particulars which the GCC no longer regards as capable of proof; and

discontinue the particular alleging dishonesty, for the same reason.

Ms Culleton submitted that the application was made in the light of certain admissions made by Mr Blinman in slightly different terms from the particulars formulated by the Investigating Committee; secondly in the interests of consistency with the way that the particulars were drafted in proceedings before the General Osteopathic Council (GosC) arising out of the same matters; and thirdly because having reviewed the evidence the Council was of the view that certain particulars, notably that alleging dishonesty, could not be proved.

She submitted that the proposed amendments to the wording to accommodate Mr Blinman's admissions and to reflect the wording of the GOsC allegation did not change the meaning or alter the gravity of the allegation, but simplified the issues in dispute and caused no injustice to Mr Blinman. With regard to the particulars which the Council sought to withdraw, she submitted that these amendments again caused no injustice to Mr Blinman. The decision to withdraw the dishonesty charge was a considered one on the evidence and did not lead to the risk of 'undercharging'. She submitted that the proposed amendments were fair to all parties.

In response to a suggestion from the Committee Ms Culleton further invited the Committee to amend paragraph 1 of the particulars to add the words "and Registered Chiropractor", as there was material indicating that Mr Blinman was treating Patient A in both capacities. She also agreed with certain clerical and typographical changes proposed by the Committee.

Decision on amendment of particulars of the Allegation

In reaching its decision the Committee took account of all the material before it, including the written submissions on behalf of the Council dated 29 June 2023 and the oral submissions of Ms Culleton. It heard and accepted the advice of the legal assessor.

The Committee kept in mind that, under Rule 6(11) of the General Chiropractic Council (Professional Conduct Committee) Rules 2000, if it appears to the Committee that the particulars of Allegation as formulated by the Investigating Committee should be amended, the Committee may amend them to the extent that this appears to be necessary or desirable, provided that it is satisfied that the proposed amendment can be made without injustice.

In relation to paragraph 1, the Committee took into account that Mr Blinman had not been informed of the proposed change in the wording to reflect the fact that he was acting as a Registered Chiropractor as well as a Registered Osteopath. The Committee noted however that there was evidence that Mr Blinman was practising from the Libra Chiropractic Clinic in both capacities, that he invoiced Patient A for "Chiropractic and Osteopathic Services", and that Patient A had chosen to consult him because he was qualified as both a chiropractor and an osteopath. It also noted that Mr Blinman had accepted in correspondence that the Council needed to conduct its own investigation but had indicated that he did not wish to take any part in the proceedings and had not responded to the Notice of Hearing or to other more recent correspondence. The Committee was satisfied that the lack of notice of this proposed change to paragraph 1 did not prejudice Mr Blinman in any way.

In the light of the material indicating that Mr Blinman was treating Patient A in both capacities, the Committee was of the view that paragraph 1 should be amended in the way proposed. The Committee was satisfied that this amendment was necessary or desirable so as to reflect the true position, and that the proposed amendment could be made without injustice.

The Committee noted that Mr Blinman had been informed of the other proposed substantive changes to the particulars and had raised no objection. With the exception of the deletion of the date in paragraph 3.4, the Committee was satisfied that the proposed amendments were

desirable and should be made. They simplify and clarify the original particulars so as to reduce the area of dispute, and exclude those of the original particulars which the Council no longer regards as supportable. The amendments do not add to the gravamen of the Allegation and the Committee was satisfied that they could be made without injustice.

The changes proposed to paragraph 3.4 of the particulars, however, were to delete the reference to telling a story so that the hug lasted longer, but also to delete the date, with the result that the charge would not be limited to a single occasion but could apply to one or more other unspecified occasions. The Committee was not satisfied that broadening the paragraph in this way could be done without injustice and the Committee declined to make the amendment deleting the date.

The Committee was not persuaded by the argument that the wording of the particulars should be changed from the second to the third person so as to correspond with the style of drafting used by the GOsC. Such a change was not necessary in order to make the substance of the charges consistent with those in the GOsC proceedings and would be incongruous with the introductory wording of General Chiropractic Council allegations. The Committee was not satisfied that this change was either necessary or desirable.

The Committee has however made other grammatical and typographical changes which it regards as desirable and which it is satisfied involve no injustice.

The Committee therefore amends the particulars of the Allegation in the terms set out later in this notice of findings.

Application to admit hearsay evidence

Ms Culleton applied to adduce in evidence the witness statement of Patient A made in the GOsC proceedings and its exhibits, together with a transcript of her oral evidence in those proceedings. The Council did not propose to call Patient A to give evidence at the present hearing,

Ms Culleton's submissions were that Patient A was not willing to give evidence in these proceedings. Patient A had, at the GOsC hearing, provided evidence under oath in respect of these concerns and had made herself available for questioning. The GOsC had previously informed the Council that Patient A 'has indicated that she does not wish to speak to the GCC about this matter' and the Council did not consider that it was in the public interest to require Patient A's attendance.

Mr Blinman was on notice, in the statement of case sent to him on 31 May 2023, that it was proposed to adduce this evidence without calling Patient A. Mr Blinman had not objected to this; he had indicated earlier that he did not wish to participate in the Council's regulatory proceedings and that he did not wish to cause the complainant more upset than needed. Patient A's evidence was not the sole and decisive evidence of these matters: there was substantial documentary evidence such as emails, texts and WhatsApp messages together with Mr Blinman's admissions. The extent of the challenge to Patient A's evidence is that Mr Blinman says that there are some inaccuracies but that he does not contest the generality of her complaints. Ms Culleton also submitted that there was no reason for Patient A to fabricate her allegations.

In these circumstances Ms Culleton submitted that the evidence should be admitted.

Decision on whether to admit evidence

Under rule 7(2) of the Rules the Committee may admit any evidence, even if it would not be admissible in a court of law, if it is satisfied 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.

In reaching its decision on whether to admit the evidence the Committee had regard to Ms Culleton's submissions and accepted the advice of the legal assessor. It took particular account of the matters set out in the case of *Thorneycroft v NMC* [2014] EWHC 1565 (Admin).

The Committee noted that Patient A said that she did not receive a response from the Council to her initial complaint, but the Committee has no information as to why this occurred. Patient A had apparently put a lot of work into preparing documents for the GOsC hearing and had given oral evidence and been questioned at that hearing. She was a vulnerable witness and, while one cannot know for certain her reasons for not wishing to give evidence at this present hearing, in the Committee's view the likely inference is that having played her part in the GOsC proceedings she does not wish to go through it all again.

The Committee is satisfied that Patient A's witness statement and the transcript of her oral evidence will not be the sole or decisive evidence in this case: there is considerable other material such as Mr Blinman's admissions and the extensive exchanges of messages. There is no indication that Patient A has reason to fabricate her complaints. Mr Blinman has had notice that the Council intends to adduce this material without calling Patient A to give evidence orally and has not objected. Mr Blinman challenges only part of her evidence; he accepts the generality of it and has said that he does not intend to attend the hearing and does not want to cause upset to Patient A.

The Committee recognised the Council's consciousness of the need to be sensitive in dealing with Patient A and accepted that it would not be in the public interest to require her to attend. The Committee was not however satisfied that the Council had taken all reasonable steps to secure her attendance. The Council appears to have made no attempt to contact Patient A until it asked the GOsC for her contact details after the GOsC proceedings had been concluded. In the Committee's view it would have been reasonable for the Council to explore, through the GOsC if necessary, the possibility that Patient A could give evidence with the benefit of the support measures available for a vulnerable witness.

The Committee also took into account the seriousness of these charges, and the effect that an adverse finding may have on Mr Blinman's professional career. However, in spite of that consideration, and of its reservations about the adequacy of the Council's efforts to communicate with Patient A, the Committee has concluded that the evidence should be admitted under rule 7(2). Having regard to the overall interest of justice and to the difficulty that would be involved in obtaining Patient A's oral evidence, the Committee is satisfied that it is desirable in the interests of making due inquiry that the evidence should be received.

Further amendment suggested by the Committee

During its deliberations the Committee considered whether it was desirable that Particular 6 be amended to allow for the possibility that a sharing of details could be proved in respect of only one other patient, as opposed to the original wording which refers to "other patients". The Committee therefore invited Ms Culleton's submissions on whether such an amendment should be made.

Ms Culleton made further submissions in relation to Particular 6 but had no objections to the amendment itself.

In reaching its decision the Committee again took account of the material before it, including the submissions of Ms Culleton. It heard and accepted the advice of the legal assessor and kept in mind the requirements of Rule 6(11).

The Committee was of the view that Particular 6 should be amended in the way it had outlined. The Committee was satisfied that this amendment was necessary or desirable so as to reflect the evidence, and that the proposed amendment could be made without injustice.

The Committee therefore amends Particular 6 of the Allegation in the terms set out below.

AMENDED ALLEGATION

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:

Whilst registered as a chiropractor, by reason of the matters outlined at any or all of 1 – 10 below, you are guilty of unacceptable professional conduct in accordance with section 20(1)(a) of the Chiropractors Act 1994 (as amended).

1. Between December 2021 to around March 2022 you treated Patient A at the Libra Chiropractic Clinic ('the clinic') in your capacity as a Registered Osteopath and Registered Chiropractor
2. You saw Patient A at the clinic on various occasions between 23 December 2021 and 10 March 2022
3. You groomed Patient A and/or pursued an improper sexual relationship with Patient A in that you
 - a. Initiated a meeting at the clinic with Patient A that was not treatment based on 10 January 2022
 - b. Saw Patient A at her home on various occasions between January and April 2022
 - c. Discussed your own use of masturbation to release tension on 10 January 2022
 - d. Hugged Patient A on 13 January 2022
 - e. Disclosed personal information during treatment sessions with Patient A about your previous relationships
 - f. Disclosed that you had feelings towards Patient A on 25 January 2022

- g. Encouraged Patient A to have a treatment session at her house without any clothes on 24 January 2022
 - h. Told Patient A you wanted to “heal” her of previous abuse and get her ready for her “real relationship” by helping her to overcome sexual phobias and vaginismus or words to that effect
 - i. Sent messages of a personal and sexual nature to Patient A between December 2021 and April 2022
- 4. You engaged in a sexual relationship with Patient A in that you
 - a. Had and/or attempted to have penetrative sex with Patient A on two occasions
 - b. Had oral sex and/or other sexual contact with Patient A on other occasions between January and April 2022
- 5. You contacted Patient A again in March and April 2022 after she had ended the relationship with you
- 6. You shared details with Patient A which indicated that you had engaged in sexual activity and/or contact with one or more other patients
- 7. You did not refer Patient A to any other professionals or colleagues for further advice or support
- 8. You told Patient A that you had made a false entry on her records for 27 January 2022, to the effect that you had advised that you should have some distance due to her feelings of attachment and that you would refer her elsewhere
- 9. Your actions as described at 2 to 8 above were:
 - a. Not clinically justified
 - b. In breach of professional and sexual boundaries
 - c. Sexually motivated
- 10. Your actions as described at 8 above lacked integrity

DECISION

Background

Patient A was a woman who had experienced physical and other abuse in the past. She sought treatment for conditions which included a shoulder injury and in December 2021 she made an appointment to see Mr Blinman at the Libra Chiropractic Clinic where he practised.

Mr Blinman first saw Patient A on 23 December 2021 at the clinic. However the relationship between them soon became personal and sexual, as well as professional. Mr Blinman disclosed matters about his own personal life and history to Patient A, and she disclosed personal matters and problems to him. He saw her on a number of occasions over the next few months, both at the clinic and at her home, and they exchanged text and WhatsApp messages of a personal nature, some with explicitly sexual content, sometimes many times a day. Oral sex and other sexual contact occurred on most or all occasions between January and April 2022 and penetrative sex either occurred, or was attempted, on two occasions.

The Council alleges that Mr Blinman groomed Patient A. He does not concede this, but agrees that he pursued an improper sexual relationship with her.

When the relationship became a personal one, Mr Blinman failed to refer Patient A to another chiropractor, or to another practitioner whom she could consult about her other needs. He continued not to do so for a period of months. A time came when Patient A asked him not to contact her, but contact between them, including sexual contact, resumed shortly after. On 5 May 2022, Patient A made a complaint about Mr Blinman to the GOsC and she says that she also made a complaint to the Council, although that complaint is not in evidence.

The Council alleges that Mr Blinman's actions were not clinically justified, breached professional and sexual boundaries and were sexually motivated. It also alleges that he told Patient A that he had made a false entry in her records to the effect that because of her feelings for him he would refer her elsewhere, and that this showed a lack of integrity.

Admissions

The Allegation was read out.

Mr Blinman has not responded to the Notice of Hearing and the Allegation in the present proceedings. The Committee noted that in the GOsC proceedings Mr Blinman made responses which are in similar terms to some of the amended particulars, and in correspondence with the Council Mr Blinman stated that, while there were certain inaccuracies in Patient A's allegations, he did not contest the generality of what she said. In the Committee's view however the effect of those statements is evidential: Mr Blinman has made no formal admissions in the present proceedings.

Evidence

The evidence before the Committee comprised:

- the written statement of Patient A to the GOsC and a transcript of her oral evidence to the GOsC hearing;

- documents setting out Mr Blinman's account of what occurred, such as his response to the GOsC charges (which were broadly similar to the particulars in the present case), and a reflective statement;

- other documents such as Patient A's complaint to the GOsC and print outs of emails, texts and messages between Patient A and Mr Blinman; and

- testimonials on behalf of Mr Blinman and evidence of training in professional boundaries.

The Committee heard no oral evidence.

Decision on facts

In reaching its decisions on the factual particulars the Committee took into account all the evidence presented to it. It considered the submissions made by Ms Culleton and the representations from Mr Blinman found in the documents. It accepted the advice of the legal assessor.

The Committee kept in mind that the burden of proof is on the Council, and that the Council must prove each of the particulars on the balance of probabilities. It also bore in mind that the seriousness of what is alleged may mean that the evidence should be examined more critically before the Committee concludes that the matter has indeed been established on the balance of

probabilities. The Committee took into account that Mr Blinman has not been the subject of any adverse regulatory findings prior to these matters and had regard to the testimonials provided on his behalf.

The Committee considered each of the particulars set out in the Allegation separately. Its decisions on those particulars are as follows.

Particular 1

1. Between December 2021 to around March 2022 you treated Patient A at the Libra Chiropractic Clinic ('the clinic') in your capacity as a Registered Osteopath and Registered Chiropractor

Proved

The evidence includes clinical records and invoices which show that Mr Blinman treated Patient A at the clinic on five occasions of which the first was 23 December 2021. Mr Blinman's response in the GOsC proceedings agrees with the corresponding particular. Mr Blinman was registered as both a chiropractor and an osteopath. His invoices to Patient A record his degrees in both disciplines and are expressed to be for "Chiropractic and Osteopathic Services". The Committee was satisfied that he treated Patient A in both capacities.

The Committee therefore found this particular proved.

Particular 2

2. You saw Patient A at the clinic on various occasions between 23 December 2021 and 10 March 2022

Proved

Patient A's witness statement and chronology state that she saw Mr Blinman at the clinic on occasions of which the first was 23 December 2021 and the last was 10 March 2022. Mr Blinman's account in the documents is consistent with that.

The Committee therefore found this particular proved.

Particular 3a

3. You groomed Patient A and/or pursued an improper sexual relationship with Patient A in that you

a. Initiated a meeting at the clinic with Patient A that was not treatment based on 10 January 2022

Proved

Patient A in her witness statement stated that they met at the clinic that day and in his response to the GOsC Mr Blinman confirms that there was an informal meeting at the clinic. There is no clinical record of the meeting and neither Mr Blinman nor Patient A suggests that any treatment took place. The evidence, including the record of texts, is to the effect that Patient A wished to speak to Mr Blinman and did not wish to do so on the telephone as she wanted to get out of the

house. Mr Blinman sent a text message suggesting that they meet at the clinic instead, though for a talk not for treatment. The Committee finds that this occurred.

The Committee bore in mind that “grooming” is not defined in law, and it does not propose to create a definition here. It regards the general import of the word as well understood, and as including an element of exploitation and of taking advantage of the other person’s vulnerability.

While it has kept in mind that Patient A had asked to speak to him, Mr Blinman was a chiropractor and osteopath and in the Committee’s judgment this was clearly not a proper way to deal with her request: she should have been asked to make an appointment to see him at the clinic and there should have been a record of what took place. The Committee is satisfied on the balance of probabilities that Mr Blinman was exploiting Patient A’s vulnerabilities, which were known to him by this stage, and that this amounted to grooming and was done in pursuit of an improper sexual relationship.

The Committee therefore found this particular proved.

Particular 3b

3. You groomed Patient A and/or pursued an improper sexual relationship with Patient A in that you

b. Saw Patient A at her home on various occasions between January and April 2022

Proved

Mr Blinman accepted that he went to meet Patient A at her house on two dates in January 2022 and on several other occasions. Patient A stated that he saw her at her home on some 15-20 occasions beginning with 24 January 2022. Patient A stated in her witness statement that the last visit was on 17 April 2022 and the WhatsApp records also indicate a meeting at her home on that day. The Committee finds that this occurred.

The Committee noted that in January 2022 a sexual relationship had already begun. The Committee does not regard this as meaning that further incidents do not amount to grooming or are no longer in “pursuit” of a relationship. The indicia of grooming can continue for the purpose of maintaining the relationship after it has begun, and it is similarly possible to pursue a relationship which has already started.

The Committee is satisfied that Mr Blinman’s visits to Patient A’s home over this period were part of the process of grooming and were in pursuit of an improper sexual relationship.

The Committee found this particular proved.

Particular 3c

3. You groomed Patient A and/or pursued an improper sexual relationship with Patient A in that you

c. Discussed your own use of masturbation to release tension on 10 January 2022

Proved

Patient A said in her witness statement that Mr Blinman told her during that meeting that he released tension by way of masturbation. In her oral evidence to the GOsC she was unwavering in her recollection that Mr Blinman said this. There is a text message from Patient A the following day which, while it does not refer to masturbation expressly, is explained by her in her witness statement in the GOsC as a reference to the conversation the day before. The Committee regards this as a plausible explanation of the text.

The Committee accordingly found that this occurred. It was also satisfied that this was not done for clinical reasons but was part of the process of grooming and was in pursuit of an improper sexual relationship.

Particular 3d

3. You groomed Patient A and/or pursued an improper sexual relationship with Patient A in that you

d. Hugged Patient A on 13 January 2022

Proved

In his response to the GOsC Mr Blinman accepted that he hugged Patient A on that date, and this is consistent with Patient A's evidence. They are in agreement that Patient A asked him for a hug.

The Committee accordingly found that this occurred. It was also satisfied that it was part of the process of grooming and was in pursuit of an improper sexual relationship.

Particular 3e

3. You groomed Patient A and/or pursued an improper sexual relationship with Patient A in that you

e. Disclosed personal information during treatment sessions with Patient A about your previous relationships

Not proved

Mr Blinman in his response to the GOsC agreed that he told Patient A about his relationships but stated that these did not form part of his clinical life. It is unclear when these occurred. He also stated that he told her during one of the earlier sessions that most of his sexual experiences were not until his thirties. It is not however clear to the Committee that these experiences were "relationships". In describing the events of 16 January 2022 Patient A confirmed a disclosure about relationships had occurred in a previous session, but this might for example include the informal meeting on 10 January 2022. In contrast to much of Patient A's evidence there is a degree of imprecision on this question.

The Committee is accordingly not persuaded that this particular is proved on the balance of probabilities.

Particular 3f

3. You groomed Patient A and/or pursued an improper sexual relationship with Patient A in that you

f. Disclosed that you had feelings towards Patient A on 25 January 2022

Proved

Patient A, in a text of 25 January 2022, stated that her “mind, body and spirit wanted to be with” Mr Blinman and in the whole text elaborated on how she felt about him. Mr Blinman replied in a text about an hour later “I not only appreciate your feelings, but I echo and reciprocate them”. He added that this was “dangerous territory”. Mr Blinman in his response to the GOsC accepted that Patient A revealed that she had feelings for him and that he told her that he reciprocated her feelings.

The Committee accordingly found that this occurred. It was also satisfied that it was part of the process of grooming and was in pursuit of an improper sexual relationship.

Particular 3g

3. You groomed Patient A and/or pursued an improper sexual relationship with Patient A in that you

g. Encouraged Patient A to have a treatment session at her house without any clothes on 24 January 2022

Proved

Mr Blinman stated that on 24 January 2022 he offered Patient A a visit and asked her if she wanted to do “skin” on Thursday. Patient A described this conversation and stated that Mr Blinman clarified that this meant that she would be naked. She expressed uncertainty as to whether she would be brave enough to do so. She stated that he described another occasion when he had treated a naked patient and said this can be normal. In her oral evidence to the GOsC hearing Patient A was questioned about this extensively and explained how Mr Blinman normalised this and how this reassured her.

The Committee accordingly found that this occurred. It was also satisfied that this was not done for clinical reasons but was part of the process of grooming and was in pursuit of an improper sexual relationship.

Particular 3h

3. You groomed Patient A and/or pursued an improper sexual relationship with Patient A in that you

h. Told Patient A you wanted to “heal” her of previous abuse and get her ready for her “real relationship” by helping her to overcome sexual phobias and vaginismus or words to that effect

Not proved

In her witness statement to the GOsC Patient A stated that this was said. In her oral evidence to the GOsC hearing she confirmed that Mr Blinman definitely used the word “heal” and described that she felt that she wanted to be healed. It is apparent from the GOsC transcript that Mr Blinman denied using the word “heal” in his response to their charges. The Committee noted that Patient A’s account refers a lot to her wanting to be healed and the only use of the word “heal” in the WhatsApp messages is when she uses it. The nearest to which Mr Blinman seemed to have come to the word is where he referred to a “healing crisis”, which appeared to the Committee to be used as a clinical term. The Committee did not regard that as to the same effect. The Committee bore in mind also that Mr Blinman does not deny a great deal in this case: he only denies certain specific matters.

In those circumstances the Committee is not persuaded that this particular has been proved.

Particular 3i

3. You groomed Patient A and/or pursued an improper sexual relationship with Patient A in that you

i. Sent messages of a personal and sexual nature to Patient A between December 2021 and April 2022

Proved

The Committee has seen the texts and WhatsApp messages. They are numerous and comprise of the order of 200 pages of the bundle. Many of them are clearly personal and sexual: they are not clinical in any sense.

The Committee accordingly found proved that this occurred. It was also satisfied that this was not done for clinical reasons but was part of the process of grooming and was in pursuit of an improper sexual relationship.

Particular 4

4. You engaged in a sexual relationship with Patient A in that you

a. Had and/or attempted to have penetrative sex with Patient A on two occasions

Proved

Mr Blinman admitted in his response to the GOsC that he attempted to have penetrative sex with Patient A on two occasions. Patient A stated that they had penetrative sex, but she had vaginismus and also said that it was painful and that he stopped because of this. The Committee bore in mind that it may be that the difference between their accounts is no more than a matter of how one uses the word “attempted”.

The Committee found proved that Mr Blinman attempted to have penetrative sex with Patient A on two occasions and that this constituted engaging in a sexual relationship.

b. Had oral sex and/or other sexual contact with Patient A on other occasions between January and April 2022

Proved

Mr Blinman stated that they were intimate and had oral sex on most visits. Patient A stated that he “performed oral sex and used his fingers on every visit”.

The Committee accordingly found this particular proved and that this constituted engaging in a sexual relationship.

Particular 5

5. You contacted Patient A again in March and April 2022 after she had ended the relationship with you

Not proved

In his response to the GOsC charges Mr Blinman agrees that he contacted Patient A on 24 March after she ended the relationship but said in his reflective statement that this was because she changed her mind. Patient A in her witness statement stated that she blocked and unblocked him, which enabled him to message her on 24 March, and they then started to message and see each other again, including having sexual contact. The record of WhatsApp messages shows that on 17 March 2022 Patient A told him that she asked him to be respectful and not to contact her. However there is then a gap in the WhatsApp record, in spite of the fact that Patient A said that they were messaging each other again. In relation to that period therefore the Committee had no evidence other than the statements of Mr Blinman and Patient A. There is then an entry showing that she unblocked him on 10 April and a message from him on 13 April when he says “Talk to me?”, and another on 14 April after she had had a car accident. Following that there was considerable communication, much of it from her.

The Committee understands this particular as alleging that Mr Blinman made contact with Patient A at a time when the relationship was at an end, rather than that it had ended in the past but resumed. In the circumstances outlined above the Committee was unable to determine when the relationship was at an end and was not satisfied on the balance of probabilities that Mr Blinman’s actions in contacting Patient A on 24 March and on 13 and 14 April were at a time when the relationship had ended.

The Committee therefore found this particular not proved.

Particular 6

6. You shared details with Patient A which indicated that you had engaged in sexual activity and/or contact with one or more other patients

Proved

Mr Blinman agreed in his statement that he had disclosed personal information about relationships but said that these were not with patients. He accepted that he may not have been sufficiently clear that they were not with patients.

Patient A’s evidence stated that Mr Blinman referred to relationships in treatment sessions, but the Committee understood that as a reference to the disclosure, rather than the relationships, being in treatment sessions. Patient A also said that Mr Blinman had told her that he had given

treatment to a friend from the choir with whom he was in a long-term relationship. The Committee is not satisfied that this amounts to sexual activity with a patient in the ordinary sense of those words: chiropractors and other health care professionals may from time to time give treatment to members of their family, for example, but they would not be regarded as patients and the moral implications of this are quite different.

There is a text exchange where Patient A asked him whether “this sort of thing” had happened before with patients and Mr Blinman’s answer was “not to this warm delicious intensity, no”. In the Committee’s view this is ambiguous and may not refer to sexual activity or contact. The Committee is also of the view that an oblique reference of this sort does not amount to sharing details. There are further references to having feelings for patients but with no clear reference to sexual activity. There is however a reference to one named patient and that Mr Blinman would tell her the details “surreptitiously”.

In Patient A’s evidence she refers to Mr Blinman telling her about going home with a patient of this name whom he had met at the clinic, although he was unable to maintain an erection because he was anxious about her husband coming home. She says that he told her that he had seen this patient again some time later but she had put on weight and he no longer found her attractive.

The Committee points out that it is not alleged, and the Committee is not finding, that Mr Blinman in fact had sexual relations with any other patient. The concern is that he told Patient A about doing so, which would tend to normalise having sexual relations with patients.

The Committee took account of the fact that Mr Blinman denies this particular. However, in the Committee’s view Patient A’s evidence includes considerable supplementary detail and the text message provides a degree of corroboration of Patient A’s evidence. On the balance of probabilities, the Committee accepts Patient A’s evidence.

The Committee therefore found this particular proved, but only in respect of one patient.

Particular 7

7. You did not refer Patient A to any other professionals or colleagues for further advice or support

Proved

The Committee is satisfied that there is no entry in the clinical records showing a referral to another practitioner and Mr Blinman stated in his reflective statement that he did not refer Patient A to any other professional or seek advice or support.

The Committee therefore finds this particular proved.

Particular 8

8. You told Patient A that you had made a false entry on her records for 27 January 2022, to the effect that you had advised that you should have some distance due to her feelings of attachment and that you would refer her elsewhere

Not proved

The Council made it clear in its submissions that it was not alleging that the entry for 27 January 2022 was in fact false, but rather that Mr Blinman told Patient A that the entry he made was false. Mr Blinman has stated clearly that the entry is absolutely correct. The particular therefore depends on what Mr Blinman told Patient A about the entry.

The Committee noted that there is no evidence of when exactly the entry was made but by inference it was probably made on 27 January. In her chronology, based in part on the WhatsApp messages, Patient A stated that she cancelled her appointment for 27 January 2022 because of her concern about the emotional aspect. The entry in the records for 27 January 2022 is to the effect that Patient A has cancelled her last session because although she finds the treatments helpful, she is concerned about the emotional issues they bring up. This is consistent with what Patient A stated occurred and to what she says she was told by Mr Blinman.

However subsequently that day Patient A changed her mind and asked to see him. She and Mr Blinman met, and sexual contact took place. According to Patient A the conversation about the entry occurred then. She stated that he said that he had made an entry to say that she needed distance because of her feelings. In the Committee's view, it is not possible to regard this as a verbatim account of what Mr Blinman said, neither would what he said necessarily have been a word for word quotation from the entry. This was an informal conversation between them. The broad import of what Patient A reports is in the Committee's view consistent with the intent of the entry. She also said that he told her, in answer to a question from her, that she *might* receive an email with details of another practitioner. The Committee noted that, apart from the fact that the word she reports is "might" rather than "would", this is not part of the summary of what is in the entry made earlier that day.

The Committee is satisfied that there was some conversation between the two about the entry. In her witness statement Patient A said that Mr Blinman told her that he had made an entry for the purposes of "disguising" the true relationship. This may be correct but is not the same thing as telling her that the entry was false. The Committee has looked closely at what Patient A has said at various points in her evidence about what Mr Blinman said. While Patient A seems to be under the impression that he was telling her that the entry was incorrect, in the Committee's view the evidence of what Mr Blinman actually said is unclear and the Committee has not identified anything which is clearly incorrect.

The Committee accordingly found this particular not proved.

Particular 9a

9. Your actions as described at 2 to 8 above were:

a. Not clinically justified

in relation to Particular 2

Proved

In relation to Particular 2, the Committee notes that five of the occasions covered by the particular, such as the initial appointment on 23 December 2021, were for the purposes of clinical treatment and were recorded as such.

On 10 January 2022 Patient A and Mr Blinman met at the clinic, but expressly for the purposes of talking rather than treatment. The conversation involved emotional support but no treatment occurred and the meeting was not recorded. The two also met at the clinic on 10 March 2022 and sexual activity took place. No treatment occurred and this was not a clinical appointment and was not recorded.

In the Committee's judgment neither of these two meetings was clinically justified. The Committee therefore found this particular proved in relation to Particular 2.

in relation to Particular 3

Proved

The Committee has found proved that all these actions amounted to grooming and were in pursuit of an improper sexual relationship. Grooming and pursuing an improper sexual relationship are in the Committee's view clearly not clinically justified. The Committee accordingly found this particular proved in relation to Particular 3, except for 3e and 3h.

in relation to Particular 4

Proved

The Committee has found proved that these actions amounted to engaging in a sexual relationship with Patient A. Engaging in a sexual relationship is in the Committee's view clearly not clinically justified. The Committee accordingly found this particular proved in relation to Particular 4.

in relation to Particular 5

Not proved

The Committee found Particular 5 not proved. This further particular therefore falls away.

in relation to Particular 6

Proved

The Committee found proved that you shared details with Patient A which indicated that you had engaged in sexual activity and or contact with another patient. Such a conversation is clearly not clinically justified. The Committee therefore found this particular proved in relation to Particular 6.

in relation to Particular 7

Proved

The Committee has found proved that Mr Blinman did not refer Patient A to other professionals or colleagues for advice or support.

Mr Blinman was aware that Patient A had emotional or well-being issues, including self-harm and a history of abuse, and she had told him about such matters as needing to be away from knives in case she committed self-harm and was at risk of abusing alcohol. Patient A's evidence was that Mr Blinman said that he was not sure how to help, but he did not refer Patient A to other professionals. There is evidence that Patient A had a counsellor in the past, and that she consulted the counsellor at a later stage about her concerns about her relationship with Mr Blinman, but there is no evidence that she was seeing the counsellor when she became Mr Blinman's patient. He clearly did not refer her to the counsellor or to anyone else.

In the Committee's judgment Patient A was identifying to Mr Blinman a range of issues which required further support and Mr Blinman should have been, and apparently was, aware that Patient A was in need of support which it was not within his clinical scope of practice to provide. He did not do that but instead tried to manage these matters himself informally. In the Committee's view this failure to refer to other professionals was not clinically justified.

Additionally, when it became clear, during January, that his relationship with Patient A was becoming personal and sexual rather than exclusively professional, Mr Blinman should have ceased to act as Patient A's chiropractor and osteopath and should have referred her to another practitioner in one of those fields. Not doing so was again in the Committee's view not clinically justified.

The Committee accordingly found this particular proved in relation to Particular 7.

in relation to Particular 8

Not proved

The Committee found Particular 8 not proved. This further particular therefore falls away.

Particular 9b

9. Your actions as described at 2 to 8 above were:

b. In breach of professional and sexual boundaries

in relation to Particular 2

Proved

In its consideration of Particular 9b the Committee had regard to the Council's Guidance on Maintaining Sexual Boundaries.

In the Committee's judgment the meetings at the clinic on 10 January and 10 March 2022 were both in breach of professional boundaries. The Code requires chiropractors "to 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" (Principal D). These were informal meetings and were undocumented. They clearly blurred the boundary between a professional chiropractic relationship and an informal relationship as a friend and provider of emotional support and, ultimately, a sexual partner.

The informal meeting on 10 January 2022 was for the purposes of talking. The conversation involved sexual matters including Mr Blinman's referring to his use of masturbation, and he offered to hug Patient A. The Committee found, under Particular 3, that he initiated this meeting as part of the process of grooming and in pursuit of a sexual relationship. The Committee therefore found proved that his seeing Patient A in these circumstances was in breach of sexual boundaries.

On 10 March 2022 at the clinic the two attempted to have penetrative sex. In the Committee's judgment it goes without saying that this is a breach of sexual boundaries.

The Committee therefore found this particular proved in relation to Particular 2.

in relation to Particular 3 (except for 3e and 3h)

Proved

The Committee found that the actions proved under Particular 3 were grooming and done in pursuit of an improper sexual relationship. In the Committee's judgment such actions were in breach of both professional and sexual boundaries.

The Committee therefore found this particular proved in relation to Particular 3.

in relation to Particular 4

Proved

The Committee found that these actions constituted engaging in a sexual relationship. In the Committee's judgment such actions were in breach of both professional and sexual boundaries.

The Committee therefore found this particular proved in relation to Particular 4.

in relation to Particular 5

Not proved

The Committee found Particular 5 not proved. This further particular therefore falls away.

in relation to Particular 6

Proved

The Committee found that Mr Blinman shared details with his patient about previous sexual activity or contact with another patient, and as the Committee has already observed it is of the view that this tended to normalise sexual activity with patients. The Committee regards this as in breach of both professional and sexual boundaries.

The Committee therefore found this particular proved in relation to Particular 6.

in relation to Particular 7

Not proved

The Committee found that Mr Blinman did not refer Patient A to other professionals or colleagues when in the Committee's view he should have done. While this was a breach of professional duty, the Committee is not persuaded that it is a breach of professional or sexual boundaries.

The Committee therefore found this particular not proved in relation to Particular 7.

in relation to Particular 8

Not proved

The Committee found Particular 8 not proved. This further particular therefore falls away.

Particular 9c

9. Your actions as described at 2 to 8 above were:

c. Sexually motivated

in relation to Particular 2

The Committee took account of the case-law to the effect that a sexual motive means that the conduct was done either in pursuit of sexual gratification or in pursuit of a future sexual relationship.

The Committee found proved that the meeting of 10 January 2022 was part of the process of grooming and was in pursuit of a sexual relationship. At the meeting of 10 March 2022 sexual intercourse was attempted. The Committee is of the view that this was for sexual gratification.

The Committee accordingly found this particular proved in relation to Particular 2.

in relation to Particular 3 (except for 3e and 3h)
Proved

The Committee found that the actions proved under Particular 3 were in pursuit of a sexual relationship. It follows that the Committee is satisfied that it is proved that they were sexually motivated.

The Committee accordingly found this particular proved in relation to Particular 3.

in relation to Particular 4
Proved

The Committee found that the actions proved under Particular 4 constituted engaging in a sexual relationship. It follows that the Committee is satisfied that it is proved that they were sexually motivated.

The Committee accordingly found this particular proved in relation to Particular 4.

in relation to Particular 5
Not proved

The Committee found Particular 5 not proved. This further particular therefore falls away.

in relation to Particular 6
Proved

The Committee found that Mr Blinman shared details about previous sexual activity with another patient. As the Committee has said earlier in this notice of findings, it is of the view that Mr Blinman did this as part of the process of normalising the action of sexual activity with a patient. In the Committee's judgment this was in pursuit of the future continuance of the sexual relationship. It follows that the Committee is satisfied that it is proved that it was sexually motivated.

The Committee accordingly found this particular proved in relation to Particular 6.

in relation to Particular 7
Proved

The Committee found that Mr Blinman did not refer Patient A to other practitioners. While the Committee appreciated that part of Mr Blinman's motivation may well have been to prevent the fact of the relationship from becoming known, it is satisfied that he was also motivated by wanting to keep Patient A emotionally reliant on him so that the sexual relationship would continue. The Committee is accordingly satisfied that Mr Blinman's actions were sexually motivated.

The Committee accordingly found this particular proved in relation to Particular 6.

in relation to Particular 8
Not proved

The Committee found Particular 8 not proved. This further particular therefore falls away.

Particular 10

10. Your actions as described at 8 above lacked integrity

Falls away

As the Committee has found Particular 8 not proved, this particular falls away.

UNACCEPTABLE PROFESSIONAL CONDUCT

In deciding whether Mr Blinman 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 its findings on the particulars and the evidence before it, together with the submissions of Ms Culleton and the representations of Mr Blinman in the documents. The submissions are a matter of record and are not repeated here. The Committee accepted the advice of the legal assessor.

Under section 20 of Chiropractors Act 1994, unacceptable professional conduct means conduct which falls short of the standard required of a registered chiropractor. The Committee has kept in mind that chiropractors are going to make mistakes during the course of a working career, and that 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, and which is morally blameworthy and would convey a degree of opprobrium to the ordinary intelligent citizen.

In reaching its decision the Committee took account of The Code: Standards of conduct, performance and ethics for chiropractors. In the Committee's judgment Mr Blinman's actions were in breach of the following provisions of the Code:

A3 (You must) take appropriate action if you have concerns about the safety of a patient.

A5 (You must) prioritise patients' health and welfare at all times when carrying out assessments, making referrals or providing or arranging care. ...

A7 (You must) safeguard the safety and welfare of ... vulnerable adults. ...

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.

D (You must) Establish and maintain a clear professional relationship with patients 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.

D1 (You must) not abuse the position of trust which you occupy as a professional. You must not cross sexual boundaries.

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

It also took account of the Guidance on Maintaining Sexual Boundaries.

The Committee found, in respect of all the actions which it found proved, that they were not clinically justified and were sexually motivated. Mr Blinman's conduct included not merely sexually suggestive remarks, messages and conduct but oral sex and two attempts at penetrative sex. The behaviour of a chiropractor towards his patient should never be sexually motivated and such behaviour falls completely outside the limits of acceptable conduct.

The Committee is in no doubt that the conduct of Mr Blinman which it has found proved falls seriously short of acceptable standards, is morally blameworthy, and would convey a high degree of opprobrium to the ordinary intelligent citizen.

The Committee accordingly finds that the allegation that Mr Blinman is guilty of unacceptable professional conduct is well founded.

SANCTION

The Committee went on to consider, in the light of its findings on the factual particulars and on unacceptable professional conduct, what steps to take under section 22 of the Chiropractors Act 1994. The Committee reconvened to complete the hearing on 22 August 2023. It noted that Mr Blinman had been notified of the date of the adjourned hearing and had been provided with Ms Culleton's written submissions on sanction. He made no further representations.

In determining the appropriate sanction the Committee took into account that the over-arching objective set out in the Health and Social Care (Safety and Quality) Act 2015 is the protection of the public. This involves the pursuit of the following:

- a) to protect, promote and maintain the health, safety and well-being of the public;
- b) to promote and maintain public confidence in the profession of chiropractic; and
- c) to promote and maintain proper professional standards and conduct for members of the chiropractic profession.

The Committee bore 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. It took account of the Council's Guidance on Sanctions (April 2018), and had particular regard to the section of the guidance relating to sexual misconduct.

The Committee took account of the principle of proportionality, balancing Mr Blinman's interests with the public interest. It had regard to the hardship which Mr Blinman will face as a result of the sanction which it imposes. It noted that he has been subject to an interim suspension order imposed in 2022.

In reaching its decision the Committee again took into account all of the evidence before it, together with the written and oral submissions of Ms Culleton, the representations from Mr Blinman in the documents and the testimonials provided on his behalf. Those submissions are a matter of record and are not set out here. The Committee accepted the advice of the legal assessor.

In its decision on unacceptable professional conduct the Committee found that all of the actions found proved were not clinically justified and were sexually motivated. Mr Blinman's conduct included not merely sexually suggestive remarks, messages and conduct but oral sex and two attempts at penetrative sex. The Committee stated that the behaviour of a chiropractor towards

his patient should never be sexually motivated and such behaviour falls completely outside the limits of acceptable conduct and it went on to state that it was in no doubt that Mr Blinman's conduct fell seriously short of acceptable standards, was morally blameworthy, and would convey a high degree of opprobrium.

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

Aggravating features:

- This was a pattern of unacceptable conduct over an extended period of time. Mr Blinman groomed Patient A, beginning with inappropriate language and then escalating finally to attempted penetrative sex. He sought to normalise this behaviour. The first "x" and the first "xx" in the text messages came from him. He took Patient A and himself outside the clinic and stopped making records. In the Committee's view, he knew what he was doing: he said quite early in the sequence of messages that things were "getting dangerous".
- Patient A was highly vulnerable. She had a history of abuse and self-harm.
- This was an abuse of a position of trust.
- Patient A suffered emotional harm. She also suffered physical harm: she found the attempted penetration painful.
- Mr Blinman did not refer Patient A for help from other professionals when it was apparent she needed it, and he failed to take appropriate action when he realised that he was becoming sexually attracted to his patient and she was becoming emotionally dependent on him.
- In the Committee's view he lacks sufficient insight into the seriousness of his actions and their consequences.

Mitigating features

- The Committee accepts that Mr Blinman has shown some, though inadequate, degree of insight and remorse: he did not contest the generality of what Patient A alleged and he chose not to subject Patient A to a further hearing. He acknowledged the harm caused to Patient A and to the profession, and said he had reflected on and was appalled by his actions.
- He provided testimonials as to his character and conduct with others, though the Committee attaches limited weight to these as they only indicate that he has not pursued sexual relationships with those who have provided the testimonials.
- He attended a course on professional boundaries in July 2022, though the Committee noted that it was for one day only.

The Committee also bore in mind that (except for the GOsC proceedings arising out of the same events) Mr Blinman has had no previous findings against him by any regulatory body, and that so far as appears from the evidence before the Committee he is otherwise compliant with the principles of good practice.

In forming its view as to the appropriate sanction the Committee considered the risk of repetition of Mr Blinman's unacceptable conduct. The Committee noted that Mr Blinman is an experienced practitioner who should have known very well that his conduct breached professional and sexual boundaries and, as the Committee has said above, it is of the view that he did know. He persisted in this conduct over an extended period. He had plenty of opportunities to stop which he did not take and was proactive and persistent in his behaviour. In the Committee's judgment it has not seen evidence of sufficient insight for it to be confident that there is not a risk of repetition. The professional boundaries training he has undertaken is in the Committee's view inadequate to address the seriousness of the conduct and the Committee considers that the reflection he has provided is superficial and much greater depth would be needed.

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

The Guidance on Sanctions notes that an admonishment does not directly restrict a chiropractor's ability to practise. It 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. In the Committee's judgment Mr Blinman's conduct was far too serious for an admonishment to be the appropriate or proportionate course. To deal with a case of such seriousness by admonishing Mr Blinman would undermine public confidence in the profession and in the adequacy of its regulatory processes.

The Committee then moved on to consider the imposition of a conditions of practice order.

In addition to other considerations such as whether the chiropractor is willing to undertake and to respond positively to further training and assessment, the Guidance on Sanctions requires the Committee to consider whether a conditions of practice order is sufficient, bearing in mind the over-arching objective and the reasons for the finding of unacceptable professional conduct.

The Committee was of the view that Mr Blinman's behaviour reflected an attitudinal issue rather than a question of professional competence and that there remains a risk of repetition. It was not satisfied that appropriate and workable conditions could be found which would be sufficient to protect patients and the public from harm.

However, more importantly, the Committee was of the view that in the light of the seriousness of the matters it has found proved a conditions of practice order would not be appropriate or

proportionate. The Committee considered that such an order would not be sufficient to meet the over-arching objective. It would not just be inadequate to protect the public from actual harm, but it would not serve to maintain trust and confidence in the profession, and would not declare and uphold proper professional standards. In the Committee's judgment a reasonable and informed member of the public would be appalled if the sanction imposed were one that allowed Mr Blinman to continue in practice.

The Committee went on to consider whether to order the Registrar to suspend Mr Blinman's registration. Suspension is likely to be appropriate for unacceptable professional conduct which is serious, but not so serious as to justify removal from the register.

The Guidance on Sanctions provides that suspension orders may be appropriate when some or all of the following are apparent:

a) there has been a serious breach of the Code and, while the UPC concerned is not fundamentally incompatible with continued registration, the breach is so serious that any sanction lower than a suspension would not be sufficient in view of the requirements of the statutory over-arching objective;

...

c) there is no evidence of harmful deep-seated personality or attitudinal problems;

...

e) the committee is satisfied the chiropractor has insight and does not pose a significant risk of repeating the behaviour.

The Committee further noted paragraph 69 of the Guidance on Sanctions which states:

- In all cases of serious sexual misconduct, it will be highly likely that the only proportionate sanction will be removal from the register.

As the Committee has set out earlier, Mr Blinman persisted in this course of conduct over an extended period in spite of ample opportunities to stop and when he knew that his behaviour was a breach of professional and sexual boundaries. It regards this as an attitudinal defect and is of the view that it is harmful and deep-seated. The Committee is not satisfied of Mr Blinman's insight and is not confident that there is no significant risk of repetition. In the Committee's judgment Mr Blinman's conduct involved not merely extremely serious breaches of the Code, it was so serious that it is fundamentally incompatible with continued registration.

The Committee was therefore of the view that suspension was not the appropriate sanction in Mr Blinman's case.

The Committee went on to consider whether it should order that Mr Blinman's name be removed from the register. The Guidance on Sanctions indicates that removal from the register may well be necessary when the behaviour involves any of the following:

- a) particularly serious departure from the principles set out in the Code; that is, behaviour fundamentally incompatible with being a chiropractor;
- b) a reckless disregard for the principles set out in the Code ...;
- ...
- d) abuse of position of trust;
- e) ... exploiting vulnerable people;
- ...
- j) persistent lack of insight into the seriousness of their actions or the consequences.

While the Committee acknowledges that Mr Blinman has shown some degree of insight and remorse, in the Committee's view it is insufficient. The Committee regards Mr Blinman's behaviour as a serious abuse of the trust placed in him by a patient whose history indicated that she was very vulnerable. He exploited that vulnerable patient for sexual motives and this was a reckless disregard of the professional principles set out in the Code with which, as an experienced chiropractor, he was familiar. As the Committee has already outlined, his conduct was not merely a serious departure from the Code, it was so serious that it is fundamentally incompatible with remaining a registered chiropractor.

The Committee has therefore determined that removal from the register is the only appropriate and proportionate sanction to impose in the particular circumstances of this serious case. The Committee acknowledges, and has taken into account, the effect that this order will have on Mr Blinman, but it considers that any lesser sanction would not be sufficient to protect the public and the wider public interest.

The Committee accordingly orders the Registrar to remove Mr Blinman's name from the Register.

INTERIM ORDER

Under section 31 of the Chiropractors Act 1994 the order for removal which the Committee has made does not take effect until the end of the period of 28 days beginning with the date on which notification of the decision is sent to Mr Blinman or, in the event of an appeal, when the appeal is withdrawn or otherwise determined.

As a result of section 24(3)(a) of the Act, the Interim Suspension Order imposed on Mr Blinman's registration in 2022 ceases to have effect as the Committee has reached its decision on the allegation. The Committee accordingly invited submissions as to whether it should now make a further Interim Suspension Order, under section 21(1)(b) of the Act, to cover the period until the substantive order for removal comes into effect or until the disposal of any appeal.

The Committee heard the submissions of Ms Culleton on behalf of the Council that an Interim Suspension Order is necessary to protect the public and is otherwise in the public interest. The Committee accepted the advice of the Legal Assessor.

The Committee may make an Interim Suspension Order if it is satisfied that it is necessary to do so in order to protect members of the public.

In the circumstances of this case, and in the light of its findings on the factual particulars and its decision on sanction, the Committee considers that an Interim Suspension Order is necessary to protect members of the public. The Committee has decided that, given the seriousness of Mr Blinman's conduct and the risk of repetition that the Committee has identified, it would not be appropriate to permit him to practise before the substantive order for removal takes effect. The Committee considers that an Interim Suspension Order is proportionate, and is consistent with the findings that it has set out in its determination.

In accordance with Section 31 of the Chiropractors Act 1994, the substantive order for removal from the register will not have effect until the expiry of 28 days from the date on which notification is served on Mr Blinman or, where an appeal is made, until the appeal is withdrawn or otherwise disposed of. The Interim Suspension Order will be in force until that time.

That concludes this case.

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 Professions 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: 22 August 2023



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:

The Allegation: This section contains the full allegations as drafted by the Investigating Committee and as considered by the Professional Conduct Committee.

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.

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.