



**UKCP's Complaints and Conduct Process  
Complaint Hearing**

**17 & 18 November 2022  
Resumed 10 February 2023  
Online**

**Name of Registrant:** Neale Haddon

**Heard by:** Adjudication Panel

**Panel Members:** Catherine Hinton (Lay Chair)  
Frederiki Iona (COOHP)  
Vivienne Taylor (CPJAC)

**Legal Assessor:** Jon Whitfield KC, Doughty Street Chambers

**Panel Secretary:** Samara Watt

**UKCP Presenting Officer:** Tom Stevens, Doughty Street Chambers (17 & 18 November 2022)  
Matthew Turner, Doughty Street Chambers (10 February 2023)

**Registrant:** Simon Butler, 9 Gough Chambers

**Allegations found proved:** 2b, 3a, 3b, 3c, 4a, 5, 6a, 6b, 6c, 6d, 6e, 7, 9, 10, 11a, 11b, 12a  
**Allegations found not proved:** 1, 2a, 2c, 8, 13

**Sanction: Termination of UKCP Registration**

## Allegations:

That being a UKCP registered psychotherapist since at least 2003, you Neale Haddon (the Registrant):

1. Between January 2019 and August 2019, you offered all your other private clients the services of another therapist except for Client A.  
**Withdrawn at the start of the hearing**
2. Whilst being in a therapeutic relationship with Client A between August 2018 and December 2019:
  - a. Gave your personal telephone number to Client A.  
**Withdrawn at the start of the hearing**
  - b. Hugged Client A;  
**Admitted**
  - c. Told Client A you had spoken to your supervisor who agreed that you and Client A could now form a friendship or words to that effect  
**Withdrawn at the start of the hearing**
3. On 28 December 2019 you:
  - a. Engaged in flirty text messages with Client A
  - b. Agreed to meet Client A at your home
  - c. Accepted a LinkedIn request from Client A.  
**All admitted**
4. On 30 or 31 December 2019:
  - a. Entered into a sexual relationship with Client A.  
**Admitted**
5. On 11 January 2020 sent a text message to Client A stating:  
*Still put. About to go home. Wish you were in my bed when I get there. I have fallen for you, bit you already knew that. Xxx (sic).*  
**Admitted**
6. On unknown dates between December 2019 and June 2020:
  - a. Engaged in flirty text messages with Client A;
  - b. Were in a sexual relationship with Client A;
  - c. Engaged in telephone sex with Client A;
  - d. Sent and received nude pictures from Client A;
  - e. Discussed having sex with Client A's friend while Client A was present.  
**All Admitted**
7. Engaged in the actions at 2 - 6 above despite your supervisor who had previously assessed Client A warning you to be careful, that it was a grey area and not to do anything that may jeopardise your career.  
**Admitted following withdrawal of Allegation 2a and 2c**
8. Breached Client A's confidentiality by confirming the existence of a therapeutic relationship with Client A to Complainant in the absence of Client A's verifiable consent.

### Withdrawn at the start of the hearing

9. In January 2021 proposed a date of 27 January at 18:00 to meet Client A's son for his anxiety and panic attacks

**Admitted**

10. Offered to meet with Client A's son following the conclusion of his sessions with Insight

**Admitted**

11. Your actions at 1 – 10 above were:

- a. Inappropriate and/or
- b. Unprofessional.

**Equivocal plea in respect of Allegation 2b**

**Equivocal plea in respect of Allegations 9 and 10**

**Admitted in respect of Allegations 3 - 7**

12. Your actions at 1 – 6 above were:

- a. Sexually motivated.

**Denied in respect of Allegation 2b**

**Admitted in respect of Allegations 3 to 6**

13. Your actions at 2c above was:

- a. Misleading and/or

**Withdrawn at the start of the hearing**

- b. Dishonest.

**Withdrawn at the start of the hearing**

The behaviours set out at 1 – 13 above are in breach of the UK Council for Psychotherapy Ethical Principles and Code of Professional Conduct (2009) and UK Code of Ethics and Professional Practice (2019). In particular:

- ~~a. Failed to take responsibility for acting in Client A's best interests when providing therapy, thereby breaching clause 1.1 of the Code (2009) (in respect of allegation 1)~~
- ~~b. Exploited your relationship with Client A for any purpose including your sexual or emotional gain thereby breaching clause 1.3 of the Code (2009) (in respect of allegation 1).~~
- ~~c. Harmed Client A thereby breaching clause 1.8 of the Code (2009) (in respect of allegation 1)~~
- ~~d. Failed to undertake, in a continuing process, to critically examine the impact the positive and negative effects of their personal conduct may have on the therapeutic relationship with Client A, placing a priority on preserving Client A's psychotherapeutic best interests, thereby breaching clause 4.1 of the Code (2009) (in respect of allegation 1).~~
- ~~e. Failed to accept responsibility of ensuring that you are competent and have sufficient supervisory arrangements and other necessary support to enable you to meet Client A's psychotherapeutic obligations. This includes the responsibility to ensure the very careful consideration of~~

- f. Failed to act in your Client A's best interests, thereby breaching clause 1 of the Code (2019) (in respect of allegations 2 – 8 and 11 – 13);
- g. Failed to treat your Client A with respect, thereby breaching clause 2 of the Code (2019) (in respect of allegations 2 – 8 and 11 – 13);
- h. Had sexual contact or a sexual relationship with Client A, thereby breaching clause 4 of the Code (2019) (in respect of allegations 2 – 6 and 11 – 12);
- i. Exploited your relationship with Client A for your emotion and sexual gain, thereby breaching clause 5 of the Code (2019) (in respect of allegations 2 – 7 and 11 – 13);
- j. Harmed Client A, thereby breaching clause 6 of the Code (2019) (in respect of allegations 2 – 6, 8 and 11 – 13);
- k. Failed to be aware of the power imbalance between practitioner and client, and avoid dual or multiple relationships which risk confusing an existing relationship and may impact adversely on a client, thereby breaching clause 8 of the Code (2019) (in respect of allegations 9 – 10);
- l. Failed to exercise all reasonable care before entering into a personal relationship with Client A, thereby breaching clause 9 of the Code (2019) (in respect of allegations 2 – 7 and 11 -13);
- ~~m. Failed to respect, protect and preserve Client A's confidentiality, thereby breaching clause 18 of the Code 2019) (in respect of allegations 8 and 11);~~
- n. Failed to act in a way which upholds the profession's reputation and promotes public confidence in the profession and its members including outside of your professional life as a UKCP practitioner, thereby breaching clause 32 of the Code (2019) (in respect of allegations 2 – 13);
- o. Failed to challenge questionable practice in yourself, reporting to UKCP potential breaches of the Code and activating formal complaints procedures especially where there may be an ongoing harm to clients or you have significant grounds for believing clients to be at risk of harm, thereby breaching clause 37 of the Code (2019) (in respect of allegations 2 – 13).

## **Documents**

The Panel had placed before it the following documents:

1. A principal bundle of behalf of UKCP amounting to 188 pages, hereafter referred to as C1;
2. A second bundle of behalf of UKCP amounting to 1 pages, hereafter referred to as C2
3. A skeleton argument on behalf on UKCP amounting to 3 pages, hereafter referred to as C3
4. A principal bundle on behalf of the Registrant amounting to 67 pages, hereafter referred to as R1
5. A second bundle on behalf of the Registrant amounting to 13 pages, hereafter referred to as R2
6. Supplementary documents of behalf of the Registrant amounting to 4 pages, hereafter referred to as R3

## **Preliminary Matters**

7. The complaint was heard under the UKCP Complaints and Conduct Process 2017 (updated November 2020), and the Panel considered the alleged breaches of the UKCP Code of Ethics and Professional Practice 2019 (the Code).

#### Application to amend the allegations

8. The UKCP applied to amend the Allegation by withdraw allegations 1, 2a, 2c, 8 and allegations 11, 12 and 13 as they relate to allegations 1, 2a, 2c, 8.
9. In making the application Mr Stevens submitted that there was insufficient admissible evidence to support these charges or rebut the assertions made by the Registrant in his response to the allegations. Mr Stevens submitted that considering the burden of proof being upon the UKCP, it should not proceed with these charges but should withdraw them. He submitted that this was appropriate and fair to both the Registrant and the UKCP and met the overarching objective of public protection. Mr Butler supported the application.
10. The Panel accepted the advice of the legal assessor.
11. The Panel determined that the amendment applied for should be permitted. In coming to this conclusion, the panel considered the amendments to be in accordance with the evidence, clarified matters and focused attention upon the allegations in dispute. The Panel concluded that this was fair, in the public interest and in the interests of the Registrant. To clarify matters and enable focus to be settled upon those matters in dispute met the overarching objective of these proceedings namely the protection of the public.

#### **Determination of Facts:**

12. The Panel considered all the documentary evidence before it, the oral evidence from the Registrant and the submissions by Mr Stevens on behalf of UKCP and Mr Butler on behalf of the Registrant.

#### **Case Opening**

13. Mr Stevens opened the case and stated that in 2018 the Registrant agreed to treat Client A following her being in a car accident and thereafter experiencing phobia concerning driving. The Registrant treated Client A over ten treatment sessions which ended in 2018. Thereafter the Registrant was on leave for several months. The Registrant recommenced treating Client A in late 2019 and did so for a further six sessions up to the 18<sup>th</sup> of December 2019.

14. At the final treatment session Mr Stevens said that it was an agreed fact that the Registrant and Client A hugged each other. Mr Stevens asserted that this was sexually motivated. He conceded that taken in isolation a hug may be innocent of any wrongful motive (a hug is not sexually motivated of itself) but that in the context of this case sexual motivation/gratification was a clear inference to be drawn. Mr Stevens submitted that on his own evidence the Registrant felt a strong sexual attraction to Client A and this was clear from the fact that they entered into a sexual relationship only two weeks later. A relationship the Registrant said was driven by sexual urges.
15. Mr Stevens submitted that given the timescale it was a logical inference to conclude that the hug was sexually motivated however, he also relied upon what was said in the 2<sup>nd</sup>-to-last treatment session. In this penultimate session Client A asked the Registrant if he found her attractive and he blushed leading her to state that she could see he did. He did not refute this conclusion. In addition, Mr Stevens relied upon the evidence that the Registrant found Client A to be attractive and flirty and he was in fact attracted to her. Mr Stevens said there could be an innocent explanation for the hug but, the more reasonable conclusion was that it was sexually motivated. The Registrant did not decline the hug and the unavoidable inference, confirmed by the sexual relationship only two weeks later, was that the hug was sexually motivated.
16. Regarding allegations 3 – 6 Mr Stevens said these were clearly sexually motivated since there was a sexual relationship. This was inappropriate and unprofessional because entering such a relationship only two weeks after a therapeutic relationship had concluded involved a fundamental failure to maintain boundaries. But for the professional relationship there would have been no relationship at all, the Registrant thus exploited the professional relationship. Furthermore, the Registrant failed to exercise all reasonable care toward Client A and failed to maintain professional boundaries given the very short period between the end of the professional relationship and the start of the sexual relationship.
17. Regarding allegations 9 and 10 Mr Stevens said that Client A contacted the Registrant on 21 January 2021 and thereafter he offered to potentially meet her son. It was inappropriate and unprofessional to offer to do so.
18. Having concluded his short summary Mr Stevens observed that he relied upon the statement and information in the bundle.

## Oral Evidence

### Evidence in Chief

19. The Registrant gave evidence and adopted his signed statement as his evidence. He confirmed the contents remained true. In his statement the Registrant sets out the background to meeting and treating Client A in 2018, the seven-month hiatus in treatment caused by his own ill health and the resumption and conclusion of treatment in 2019. He confirmed the last treatment session was on 18 December 2019. He said that the first time Client A had shown interest in him was in the penultimate treatment session when she asked him if he found her attractive. He did not answer but he blushed and Client A said she could see the answer to her question ( he confirmed this in his oral evidence).
20. Regarding Allegation 2b (the hug) the Registrant admitted that this occurred but said in his statement that it was not uncommon for such a thing to occur and, given this was the last session, he did not consider this to be inappropriate or unprofessional (Allegations 11 a and b).
21. The Registrant denied that the hug was sexually motivated (Allegation 12a)
22. Regarding Allegations 3 – 6 the Registrant admitted his actions were inappropriate, unprofessional and sexually motivated (Allegations 11a, 11b and 12 respectively).
23. Finally, regarding Allegations 9 and 10, the Registrant said that in January 2021 Client A invited him to meet her son for CBT treatment but that they agreed to wait until her son's sessions with another practitioner had concluded. He then offered to meet him. In his statement adopted as his evidence in chief the Registrant denied that his actions in 9 and 10 were inappropriate or unprofessional (Allegations 11a and b).
24. By way of an admission put forward to Allegation 11a and b on the Registrant's behalf (R2p2) it appeared that he did not regard Allegations 2b (hug) and 9 and 10 to be inappropriate and unprofessional.

### Cross Examination

25. Mr Stevens cross-examined the Registrant on those matters in dispute. He confirmed that the fact of the hug was accepted and described it as being at the conclusion of the final session as Client A was leaving. He did not agree that it was inappropriate, unprofessional or sexually motivated since it was something that occurred with lots of clients. Touching and hugging could be part of therapy. He said it was usual for him to accept a hug at the end of therapy but there were matters to consider such as how a client or therapist feels and if a client was vulnerable, it may not be advisable. He said, "I know how it looks but because we were at the end of therapy and I was not expecting to see her again I thought it

was OK to accept it". The Registrant agreed he could have declined but he did not and this did not lead to his subsequent lack of professionalism.

26. The Registrant confirmed that in the prior appointment the conversation had moved to non-professional matters but he did not stop her or correct her impression. He said that she was flirtatious, but he did not flirt with her. He agreed he thought it was possible she was attracted to him but such a thing was not unusual. He accepted he found her attractive. He said he had reflected in the last 20 months over whether it was inappropriate to hug but he does not normally refuse such a request. He agreed with hindsight he could have acted differently but he did not expect to see her again. With hindsight he said it was stupid but he did not think this at the time. He had now reflected on boundaries and such like and his problem had been in not being clear that he could not meet her. Mr Stevens said that the two were attracted to each other and the hug was not part of therapy, it was inappropriate and unprofessional. The Registrant said "I agree. With hindsight I can see that."
27. The Registrant said that Client A had not indicated an attraction to him but he assumed she was generally good at forming relationships and getting on with people and was generally flirty. He agreed he should have declined the invitation to hug. He said that it is right to respond to a client's request unless there was reason not to and he did not expect to see her again. The final six sessions were not as in-depth as the previous ten sessions. The Registrant conceded that the subsequent meeting was driven by sexual urges/attraction, but he did not act on this whilst the professional relationship lasted. She had texted him out of the blue and he was excited at the prospect. He agreed he was not careful regarding the period of time after the professional relationship ended. He said he had not acted with appropriate temperance when they met in late December but the hug was not because of sexual attraction and was not an unusual thing. When in the professional relationship and she asked to meet he agreed he had not been clear in his response. Rather than saying words to the effect of 'not for a while' he should have said 'no'. He agreed he should not have started the relationship two weeks later, did not exercise care and did not maintain boundaries. He agreed this was inappropriate. He maintained that he did not expect to see her again when he hugged her or at least not for six months or more.
28. Mr Stevens suggested that without the professional relationship there would have been no sexual relationship. He suggested the Registrant had exploited his professional position. The



Registrant agreed that they would not have otherwise met but did not accept that he had exploited his position or abused Client A. He agreed he should have been clearer regarding boundaries. He agreed he engaged in banter when she texted him and he should have said no. He agreed that professional boundaries extend beyond the end of a professional relationship, and he had lost sight of the power imbalance. He regarded her as charismatic; extrovert and the main professional work had been the previous year. He said he felt disempowered. He agreed there were wider ramifications including harm to Client A and her fiancé and family as well as to the wider profession. He said they had parted on good terms, and he had not harmed her.

29. Regarding her son the Registrant said that she had contacted him, and he had agreed to meet her son after he had finished with his current therapist. He agreed that this could create a dual relationship and whilst such relationships were not necessarily wrong, he should have declined. He said that he had had reservations at the time, but he did not know what the result of meeting and assessing her son would be. He thought the appropriateness or otherwise depended on whether the dual relationship could or could not be managed. He said that now, he would say no straight away.
30. In re-examination the Registrant said that he saw Client A in a therapeutic setting namely therapy rooms used by himself and other therapists. He agreed he saw private clients and whether he hugged them or not depended on the client and the relationship. He had hugged other clients at the end of their treatment sessions this was more usual than hugging at other times, but he was mindful of the client(s). He said that he had seen Client A for 50-60 minutes and she had asked for a hug at the end. They had moved toward the door, she asked for a hug, he said yes, they hugged, said goodbye and she left. Nothing else was said or done. He agreed she was an attractive woman and he felt attracted toward her. He said that may sometimes happen but nothing of a sexual nature had occurred during any sessions.
31. In answer to questions from the Panel the Registrant said that at the time he was not clear what timescale might be appropriate in terms of relationships, he was out of touch and that is why he accepted supervision. He said he had at least six months in his own mind because he had been attracted to her. He said the time depended on the client and the therapy. For a single-issue CBT patient, the time may be shorter whereas for complex patients it may be

longer or not at all. At the time and with Client A he thought this was OK but he would not do so now. He stated that it would not be appropriate to hug a client who had experienced abuse or other trauma where touch may trigger the trauma. He agreed that he may know less about a one-issue CBT client and not be aware of such relevant background, but he said he had assessed her and had engaged in sixteen sessions with her. Whilst he did not know her history, he had not seen any warning signs. He said that he would now acknowledge a client's request for a hug but would say it was not possible and explain. Such requests did not happen often, and he never offered. He said Client A had charisma and expertise in what she did and was not as vulnerable as some patients, but he agreed there was a vulnerability in the particular issue that she came to see him for. He conceded there was always a power imbalance between client and practitioner but at the time he felt on level with her because of who she was and the fact that the main body of sessions had been a year before.

32. Regarding seeking peer support the Registrant said that attraction between registrant and client can and does happen on occasion and it is good to discuss this. He said he wished he had spoken with a more experienced supervisor. He said he had been attracted to her in several ways, including sexually and he had been vague and inappropriate in regard to boundaries. He said this was his big mistake. He said his view at the time was that they were not likely to meet up again or not for a while. He said that now he would not meet an ex-client and he would be firm in stating it could not happen. He said he would be firm due to the work he had done on boundaries. He understood the impact and the potential for harm from these events on the profession and clients. He said that he had not acted upon any attraction to other clients because at other times he had been more aware of the power imbalance, and he had not been struggling personally as he was at this time.

### **Submissions**

33. Mr Stevens reminded the Panel of the burden and standard of proof. He reiterated that a hug was not necessarily inappropriate, unprofessional or sexually motivated but in the context of this case he submitted the strong sexual attraction and the sexual motivated was clear. It was inappropriate and unprofessional to have acted as he did. Mr Stevens said that it was more likely than not that the Registrant acted on this attraction and motivation. He observed that prior to the last appointment Client A had asked if the Registrant found her attractive and he had blushed. She had flirted with him, and one could infer an attraction. He clearly felt this because he had discussed it with a supervisor and only two weeks later, he acted on that attraction. He could have declined and explained but instead he crossed a boundary. The hug

was not a professional courtesy but an example of the Registrant's sexual urges getting the better of him.

34. Regarding allegations 9 and 10 and whether they were inappropriate or unprofessional (allegations 11a and b), Mr Stevens said that a professional relationship with Client A's son had inherent risks. He said the Registrant was aware of the fact that they had been in a sexual relationship less than twelve months before and he clearly had concerns of a dual relationship that might ensue. His reservations were well founded.
35. Mr Butler submitted that the UKCP were attempting to 'reverse engineer' sexual motivation into an innocent hug. He said that for sixteen months the registrant had maintained proper professional boundaries. At the end of their professional relationship, she had asked him if he found her attractive but he did not say or do anything to reciprocate. As she left, she asked for a hug, he consented then she left. That was not uncommon. It was a one-off after sixteen months of treatment. Mr Butler submitted that just because the Registrant found Client A attractive it was 'preposterous' to say the hug was sexually motivated. Such an assertion was not supported by the evidence. He conceded that subsequently Client A had reached out to the Registrant and what had occurred thereafter was wrong but there was no evidence of a 'strong sexual attraction' since he had done nothing for sixteen months. The fact Client A wished to hug him was innocent.
36. As to allegations 9 and 10 (and allegations 11a and b) Mr Butler observed that a dual relationship usually involved the patient and the Registrant, so this was slightly unusual. He said there was nothing inappropriate or unprofessional about agreeing to see her son but in any event, he did not do so because the son was seeing another registrant
37. The Panel heard and accepted the advice of the Legal Assessor. It understood that the burden of proof rested upon the UKPC and that to find a matter proved it must be satisfied on the balance of probabilities. It took account of the Registrant's good character as advised and understood the meaning of sexual motivation, inappropriate and unprofessional.
38. On balance, having fully considered the above, the Panel made the following findings upon the amended allegations

Allegation 1:

Between January 2019 and August 2019 you offered all your other private clients the services of another therapist except for Client A.

**Withdrawn – not proved**

Allegation 2:

Whilst being in a therapeutic relationship with Client A between August 2018 and December 2019:

- a. Gave your personal telephone number to Client A.

**Withdrawn – not proved**

- b. Hugged Client A

**Admitted and found proved**

- c. Told Client A you had spoken to your supervisor who agreed that you and Client A could now form a friendship or words to that effect

**Withdrawn – not proved**

Allegation 3:

On 28 December 2019 you:

- a. Engaged in flirty text messages with Client A

**Admitted and found proved**

- b. Agreed to meet Client A at your home;

**Admitted and found proved**

- c. Accepted a LinkedIn request from Client A.

**Admitted and found proved**

Allegation 4:

On 30 or 31 December 2019:

- a. Entered into a sexual relationship with Client A.

**Admitted and found proved**

Allegation 5:

On 11 January 2020 sent a text message to Client A stating:

*Still put. About to go home. Wish you were in my bed when I get there. I have fallen for you, bit you already knew that. Xxx (sic).*

**Admitted and found proved**

Allegation 6:

On unknown dates between December 2019 and June 2020:

- a. Engaged in flirty text messages with Client A

**Admitted and found proved**

- b. Were in a sexual relationship with Client A

**Admitted and found proved**

- c. Engaged in telephone sex with Client A

**Admitted and found proved**

- d. Sent and received nude pictures from Client A

**Admitted and found proved**

- e. Discussed having sex with Client A's friend while Client A was present.

## **Admitted and found proved**

### Allegation 7:

Engaged in the actions at 2b and 3 - 6 above (the allegations as amended) despite your supervisor who had previously assessed Client A warning you to be careful, that it was a grey area and not to do anything that may jeopardise your career.

**Admitted and found proved**

### Allegation 8:

Breached Client A's confidentiality by confirming the existence of a therapeutic relationship with Client A to Complainant in the absence of Client A's verifiable consent.

**Withdrawn – not proved**

### Allegation 9:

In January 2021 proposed a date of 27 January at 18:00 to meet Client A's son for his anxiety and panic attacks

**Admitted and found proved**

### Allegation 10:

Offered to meet with Client A's son following the conclusion of his sessions with Insight;

**Admitted and found proved**

### Allegation 11:

Your actions at 2b and 3 – 10 (the allegations as amended) above were:

- a. Inappropriate and/or

**Admitted and found proved regarding allegations 3 - 7**

**Equivocal plea. Found proved regarding allegations 2b, 9 and 10**

- b. Unprofessional.

**Admitted and found proved regarding 3 - 7**

**Equivocal plea. Found proved regarding allegations 2b, 9 and 10**

### Allegation 12:

Your actions at 2b and 3 – 6 (the amended allegations) above were:

- a. Sexually motivated.

**Admitted and found proved in respect of allegations 3 – 6**

**Denied and found proved in respect of allegation 2b**

### Allegation 13:

Your actions at 2c above was:

- a. Misleading and/or

**Withdrawn – not proved**

- b. Dishonest.

**Withdrawn – not proved**

39. In making the above findings the Panel took account of all the evidence, the submissions made by Mr Stevens, Mr Butler and the advice of the Legal Assessor.

40. When he gave evidence, the panel noted that the Registrant was at times inconsistent and muddled – as illustrated by the lack of clarity in his plea. He was unclear as to when to hug a patient and when not to do so. He said he did not see any particular vulnerability in Client A and had known her for some time but he also conceded she was vulnerable in that she came to see him and he was not aware of all of her background.
41. In respect of Allegations 11a (inappropriate) and 11b (unprofessional) in relation to Allegations 2b (hug) the Registrant's stated position was not entirely clear.
42. In his statement at p6 of R1 which he adopted as his evidence in chief the Registrant denied allegations 11a and 11b in respect of allegation 2b. However, in p2 of R2 Mr Butler on the Registrant's behalf asserted that he admitted his action in Allegations 2b was inappropriate and unprofessional. In cross-examination the Registrant said that he did not agree the hug was inappropriate, unprofessional (or sexually motivated) because he did this with lots of clients and such a hug was not unusual at the end of therapy. However, he also said that he rarely hugged clients, never offered to do so and with hindsight it was 'stupid'. He also agreed his action was inappropriate and unprofessional.
43. Given the lack of clarity in the Registrant's stated position the Panel treated his apparent admission as equivocal.
44. The Panel found that hugging a client is not of itself inappropriate nor is it necessarily unprofessional. This depended on the relationship and power balance between a registrant and their client, the vulnerability of the client and all the circumstances of how a hug may come about.
45. In this case, whilst the Panel accepted that the Registrant had treated Client A for many months without incident, there were potential warning signs toward the end of the treatment sessions that should have alerted the Registrant to a change in the power balance. These included the fact that Client A was 'flirty' which may indicate her vulnerability toward him. She had asked him a personal and potentially intimate question in the previous session which reinforced this potential vulnerability. He had not firmly closed down these issues but had, by his own admission left them in the air. Client A had asked for a hug (she had not

simply taken hold of the Registrant) which afforded him an opportunity to decline yet he had not done so.

46. The panel found that the Registrant was for the most part trying to assist the Panel and tell the truth as he saw it but that he either did not or could not recognise that there was a power-imbalance in his relationship with Client A and that her flirting and her inquiry regarding his feelings for her were potentially indicative of her vulnerability. Even now he was unclear as to whether hugging Client A was an error.
47. Having considered all the evidence the Panel determined that to hug Client A was both inappropriate and unprofessional. The Panel was of the view that there were clear warning signs that should have put the Registrant on notice that Client A may have feelings toward him. He certainly had feelings toward her. It was incumbent upon him to maintain firm boundaries and to politely reinforce those boundaries. He could have done so by refusing her request but did not. His failure was both inappropriate and unprofessional
48. In respect of Allegations 11a (inappropriate) and 11b (unprofessional) in relation to Allegations 9 and 10 (re Client A's son) the Registrant's stated position was again not entirely clear.
49. In his statement at p6 of R1 which he adopted as his evidence in chief the Registrant denied allegations 11a and 11b. However, in p2 of R2 Mr Butler on his behalf asserted that the Registrant admitted his actions in allegations 9 and 10 were inappropriate and unprofessional. Conversely in oral submissions Mr Butler asserted there was nothing untoward in what the Registrant did. However, in cross-examination the Panel observed that the Registrant also appeared to resile from his evidence in chief when he said that he had "reservations" about meeting Client A's son.
50. Given the lack of clarity in the Registrant's stated position the Panel again treated his apparent admission as equivocal.
51. The Panel found that dual relationships are not prohibited in themselves but, they involve an unnecessary complication in the relationship between a registrant and a client. In this case the Registrant's relationship with Client A was tainted by their previous sexual relationship. The Panel determined that this was bound to be a potentially serious complicating factor in

any therapeutic relationship the Registrant may have with her son. The Panel noted that the Registrant conceded that he had had reservations.

52. The Panel considered the bond and the trust between the Registrant and his potential client and how this might be adversely affected if the potential client, in this case the son, found out that Client A his mother, who had introduced him to the Registrant had engaged in a sexual relationship only months before. The panel was of the view that this could only have an adverse impact on that bond and trust. Conversely, the Panel was of the view that if this fact was kept from the potential client, to do so was fraught with danger and involved a deception or non-disclosure to the potential client which carried continued and obvious risk.
53. The Panel determined that the Registrant recognised the potential for adverse consequences hence his reservation(s) but rather than decline the introduction and/or to meet and assess the son he agreed to both. The Panel was satisfied on balance that to do so was both inappropriate and unprofessional. The Registrant could and should have declined to meet her son due to the risk of the relationship being tainted or compromised by the Registrant's prior relationship with Client A.
54. In relation to Allegation 12 (sexual motivation) regarding allegation 2b (hug), the Panel noted that the Registrant said he was attracted to Client A including sexually attracted to her. Whilst he had not acted upon that attraction over the period of treatment, the Registrant described Client A as flirty and, toward the end of the treatment sessions asked him a personal and potentially intimate question. He blushed and she drew the conclusion that he did find her attractive, but he failed to rebut that. It was plain that there was a mutual attraction between Client A and the Registrant. and this included a sexual attraction.
55. The Panel noted that the Registrant was sufficiently concerned about his feelings toward Client A and/or hers toward him, that he sought advice from a supervisor. The gist of the advice was to the effect that he should maintain boundaries. He was advised by his colleague who had previously assessed Client A to be particularly cautious in respect of her. He was also advised by his peer group supervision not to do anything that would jeopardise his career.
56. When describing his state of mind at the time he said that he did not expect to see her again however, he also conceded that he thought he might after a period of time – he was not sure but thought this might be some months. It was not at all clear to the Panel that he regarded



the “hug and goodbye” as the end of their relationship. It was more likely the case that he hoped it was not and he had previously left that door open in that hope.

57. Whilst there may have been an element of saying goodbye, the Panel was satisfied that there was also an element of the Registrant wanting the hug and he did so because he was sexually attracted to Client A. The Panel was satisfied that he either derived some gratification from the hug or engaged in it to ‘keep the door open’ in pursuit of a future sexual relationship. He had a clear choice to respond differently but chose to hug her. Having received advice and having recognised his own sexual urges the Registrant ignored the advice and followed his urges.

58. Having come to that conclusion the Panel then considered the subsequent events to see if they supported or opposed such a conclusion. Having finished the final session on 18 December the Registrant was contacted by Client A over the Christmas period (28 December 2019). He admitted that he felt excited by this contact. At this time, and in the days that followed, he still had the opportunity to reflect and change course but rather than declining further contact as he could and should have done, within days they had entered a sexual relationship. The contact by her and his excitement at this was only days after they had previously parted. Their relationship began only a few days after that. The Panel found the timescale to be important in that it seemed unlikely the Registrant’s motivation had moved from ‘entirely proper’ to ‘entirely improper’ in little more than a week. The Panel found it more likely that the Registrant had held such a motive when he hugged Client A only days before. The Panel rejected the suggestion that this was a matter of ‘reverse engineering’, it was a matter of common sense in following the events as they unfolded.

**Determination of Misconduct:**

59. This determination should be read in accordance with the Panel’s previous determinations.

60. In accordance with rule 7.23 of UKCP’s Complaints and Conduct Process, the Panel then went on to consider the question of misconduct. In addressing this question, the Panel took into account of the relevant information before it. This included the question of whether there were any breaches to the UKCP’s Ethical Principles and Code of Professional Conduct (the Code) 2019. (Any alleged breaches of the 2009 code were withdrawn at the start of the hearing).

61. The Panel heard further submissions from Mr Stevens on behalf of UKCP and Mr Butler on behalf of the Registrant.

### **Breaches of UKCP's Ethical Principles and Code of Professional Conduct**

62. In respect of breaches of the Code, Mr Stevens submitted that there were multiple breaches as set out in paragraphs f – o above. Regarding Clause 1 (para f – failing to act in best interests) he said that it was clearly not in Client A's best interests to engage in sexual conduct and breach boundaries as he had. In so doing he had breached Clause 2 (para g – failed to treat with respect). He said this was not a question of inappropriate language but a broad assessment of professional boundaries and the need to respect them. Failing to respect the boundaries meant that he failed to treat Client A with respect. Mr Stevens asserted that Clause 4 (para h – sexual contact/sexual relationship with Client A) was also engaged. There had been a sexual relationship very soon after the professional relationship had ended but in any event during the professional relationship there was a finding of conduct with a sexual motivation. A hug conducted with sexual motivation was, he said, sexual conduct.

63. Regarding Clause 5 (para I – exploitation for emotional or sexual gain) Mr Stevens asserted that without the professional relationship there would have been no sexual relationship. There was a sexually motivated act at the last professional meeting. The Registrant abused his position of trust and did not recognise Client A's vulnerability. Mr Stevens submitted that whilst there was no direct evidence of harm to Client A, harm could be inferred from the deterioration of her relationship and thus Clause 6 (para J – harm to patient or another) was engaged. He reiterated that the Registrant had failed to be aware of the power imbalance in the relationship or to avoid the clear risk of compromise regarding Client A's son thereby engaging Clause 8 (para k – imbalance and dual relations). He continued that in view of the very short period of time before he entered into a sexual relationship with his client the Registrant failed to exercise all reasonable care thereby breaching Clause 9 (para L – reasonable care).

64. Mr Stevens said that it was self-evident that the conduct found proved was capable of bringing the profession into disrepute thereby engaging Code 32 (para N – disrepute) and finally that the Registrant had failed to challenge his own questionable conduct or report himself meaning that Clause 37 (para O – lack of self-challenge) was engaged.

65. Mr Stevens submitted that the Registrant had failed to keep to the required standards. He said that to constitute misconduct any failure must be 'serious' and supported this with

reference to case law. He said that sexually motivated conduct (Allegation 2b) and engaging in a sexual relationship within days of concluding a professional relationship constituted serious failings. These failings were aggravated by the Registrant agreeing to see Client A's son which itself was inappropriate and unprofessional.

66. Mr Stevens conceded that the Registrant had made admissions and could not be said to be without insight. He had some insight, but it was by no means full. He had denied the sexually motivated hug and, the factual findings evidence a lack of understanding regarding the events and a failure to acknowledge the sexual motivation. He said that repetition could not be excluded. In addition, Mr Stevens submitted that impairment was apparent in the risk of repetition. In addition he observed that there was a need for a finding of impairment on public interest grounds. In acting with sexual motivation, engaging in a sexual relationship, abusing his position of trust and failing to maintain boundaries the Registrant had breached fundamental tenets of the profession. He submitted that such matters brought the profession into disrepute and caused reputational damage that should be marked with a finding of misconduct and impairment
67. He concluded that misconduct and impairment were matters of judgement for the Panel but, he submitted, both were made out.
68. Mr Butler conceded that Clauses 1, 8, 9, 32 and 37 of the Code were breached. He submitted that Clauses 2, 4, 5 and 6 were not breached.
69. Regarding Clause 2 (respect) Mr Butler said that the Panel had not found that the Registrant had failed to treat Client A with respect during their professional relationship. As to Clause 4 (sexual contact/relationship) he asserted that there was no sexual contact with Client A during the professional relationship nor was there a sexual relationship. He observed that in respect of Clause 5 (exploitation) this was properly to be regarded as when a registrant abuses their position and there was no evidence of abuse or exploitation nor was this put in cross-examination. He said that Client A had contacted the Registrant it was not the other way around. As to Clause 6 (harm to client/another) Mr Butler submitted there was no evidence of harm and that it was wrong to draw inferences from matters that occurred afterwards.

70. Mr Butler also conceded that overall the Registrant's conduct amounted to misconduct but said this was not the normal type of sexual misconduct case. He said there were degrees of seriousness in such cases and a distinction was to be drawn between a case where a registrant has a sexual relationship whilst treating a client and this case where the Registrant had a sexual relationship after the professional relationship had concluded. It was also important to take account of the fact the case did not involve a vulnerable client and the Registrant's error was a one-off event.
71. Regarding impairment on the grounds of public interest, Mr Butler submitted that this was wrong as a matter of law. He submitted that public interest played no role in current impairment.
72. Regarding risk and current impairment Mr Butler said that simply because there had been sexual relationship did not mean that current impairment must be found. He pointed to the sixteen months of treatment without complaint and said the hug and the sexual relationship had been at the end of this. He submitted that people make mistakes and the Registrant had done just that. However, he continued to work and was supported in that role by his employer who did not consider him a risk. He referred to the reports from his supervisor Dr [REDACTED] with whom he had reflected, and he did not consider the Registrant to be a danger to the public but said the Registrant was now unequivocally aware of the need for self-governance. Mr Butler drew the Panel's attention to the Registrant's Personal Action Plan, his reflective statements, the certificates and testimonials. He pointed to the decision of the Interim Order's Panel in February 2022 to remove the suspension imposed upon the Registrant, the decision being that the suspension was not needed for public protection. Whilst this Panel was not bound by that but it was something to be considered. He said that the Registrant had been on a journey. He was now permitted to get on with his work and was no risk. He had had a long career and had entered into a consensual sexual relationship with an ex-patient. He had gained insight engaged with the regulatory process and had acknowledged his wrongdoings.
73. Mr Butler submitted there was no issue of public interest nor of public protection from which to make a finding of current impairment

**The Panel's Findings**  
**Misconduct**

74. The Panel accepted the advice of the Legal Assessor as to the approach it should adopt in considering the question of misconduct. The Panel recognised that the question of misconduct is a matter of independent judgement and is not a matter of proof for the parties.
75. In addressing whether the facts proved amounted to misconduct, the Panel had regards to the words of Lord Clyde in the case of *Roylance v General Medical Council*. He stated:
76. "Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required by...a practitioner in the particular circumstances."
77. The Panel had regard to the judgement of Collins J in the case of *Nandi v General Medical Council* (2004) EWHC 2317 (Admin) in which he said: "The adjective "Serious" must be given its proper weight, and in other contexts, there has been reference to conduct which would be regarded as deplorable by fellow practitioners. . ."
78. The Panel first considered the representations made by Counsel regarding breaches of the Code. It found that Clause 1 was engaged in that the Registrant failed to keep Client A as a patient at the centre of his thoughts and acts. He became excited by her and thought of himself. In so doing he did not act in her best interests. Furthermore, since he did not respect boundaries nor her position as a client the Panel concluded he did not treat her with respect. This is not a matter of being rude, the Panel determined that a failure to maintain boundaries is disrespectful to a client. Clause 2 was thus breached.
79. In its factual findings the Panel concluded that the Registrant was at least in part sexually motivated. For him the touch had a sexual content. He admitted he was flattered by her attention and referred to himself as being "hooked" by her waiting for him to be available. In addition, within days of concluding treatment the Registrant was in a full sexual relationship with Client A. Professional relations do not end the moment the treating-room door closes. They may end after some time or indeed they may never end. Client A had returned to the Registrant after a seven-month hiatus. There was a reasonable chance that she would remain a professional client for the foreseeable future and that the professional relationship and the need to maintain boundaries was still operative. The Tribunal was satisfied that there was

sexual conduct in the professional relationship first when he hugged her but also latterly. Clause four was breached.

80. Regarding Clause 5, that too was breached. Whilst the Registrant did not actively manipulate Client A he did not recognise or he ignored her vulnerability. He forgot that he was the therapist and she the (paying) client. The sexual relationship would not have occurred but for the professional relationship. As to Clause 6 and the question of harm, the Panel concluded that there was indeed harm or the potential for harm. Client A was deprived of her therapist. Her son was deprived of a therapist. The Panel could not determine whether Client A's relationship broke down due to these events. It may be it was already rocky, it may be this is the real reason why she remained in therapy with the Registrant. If so, the Registrant colluded with Client A or took advantage of her feelings rather than treating her. If this was not the case, then his actions contributed to the breakdown and clearly harmed Client A's partner. As stated above the Registrant failed to be aware of the power imbalance in his relationship with Client A and, he clearly did not seek to avoid a potentially difficult dual relationship. There was a clear risk of compromise regarding Client A's son and Clause 8 was thus breached. In acting as he did the Registrant accepted that he did not exercise all reasonable care in entering into a personal relationship with Client A. In so doing he breached Clause 9.
81. In light of the above, the Panel determined that the Registrant failed to uphold professional standards and the reputation of the profession. His actions would compromise public confidence in the profession and thus Clause 32 was breached. Finally, in failing to challenge his conduct at the time and failing to self-report breaches of the Code he breached Clause 37.
82. In total the Panel found proved 9 breaches of UKCP's Ethical Principles and Code of Professional Conduct as set out above. The Panel noted that there is a degree of overlap between several of the Codes and breaches. The specific clauses breached were Clauses 1, 2, 4, 5, 6, 8, 9, 32 and 37.
83. The Panel agreed with Mr Steven's submission that the Registrant had seriously failed to meet the standards of the profession. This was not a 'one-off' incident as Mr Butler submitted rather it was a course of conduct that began whilst Client A was a professional client and continued for a period during which, in the view of the Panel, that professional relationship subsisted. The Panel determined that there had been multiple breaches of boundaries. It was

the Registrant's responsibility to help Client A deal with matters in her life not to enter into an affair with her or to put his own desires and needs first. The Registrant's errors were compounded by his inappropriate conduct regarding accepting Client A's son as a potential client. They were aggravated by his failure to challenge and disclose his own conduct. The Panel concluded that the public would be concerned at a qualified practitioner acting in this way toward a patient.

84. Accordingly, the Panel determined that the Registrant was guilty of misconduct. For the reasons set out above the Panel considered the misconduct to be serious.

**Determination on Impairment:**

85. The Panel then went on to consider the question of impairment.

86. In reaching its decision, the Panel was mindful that the question of impairment is a matter for the Panel's professional judgement. The Panel was required to determine whether the Registrant's fitness to practise is currently impaired. The Panel had to assess the current position looking forward not back, however in order to form a view of the Registrant's fitness to practise today taking account of the way in which the Registrant has acted or failed to act in the past. The Panel acknowledged that a finding of misconduct does not necessarily mean that fitness to practise is impaired. There are cases in which a panel can properly decide that misconduct was isolated and the chance of repetition is sufficiently remote to conclude that fitness to practise is not impaired.

87. The Panel applied the approach to determine the question of impairment by Dame Janet Smith as set out in the 5th Shipman Enquiry and cited with approval in the case of *CHRE v Grant* (2011) EWHC 927 (Admin):

*"Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*

- a. *Has in the past acted and/or is liable in the future to act so as to put a Client or Clients at unwarranted risk of harm; and/or*
- b. *Has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. *Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d. *Has in the past acted dishonestly and/or is liable to act dishonestly in the future.*

88. The Panel next considered whether the Registrant was liable to act in such a way in the future. The Panel had regard to any level of insight shown by the Registrant. The Panel also had regard to the decision in the case of *Cohen v GMC* (2008) EWHC 581 and considered whether the Registrant's misconduct is easily remedied; has already been remedied; and whether it is likely to be repeated.

89. The Panel was also mindful that when considering impairment, it is entitled to have regard to the wider public interest in the form of maintaining public confidence in the profession and declaring and upholding proper standards. The Panel had regard to the following part of the judgement in the case of *Grant*:

*"In determining whether a practitioner's fitness to practice is impaired by reason of misconduct, the panel should generally consider not only whether the practitioner constitutes a present risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances."*

90. In considering the four questions a – d above, the Panel first dispensed with question d, this case not being about dishonesty. Regarding part one of questions a, b, and c the Panel considered that for the reasons set out regarding its factual findings and misconduct the Registrant had put Client A at risk of harm, his conduct was such as to bring the profession into disrepute and he had breached a fundamental tenet of the profession by putting his needs and interests before that of his client.

91. Regarding the second part of questions a, b, and c, the Panel could not exclude the risk of repetition. It took full account of the Registrant's good character both in terms of propensity and veracity but, the Panel also noted that the Registrant had had the benefit of advice from a supervisor at the time he acted and this did not deter him. In addition, when he gave evidence, despite the training undertaken and the references, it was not clear to the Panel that the Registrant had grasped the failure to be his. He did not treat her as a client. He did not understand the need to keep boundaries in place to protect a conflicted client. There appeared to be little reference in the Registrant's reflective statements contained in Bundle R2 to the training and the learning outcomes that would affect his future practice.



92. The Panel was struck by the Registrant's continued assertions that Client A was flirty or made assertive advance and his phrase that he "chose to be seduced over the boundary". Such phraseology places the blame on Client A as does his assertion that he felt disempowered and saw her as empowered. It was not at all clear that even now the Registrant accepted his conduct was unprofessional and/or sexually motivated. The Panel noted the various certificates and the personal development it was said the Registrant had undertaken but, there was little or nothing in any reflective piece that set out the Registrant's understanding of that learning, how it had altered his practise and how this prevented recurrence.
93. The Panel acknowledged that the Registrant had shown some insight into his misconduct, but it was limited. The Registrant's continued suggestion of blame on the part of Client A and his failure to grasp that the fault was and remains with him left the Panel unable to conclude that there was no risk of repetition.
94. Whilst the Panel was told that the Registrant had suffered from issues concerning his mental health and was himself vulnerable, no medical or other professional evidence was provided to support this assertion. The Panel was thus unable to place much weight on this assertion.
95. The Panel considered the submission that the Registrant's employer and the Interim Orders Panel (IO Panel) had found no risk. The Panel was not convinced of either submission. First, the Registrant's employer had moved the Registrant to a non-client facing position to manage the situation pending determination in the regulatory process. That was indicative of managing potential risk pending a decision and is quite different to asserting they had found no risk at all. As for the IO Panel whilst it had considered some of the papers, it had not had the benefit of hearing the evidence received by this panel.
96. Having come to the above conclusions the Panel determined that there was indeed a risk of repetition, and that the Registrant was currently impaired.
97. Finally, regarding the issue of finding current impairment based on the public interest, the Panel rejected the written assertion made by Mr Butler that "this is not a sexual misconduct case". It clearly was. Furthermore, the Panel rejected Mr Butler's oral assertion that it was "wrong in law" to make a finding of impairment based on the public interest and that "the

public interest had no role to play in current impairment". The Panel considered that declaring and upholding standards is a central part of regulatory proceedings. It had little hesitation in concluding that the public interest was engaged when such serious departures from professional norms were proved as they had been in this case. Whilst there may be degrees of seriousness, this Registrant had crossed a fundamental boundary and had engaged in a sexual relationship with a vulnerable client. That could only be regarded as grave.

98. The Panel considered that a finding of current impairment was justified to declare and uphold standards and maintain confidence in the profession. The more so due to the Registrant's limited acknowledgement of the seriousness and/or his responsibility for what occurred.

### **Determination on Sanction**

99. In accordance with rule 7.25 of UKCP's Complaints and Conduct Process, the Panel went on to consider the question of sanction. This determination should be read together with the Panel's previous decisions on the facts, misconduct, and impairment.

100. In reaching its decision, the Panel had regard to the UKCP's Indicative Sanctions Guidance 2019 ("the ISG") but exercised its own independent judgement. The panel accepted the advice of the Legal Assessor and took account of the submissions by Mr Turner, Counsel on behalf of the UKCP (who adopted the written submissions by Mr Stevens, Counsel) and of Mr Butler, Counsel on behalf of the Registrant.

101. Mr Turner submitted that this was a case of serious sexual misconduct and as such the only appropriate sanction was one of Termination of the Registrant's registration with UKCP. Only such a sanction met the overarching objective of public protection and of declaring and upholding standards of professional conduct. Mr Butler conceded that the case was serious but submitted that the Registrant has shown some insight into his failings. He said that the Registrant had engaged fully with the regulatory process, he was of good character, he was undertaking supervision and mentorship, he continued to work in a non-client facing role in the NHS and, in the circumstances of this case the Panel may consider a lesser sanction. He suggested that a combination of a conditions of practice order and supervision would meet the seriousness of the case and protect the public. In the alternative that a suspension would meet these same objectives.

102. The Panel received and took account of two documents submitted on behalf of the Registrant namely a mentorship statement by Dr [REDACTED] dated 31 January 2023 and a Training Certificate dated 1 February 2023.
103. The Panel reminded itself of its findings and the reasons provided in its previous decision. In short, this was a case of serious sexual misconduct entered into by the Registrant over a prolonged period with a vulnerable client. His misconduct commenced whilst they were still in a professional relationship with the sexual relationship starting only two weeks after the final therapy session. The Panel noted that the Registrant placed a degree of responsibility for the events upon Client A and he demonstrated only limited insight into his own failings and his own responsibilities.
104. In reviewing the factual findings the Panel noted that this was a serious case aggravated by the fact that the Registrant opened the door to the potential for a sexual relationship during treatment sessions – the ‘hug’ was at least in part sexually motivated. The Registrant did not address and close-down the risks in Client A’s presentation to protect her or himself. The sexual relationship started only two weeks after treatment had concluded and continued for some months. When the Registrant gave evidence, it was not clear to the Panel that he understood or considered Client A’s needs nor that her presentation was an indicator of her vulnerability.
105. When looking at areas of mitigation the Panel took account of the Registrant’s previous good character and his engagement with the regulatory process. It noted that he had recently undertaken some form of CPD training as shown by the certificate but, the Panel received no information as to the length, depth or type or training undertaken nor of the outcomes and/or what the Registrant had learned. As such the Panel was unable to place much weight upon this. The Panel considered the report by Dr [REDACTED] but observed that it was for the most part theoretical. It included headlines as to what may be covered in supervision sessions but no detail as to what the supervision would entail, goals, outcomes and/or the ability of the Registrant to learn from that supervision. The panel remained of the view that the Registrant had demonstrated only limited insight into his failings.
106. The Panel next considered the submission that the Registrant was employed by the NHS and as such he was not a risk to the public or, that any risk could be managed in this environment. Whilst the panel was aware that the Registrant’s employer had taken account

of these proceedings in continuing his employment, it is for the Registrant to recognise and manage his own risk and not the duty of a third-party to do so.

107. When considering the risk of repetition, the Panel acknowledged that the Regulatory process can be a salutary one and thus have a preventative effect. However, of more importance is the issue of insight - understanding why events took the turn they did, taking responsibility for them, learning and/or taking steps to ensure they will not recur. The Panel did not consider that the Registrant understood the power imbalance between himself and Client A nor the fact that she was vulnerable. The Registrant still placed blame upon Client A. There was little if any information from which to conclude that the Registrant had sufficient insight into his role or his own conduct, feelings, or weaknesses to prevent recurrence. Neither the CPD certificate nor the report from Dr [REDACTED] addressed this indeed the report suggested that any work would occur over many months which rather indicated an on-going risk. As such the Panel concluded that there was a risk of repetition.

108. Having reviewed the competing factors set out above the Panel went on to consider the appropriate sanction(s) in order of seriousness. It kept the issues of public protection and proportionality at the forefront of its consideration.

#### **Apology**

109. This is the least serious sanction and, as Counsel both acknowledged, it would not meet the seriousness of the case. In addition, the Panel determined that it would not protect the public from risk, nor would it be sufficient to uphold and declare standards of conduct.

#### **Letter of warning**

110. The panel considered this separately but came to the same conclusions as above for the same reasons.

#### **Written report or oral statement**

111. The panel considered this separately but came to the same conclusions as above for the same reasons.

#### **Further training**

112. The panel considered this separately but came to the same conclusions as above for the same reasons. In addition, the Panel considered that the Registrant's failure to protect Client A demonstrated a fundamental flaw in his understanding of

his role or of their relationship. The Panel was of the view that it would be difficult to formulate training that would address that fundamental flaw.

#### **Further supervision or therapy**

113. The panel considered this separately but came to the same conclusions as above for the same reasons. In addition, the Panel considered that the Registrant's failure to protect Client A demonstrated a fundamental flaw in his understanding of his role or of their relationship. The Panel was of the view that it was unlikely supervision or training would address that fundamental flaw. The Panel noted that the Registrant had ignored the advice of his supervisor when he embarked upon his relationship with Client A.

#### **Conditions of Practice Order**

114. The Panel next considered the question of conditions. It noted that conditions should be carefully formulated to meet a risk and should be both achievable and measurable. The Panel was of the view that conditions would not meet the seriousness of the case, nor could they be formulated in a way to protect the public. In addition, the Panel was of the view that neither the Registrant nor the public should expect to rely upon the good services of a third-party such as the NHS to police the Registrant's practise as was suggested. In any event the Panel had received no information to suggest the NHS employer was willing or able to do so.

#### **Combination of lesser sanctions**

115. Having considered the individual sanctions the Panel next considered whether a combination of lesser sanctions would meet the seriousness of the case and the risk it had identified. It concluded that, for the reasons set out above, they would not.

#### **Suspension Order (for a maximum of one year)**

116. The Panel acknowledged that suspension would affect the ability of the Registrant to practise and went some way to marking the gravity of the misconduct. However, the Panel was of the view that suspension did not address the Registrant's continued lack of insight or understanding of the relationship between himself and Client A. The Panel had received little evidence to address remediation or the risk of repetition. A suspension would not address these latter concerns and as such the Panel concluded it was not sufficient to meet the seriousness of the case.

#### **Termination of Registration**

117. Finally, the Panel considered the sanction of terminating the Registrant's registration and concluded that this was indeed the only appropriate sanction in this case. The Registrant had engaged in a sexual relationship with a vulnerable patient over a period of time and,

whilst he had admitted some of what occurred his admissions were neither clear nor full. He continued to place some responsibility on Client A and had provided little evidence of insight or remediation. The Registrant had acted in breach of the trust placed in him and had breached fundamental values of the profession. The Panel was of the view that it was so serious that no lesser sanction would protect the public or the public interest in declaring and upholding standards.

### **Interim Order of Suspension**

118. Mr Turner submitted that the Panel should impose an interim suspension order to meet the risk identified in its findings pending any appeal by the Registrant.

119. Mr Butler submitted that the panel should take account of the period since a previous interim order panel had heard the matter and determined that there was no risk.

120. The panel accepted the advice of the Legal Assessor

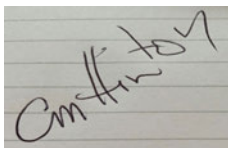
121. The panel determined that an Interim Suspension Order should be imposed pending the conclusion of the appeal period.

122. Unlike the previous panel which heard only some of the information pertaining to this case, this Panel has now heard all the evidence including from the Registrant. It has determined that there is a risk to the public and as such an interim suspension is necessary to protect the public. The Panel also determines that it is otherwise in the public interest to immediately declare and uphold public standards. Not to impose an immediate order of suspension would be contrary to the risks identified and contrary to the public interest.

### **Right of Appeal**

123. Both the Registrant and UKCP have 28 days from when the written decision is served in which to exercise their right of appeal.

Signed,

A handwritten signature in black ink on a light-colored background. The signature appears to be 'Catherine Hinton' written in a cursive style.

Catherine Hinton, 10 February 2023