



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

**1 – 2 November 2023
Remote Hearing**

Name of Registrant:	Rob Frazer (also known as Robert Allen)
Heard by:	Adjudication Panel
Panel Members:	Harry Bower (Lay Chair) John Wren (UTC) Vivienne Taylor (CPJAC)
Legal Assessor:	John Bromley-Davenport, Independent Legal Assessors
Panel Secretary:	Kat Zhou
UKCP Presenting Officer:	Tara O'Halloran, Old Square Chambers
Registrant:	Not present or represented
Charges found proved:	All
Charges found not proved:	None
Panel decision:	Misconduct found proved, Current Impairment found proved
Sanction:	Termination of UKCP Registration

Detail of allegations

That being a UKCP registered psychotherapist since at least 2009, you Rob Frazer (the Registrant):

1. Between August 2016 and April 2019, while being in a therapeutic relationship with Client A you:
 - a. entered into a personal and/or sexual relationship with Client A.
Found proved
 - b. drank alcohol with Client A.
Found proved
 - c. cuddled Client A and stroked her hair.
Found proved
 - d. kissed Client A.
Found proved
 - e. cooked with Client A.
Found proved
 - f. on one or more occasions, asked Client A to give you her prescribed medication.
Found proved
 - g. on one or more occasions, offered and/or gave Client A drugs.
Found proved
 - h. on one or more occasions, told Client A that if she took drugs you gave her, it would make her feel closer to you.
Found proved
 - i. on one or more occasions, conducted therapy sessions with Client A whilst impaired by the effects of drugs or alcohol.
Found proved
2. On or around 30 June 2018 you:
 - a. met Client A at your mother-in-law's flat in [REDACTED]
Found proved
 - b. encouraged Client A to drink alcohol;
Found proved
 - c. drank alcohol with Client A;
Found proved
 - d. kissed Client A;
Found proved
 - e. engaged in sexual activity with Client A.
Found proved
3. On 1 July 2018, you told Client A not to tell anyone about what had occurred at paragraph 2 above.
Found proved
4. On or around 16 August 2018, you:
 - a. met Client A to celebrate your birthday;
Found proved

- b. drank alcohol with Client A at a cocktail bar called the Slug and Lettuce;
Found proved
- c. went to Client A's hotel room;
Found proved
- d. allowed Client A to give you a massage in her hotel room whilst you were topless.
Found proved

5. Between August 2016 and October 2019, you:

- a. sent text messages to Client A, including text messages of an intimate and personal nature (see **Appendix A**).
Found proved
- b. had telephone conversations with Client A, including telephone conversations of an intimate and personal nature (see **Appendix B**).
Found proved
- c. discussed your own personal issues with Client A, [REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED]
Found proved
- d. told Client A about Client B by disclosing Client B's full name to Client A.
Found proved
- e. told Client A that Client B was a client of yours who you had kissed and taken on a date when she was in a relationship with someone else.
Found proved
- f. discussed information about other clients with Client A, including:
 - i. on 24 August 2019, you told Client A about an older female client you had who was experiencing difficulties in her relationship.
Found proved
 - ii. on 11 August 2019, you told Client A about a 16-year-old male you had, who hated his father and was having suicidal thoughts.
Found proved
- g. informed Client A that you were not engaged in regular supervision.
Found proved
- h. did not engage in regular sufficient supervision.
Found proved
- i. disclosed to Client A that you had conducted therapy sessions with other clients whilst impaired by the effects of drugs or alcohol.
Found proved
- j. disclosed to Client A that you had provided drugs to your colleagues.
Found proved
- k. made racially prejudiced comments to Client A, including:
 - i. saying that Muslim people were paedophiles.
Found proved
 - ii. on 15 July 2018, during a telephone conversation with Client A, said, "Not just some chinky, yeah?"
Found proved

6. In or around April 2019, you ended the therapeutic relationship with Client A without referring her to an alternative practitioner.

Found proved

7. On 28 April 2019, during a telephone conversation with Client A, you were verbally aggressive towards her in that you raised your voice and swore.

Found proved

8. Between around April 2019 and October 2019, you maintained a personal relationship with Client A.

Found proved

9. On or around 17 August 2019, you went to a bottomless brunch in London with Client A to celebrate your birthday.

Found proved

10. On 30 September 2022, you requested to follow Client A's account on Strava, a social media network for athletes.

Found proved

11. On or around 16 February 2023, you requested to connect with Client A's close friend on LinkedIn.

Found proved

12. On 16 February 2023 having been notified of the complaint by UKCP, you sent an email to Client A stating, "We need to talk about this. It has implications to the PIP you received". You then called her phone number.

Found proved

13. Your actions at paragraph 12 above were an attempt to dissuade Client A from continuing with the complaints process.

Found proved

14. Between 23 February 2023 and 13 April 2023, you set up a new website, promoted your services as a psychotherapist and offered psychotherapy.

Found proved

15. Your actions were in contravention of the interim suspension order imposed on your practice on 22 February 2023.

Found proved

16. Between around January 2018 and July 2018, you provided therapy to Client B. During your final therapy session with Client B, in or around July 2018, you:

a. agreed to meet Client B in a personal capacity the following week;

Found proved

b. told Client B that you would "see how we feel" and that there was "no pressure to have sex", or words to that effect.

Found proved

17. In or around July 2018, you began a sexual relationship with Client B, which lasted for around six to eight weeks.

Found proved

18. Between around July 2018 and January 2021, you:

a. maintained a personal relationship with Client B;

Found proved

b. on one or more occasions, provided Client B with drugs, including methiopropamine and diazepam;

Found proved

c. on one or more occasions, abused drugs with Client B.

Found proved

19. In or around January or February 2020, you stayed at Client B's home for around five days [REDACTED].

Found proved

20. In or around February or March 2020, you went to Client B's home and encouraged her to take zopiclone with you.

Found proved

21. Your actions at paragraphs 1 – 20 above were:

a. Inappropriate; and/or

Found proved

b. Unprofessional; and/or

Found proved

c. Sexually motivated

Found proved

22. The behaviors set out at paragraphs 1 – 20 above are in breach of UKCP's Ethical Principles and Code of Professional Conduct (2009) and Code of Ethics and Professional Practice (1 October 2019). In particular, you:

a. Failed to act in Client A's and Client B's best interests, thereby breaching clause 1.1 of the Code (2009) and clause 1 of the Code (2019).

Found proved

b. Failed to treat Client A and Client B with respect, thereby breaching clause 1.2 of the Code (2009) and clause 2 of the Code (2019).

Found proved

c. Failed to respect Client A's and Client B's autonomy, thereby breaching clause 1.7 of the Code (2009) and clause 3 of the Code (2019).

Found proved

- d. Abused and/or exploited your relationship with Client A and Client B for any purpose including your sexual or emotional gain, thereby breaching clause 1.3 of the Code (2009) and clause 5 of the Code (2019).

Found proved

- e. Had sexual contact or a sexual relationship with Client A and Client B, thereby breaching clause 1.4 of the Code (2009) and clause 4 of the Code (2019).

Found proved

- f. Engaged in a dual relationship with Client A and Client B, thereby breaching clause 1.5 of the Code (2009) and clause 8 of the Code (2019).

Found proved

- g. Made racially prejudicial comments to Client A, thereby breaching clause 2.1 of the Code (2009) and clause 29 of the Code (2019).

Found proved

- h. Failed to take reasonable care (taking into account the length of therapy and time lapsed since therapy) before entering into a personal relationship with Client A and Client B, thereby breaching clause 1.6 of the Code (2009) and clause 9 of the Code (2019).

Found proved

- i. Harmed Client A and Client B thereby breaching clause 1.8 of the Code (2009) and clause 6 of the Code (2019).

Found proved

- j. Failed to respect, protect, and preserve the confidentiality of Client B, thereby breaching clause 3.1 of the Code (2009) and clause 18 of the Code (2019).

Found proved

- k. Failed to protect sensitive and personally identifiable information obtained from the course of your work as a psychotherapist, thereby breaching clause 3.2 of the Code (2009).

Found proved

- l. Failed to critically examine the impact of your personal conduct on the therapeutic relationship with Client A, or prioritise preserving Client A's psychotherapeutic best interests, thereby breaching clause 4.1 of the Code (2009).

Found proved

- m. Failed to recognise the boundaries and limits of your expertise and techniques, thereby breaching clause 5.3 of the Code (2009).

Found proved

- n. Failed to refer Client A to an alternative psychotherapist, thereby breaching clauses 5.4 and 5.7 of the Code (2009).

Found proved

- o. Failed to have sufficient supervisory arrangements and other necessary support to meet your psychotherapeutic obligations to Client A, thereby breaching clause 5.7 of the Code (2009).

Found proved

- p. Worked with Client A and/or other clients when you were not able to do so for physical or mental health reasons, or when impaired by the effects of drugs, alcohol, or medication, thereby breaching clause 9.1 of the Code (2009).

Found proved

- q. 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).

Found proved

- r. Failed to report potential breaches of UKCP's Code of Ethics and Ethical Principles and Code of Professional Conduct to UKCP, thereby breaching clause 10 of the Code (2009) and clause 37 of the Code (2019).

Found proved

For the reasons set out above, your fitness to practise is impaired by reason of misconduct.

Documents

The Panel had placed before it the following documents:

- A principal bundle on behalf of UKCP amounting to 383 pages, hereafter referred to as C1;
- A service bundle on behalf of UKCP amounting to 39 pages;
- A skeleton argument on behalf of UKCP amounting to 12 pages;
- An ISO bundle on behalf of the Registrant amounting to 26 pages, hereafter referred to as R1;

Hearing

1. The complaint was heard under the UKCP Complaints and Conduct Process 2022, and the Panel considered the alleged breaches of UKCP's Ethical Principles and Code of Professional Conduct (2009) and Code of Ethics and Professional Practice (2019).

Preliminary Matters

2. The Panel considered the following preliminary matters:

Service of notice

3. Ms O'Halloran, on behalf of UKCP, adopted her written submissions which she supplemented with oral argument. She submitted that the Registrant had terminated his UKCP membership in March 2023. She submitted that all reasonable efforts had been made to notify the Registrant of today's hearing, the date of which had been set for some months. He was notified by email on 25 August 2023 and by recorded delivery on 9 September 2023.
4. The Panel accepted the advice of the legal assessor. It considered the overarching objective of the proceedings and the UKCP's Complaints and Conduct Process document.
5. Having heard from Ms O'Halloran, the Panel determined that all reasonable efforts had been made to notify the Registrant of the hearing and that service had been effected.

Application to proceed in absence

6. Ms O'Halloran submitted that it was in the public interest to proceed in the Registrant's absence. UKCP had made efforts to engage with the Registrant and help him participate in the proceedings but he had not done so nor had he asked for an adjournment.
7. Ms O'Halloran submitted that the Registrant had made the decision to voluntarily absent himself and that he would be unlikely to attend any future hearing. Adjourning would therefore only delay the timely conclusion of this case. The public interest (including the interests of witnesses Client A and B) and the overarching objective would not be met by further delay.
8. Ms O'Halloran referred to the balancing act in determining whether to proceed in absence. She submitted that there is some disadvantage to the Registrant in proceeding in his absence in not being able to present his account of events. However, this was limited to the extent that there is objective evidence of the alleged conduct and admissions within that evidence. In addition, this can be mitigated as the panel can make allowance for the fact the UKCP's evidence will not be tested by cross-examination and of their own volition can explore any inconsistencies in the evidence which it identifies (although this does not extend to detailed cross-examination of witnesses: *McDaid v NMC* [2013]).
9. Overall, given the Registrant had deliberately absented himself; the need to avoid unnecessary delays and the fact that an adjournment was unlikely to yield a different result, Ms O'Halloran submitted that the public interest favoured proceeding in the absence of the Registrant.
10. The Panel accepted the advice of the legal assessor.
11. The Panel noted that a decision to proceed in the absence of the Registrant should be exercised with great care and caution: *R v Jones (no 2) 2002 UKHL5*. There had been no application for an

adjournment and the Registrant had clearly indicated that he would not attend. The Panel also took account of the fact that witnesses were due to attend, the age of the charges, the fact that further delay might affect the recollection of witnesses and the public interest in proceeding with the hearing. It carefully balanced these matters against the interests of the Registrant and the importance of a fair hearing and decided that, in all the circumstances the hearing should proceed.

Vulnerable witnesses

12. Ms O'Halloran made an application for Client A and Client B to be treated as vulnerable witnesses due to the nature of the allegations. As such, she also asked that Client A should have her partner sitting beside her as support.
13. The Panel accepted the advice of the Legal Assessor and determined that in view of the sensitive nature of the allegations, and the potential vulnerability of Client A and Client B, that they should be treated as vulnerable witnesses. The Panel also agreed that Client A's partner could sit beside her whilst she is giving evidence.

Application for matters of health to be heard in private

[REDACTED]

15. The Panel determined that should matters pertaining to health arise [REDACTED] then they would be heard in private.

Amendment to the Allegation

16. Ms O'Halloran made an application to amend the wording of Allegation 22, from "paragraph 1 – 15 above" to paragraph "1 – 20 above". The Panel permitted the amendment as it was merely a typing error and doing so causes no unfairness to the Registrant.

Facts

17. The Panel considered all of the documentary evidence before it, and heard oral submissions from Ms O'Halloran on behalf of UKCP. The Panel also heard evidence from the following witnesses: Client A and Client B on behalf of UKCP.

Client A's evidence

18. Ms O'Halloran called Client A to give evidence. She was sworn in, adopted her statement as a true account of the events that took place, and was asked some supplementary questions.
19. Ms O'Halloran asked Client A if she knows Client B, to which Client A confirmed that she does not know her and has never had contact with her.
20. The Panel then had the opportunity to ask some questions. The Panel firstly asked about the transcripts of audio recordings and the circumstances in which they were made – what made her do the recordings, how, and why she kept the recordings? Client A said that she downloaded a call recorder app to her phone for two reasons. The first reason was because she struggled to remember some of the things they spoke about and thought that it would be beneficial to have it recorded. The second reason was that she felt at the time that there was something not quite right about the relationship. As time went on, she felt that people would not believe what was happening between her and the Registrant. She wanted to keep a record of the conversations that they had over telephone. Client A then mentioned that she actually didn't want to keep them, in fact she wanted to get rid of everything. However, something inside her thought that no one would ever believe her. She had no intention to pursue this complaint or make a complaint at all. She saved it into google drive as well as the screenshots and never looked at it again until the Registrant requested to follow her on Strava and her friend on LinkedIn. That was the catalyst which made her decide she needed to report what had happened.
21. Client A was then asked about whether she thought to seek advice from a psychiatrist or make a report to the police. Client A said that she can see why that question had been asked. She said that if someone said that to her at the age of 25 – a time when she was mentally unwell and very dependent on the Registrant as a person in her life – it would not have crossed her mind for a second. If she had reported it, her relationship would have been jeopardized and she wanted to preserve the relationship and did not understand the serious nature of what was going on.
22. The Panel then asked Client A about the screenshot (p279 of C1) of the bank transactions and payments of the food and drink that she was sharing with the Registrant. They asked why was she paying? She responded that she doesn't have an answer to that. Because she loved him – there was no logical answer. The Panel asked her if she felt pressured or under an obligation to do so? Client A said she certainly felt obliged to. She had a feeling that he was going beyond for her, that he had gone out of his way to spend the day with her, so she felt that if he was doing this for her the least she can do is to pay for it for him. That was part of the motivation, not the only motivation. Client A was then asked if the Registrant ever paid for things when they went out and she said yes there were times when he did.

23. The Panel then asked whether both Client A and the Registrant were staying at the Premier Inn that night? She said that she was staying at the room by herself, and that he came to the room and left around midnight. She knows this because she booked him an uber to take him home.
24. Client A was asked about the letter (p25-26 of R1) that she wrote to the Registrant. She said that she doesn't remember the specific letter as she doesn't want to look at it again. From the start of their relationship the climate that was created for her was that he was going above and beyond for her and going out of his way to help her, that he would give her more time than other clients, that he would do so much to help her. She grew very attached and dependent on him as a result of that treatment. That narrative was consistently the one that was put to her by him. She loved him very deeply at that time and she thought her connection was not just therapeutic but real world. He required that feedback – he had a big thing about being needed and appreciated. One of the reasons he was so invested was because she would willingly give that to him. Testament to the fact that she didn't realise it was wrong. She thought the stuff he was doing to her was that he loved her and that was normal cause she never felt love before.
25. What triggered the complaint, as there was a lapse of time between the complaint ending and the end of their relationship? Client A said that there was some part of her that always knew it was wrong. She never told anybody at the time because she knew that if she did, they would try to intervene in some way. The relationship itself was more important than whether it was right or wrong. After the relationship ended, she carried on with her healing journey and repressed what happened between them. After he added her as a contact on Strava, that is when she spoke to her partner and therapist about it. Client A's partner confirmed to her that it was very wrong and so she felt like she finally had to confront it. If the Registrant hadn't reached out to her, then she would have kept on ignoring it. At the age of 32 she now knows the events that occurred were "extraordinarily wrong."

Client B's evidence

26. Ms O'Halloran then called Client B to give evidence. She was sworn in, adopted her statement as correct and was asked some supplementary questions.
27. The Panel then had the opportunity to ask some questions. The Panel first asked Client B if she ever considered that it was weird for a therapist to be doing drugs with clients, and if it occurred to her to talk to anybody about the sessions? Client B said that the relationship, at that point, was labelled as friendship – it was the end of a therapeutic relationship. They were in touch with each other every day. She was a very different person then than she is today. She felt very ashamed. She knew it was wrong, she was more worried about herself and that she had a very reputable position in her professional life. She felt she needed him at that time.

28. The Panel then asked what she thought about going to [REDACTED] to stay with him in his mother-in-law's flat? Client B said that the sessions were held there. It was the first time she had ever been in therapy. Afterwards he suggested meeting there because it was a private space. She lived with her husband at the time, and the Registrant lived with his wife. After that they would meet in various locations for example for coffee in [REDACTED] and sometimes in [REDACTED]. The Panel asked if she thought at the time that it was odd? Client B responded that she knew it was inappropriate, but she thought it was something else. After that she read a lot on erotic transference and some of the things she read made her realise what was going on. It made her feel quite disgusted by it. She needed him as a friend and he needed her, but she knew it was inappropriate. She wasn't in the right mindset at all.
29. Client B was then asked what her thoughts were about the fact the Registrant has denied supplying her drugs. She responded that she is not surprised that he denied it. He would never own up to things he was doing wrong.
30. The Panel then asked Client B why she told the Registrant that she wanted to end the therapeutic relationship? Client B said that the therapy wasn't helping anymore – she couldn't get past seeing him in terms of the feelings she was developing for him. The sessions weren't effective, nor did she think that her tokophobia was getting better. The skillset needed to treat it did not align with what he was able to deal with. She knew it wasn't going to work out for her to get to her desired outcome.
31. The Panel then asked if she had to travel to get to where the therapy was ([REDACTED])? Client B said that for her first session, her husband brought her there. Then after that she would take a train and a taxi to get there.
32. When asked if she continued in contact with the Registrant for a period after the sexual relationship ended, Client B said yes, for quite some time. The Panel then asked why she felt she was obliged to take him in to her home for 5 days? She said that he was having problems with his alcohol and drug use, [REDACTED]. She is an overly generous person and she felt for him. Their contact was platonic and he wasn't in the best of places and he asked her if she could take him in and she told him he could stay for as long as he wanted so that he can have some space. It wasn't for sexual purposes. It wasn't sexual over that period at all. When asked what happened thereafter, Client B said that [REDACTED] he went back home after the 5 days. They stayed in touch and she would check in on him.
33. The Panel asked Client B if there was a formal ending? She said no, as she wasn't confident to do that. The telling point of the end of their relationship was when he knew she was having problems with drug usage and mental health, and he still told her to take drugs to stay awake and that it would be fun. Since seeing the Registrant, she went to two other therapists and at this point she was still in therapy and things started to come to the surface. She then recognised that he didn't have the best intentions for her, so she retreated. When the Registrant was getting into contact with her again,

that's when she realised that she needs to cut him off. She blocked him rather than having any closing statements. She couldn't deal with the exchange and just wanted to cut him off completely.

34. The Panel asked Client B if she was contacted by UKCP and how did that come about? Ms O'Halloran interjected and answered that Client A told UKCP in her submissions that the Registrant told her of Client B's full name, so UKCP then contacted Client B.

Submissions

35. Ms O'Halloran adopted her written submissions, and in particular the evidential matrix, which she supplemented with oral argument. She submitted that the factual allegations against the Registrant are likely, on the balance of probabilities, to have occurred. This is because of the quality of evidence in support, which included evidence from two witnesses with first-hand experience of the Registrant and his alleged conduct. Neither witness knew each other and describe similar behaviour over a similar period of time. In addition, there was contemporaneous and objective evidence in the form of text messages, email correspondence and telephone conversation recordings. Within both these sources of evidence, there were admissions from the Registrant about his alleged conduct.
36. Ms O'Halloran emphasised to the Panel that the standard of proof is the balance of probabilities - is it more likely, on balance, that these allegations occurred or they didn't? She continues that there is a lot of objective evidence by way of texts, emails, and transcripts. And further that where there is no documentary evidence, the Panel should rely on the oral evidence given by Client A and Client B. Ms O'Halloran invited the Panel to draw an adverse inference by his silence. It is not determinative but a reliable factor.
37. Ms O'Halloran then drew the Panel's attention to pp 8-12 of her skeleton argument, and submitted that, in addition to Client A and B's oral evidence, all the relevant evidence in support of the allegations and finding of fact can be found there. Ms O'Halloran submits that the threshold that these allegations are likely to have occurred on the balance of probability have been surpassed. In regards to the integrity of Client A and B – they proved to be insightful, credible, consistent, and their own level of insight into the gravity of what the Registrant did increased with the passage of time. Though keeping in mind that their level of insight is irrelevant to whether the alleged facts occurred. These are two witnesses who did not know each other. They described very similar behaviour both in relation to sexual nature and propensity to encourage and use drugs illegally with both the individuals. Similar accounts independent of each other is a very powerful indicator that the allegations are true. Contemporaneous and objective evidence by way of texts, emails, and phone call transcripts where they can see what occurred at the time and what was said. He knew perfectly well what he was doing was wrong and he continued. The admissions he made throughout the evidence. Ms O'Halloran took the Panel through the transcripts and text exchanges in p89 of C1, and highlighted that Client A refers

to the fact that they were drinking together. The Registrant agrees with what she is saying. That is an implicit admission that what is alleged is true. She then took the Panel to p146, and highlights that the Registrant said “I've got a terrible habit of going too far with everything”. These are further iterations that he knew what he was doing was wrong, highly inappropriate and unprofessional, and yet continued to do it. Ms O’Halloran then took the Panel to p233, where Client A says that it was him, the Registrant, who wanted to get drunk and she did not. She further submitted that it was misleading and untrue when the Registrant said that nothing else had happened with him and other clients – because we know there was a Client B. Ms O’Halloran stated that all these allegations are factually supported by ample evidence.

38. The Panel heard and accepted the advice of the Legal Assessor. The burden was on the UKCP to prove, on the balance of probabilities, that the factual allegations occurred.

39. On balance, having fully considered the above, the Panel made the following findings:

1) Between August 2016 and April 2019, while being in a therapeutic relationship with Client A you:

a. entered into a personal and/or sexual relationship with Client A.

Found proved

In her written statement and in her oral evidence, Client A said that this occurred. The Panel found Client A to be a credible witness and therefore on the balance of probability, the Panel find this charge proved.

b. drank alcohol with Client A.

Found proved

The Panel adopts the reasoning for ‘1a’ above.

c. cuddled Client A and stroked her hair.

Found proved

The Panel adopts the reasoning for ‘1a’ above.

d. kissed Client A.

Found proved

The Panel adopts the reasoning for ‘1a’ above. This charge has also been admitted to in p11 of the R1.

e. cooked with Client A.

Found proved

The Panel adopts the reasoning for ‘1a’ above.

f. on one or more occasions, asked Client A to give you her prescribed medication.

Found proved

The Panel adopts the reasoning for '1a' above. There is evidence of this on p225 of C1, where the Registrant sends a text message to Client A asking for the "if you can remember to bring those tablets that would be helpful".

- g. on one or more occasions, offered and/or gave Client A drugs.

Found proved

The Panel adopts the reasoning for '1f' above. There is evidence of this in the text message on p238 of C1.

- h. on one or more occasions, told Client A that if she took drugs you gave her, it would make her feel closer to you.

Found proved

The Panel adopts the reasoning for '1a' above.

- i. on one or more occasions, conducted therapy sessions with Client A whilst impaired by the effects of drugs or alcohol.

Found proved

The Panel adopts the reasoning for '1a' above.

- 2) On or around 30 June 2018 you:

- a. met Client A at your mother-in-law's flat in [REDACTED]

Found proved

The Panel adopts the reasoning for '1a'. There is also documentary evidence of this including uber trips and bank transactions.

- b. encouraged Client A to drink alcohol;

Found proved

The Panel adopts the reasoning for '1a'.

- c. drank alcohol with Client A;

Found proved

The Panel adopts the reasoning for '1a'. This was also admitted by the Registrant on p11 of R1.

- d. kissed Client A;

Found proved

The Panel adopts the reasoning for '1a'. This was also admitted by the Registrant on p11 of R1.

- e. engaged in sexual activity with Client A.

Found proved

The Panel adopts the reasoning for '1a'.

- 3) On 1 July 2018, you told Client A not to tell anyone about what had occurred at paragraph 2 above.

Found proved

The Panel adopts the reasoning for '1a'.

4) On or around 16 August 2018, you:

a. met Client A to celebrate your birthday;

Found proved

In her written statement and in her oral evidence, Client A said that this occurred. The Panel found Client A to be a credible witness and therefore on the balance of probability, the Panel find this charge proved. There is documentary evidence to support this including the uber screenshot and bank transactions.

b. drank alcohol with Client A at a cocktail bar called the Slug and Lettuce;

Found proved

The Panel adopts the reasoning for '4a' above.

c. went to Client A's hotel room;

Found proved

The Panel adopts the reasoning for '4a' above.

d. allowed Client A to give you a massage in her hotel room whilst you were topless.

Found proved

The Panel adopts the reasoning for '1a'.

5) Between August 2016 and October 2019, you:

a. sent text messages to Client A, including text messages of an intimate and personal nature (see **Appendix A**).

Found proved

In her written statement, Client A said that this occurred. The Panel found Client A to be a credible witness and therefore on the balance of probability, the Panel find this charge proved.

b. had telephone conversations with Client A, including telephone conversations of an intimate and personal nature (see **Appendix B**).

Found proved

The Panel adopts the reasoning for '5a' above.

c. discussed your own personal issues with Client A, [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED].

Found proved

The Panel adopts the reasoning for '5a' above.

d. told Client A about Client B by disclosing Client B's full name to Client A.

Found proved

The Panel adopts the reasoning for '5a' above. The Panel recognises that UKCP couldn't have contacted Client B if Client A did not know her full name, disclosed by the Registrant.

- e. told Client A that Client B was a client of yours who you had kissed and taken on a date when she was in a relationship with someone else.

Found proved

The Panel adopts the reasoning for '5a' above. This has also been verified by Client B's written statement.

- f. discussed information about other clients with Client A, including:
 - i. on 24 August 2019, you told Client A about an older female client you had who was experiencing difficulties in her relationship.

Found proved

The Panel adopts the reasoning for '5a' above. The audio recording and its transcript on p158 of C1 is evidence of this.

- ii. on 11 August 2019, you told Client A about a 16-year-old male you had, who hated his father and was having suicidal thoughts.

Found proved

The Panel adopts the reasoning for '5a' above. The audio recording and its transcript on pp151-152 is evidence of this.

- g. informed Client A that you were not engaged in regular supervision.

Found proved

The Panel adopts the reasoning for '5a' above. The audio recording and its transcript on p112 "they give you supervision, which is just bullshit" is evidence of this.

- h. did not engage in regular sufficient supervision.

Found proved

The Panel adopts the reasoning for '5g' above.

- i. disclosed to Client A that you had conducted therapy sessions with other clients whilst impaired by the effects of drugs or alcohol.

Found proved

The Panel adopts the reasoning for '5a' above. The audio recording and its transcript on pp162-163 is evidence of this.

- j. disclosed to Client A that you had provided drugs to your colleagues.

Found proved

The Panel adopts the reasoning for '5a' above. The audio recording and its transcript on pp161-162 is evidence of this.

- k. made racially prejudiced comments to Client A, including:

- i. saying that Muslim people were paedophiles.

Found proved

The Panel adopts the reasoning for '5a' above.

- ii. on 15 July 2018, during a telephone conversation with Client A, said, “Not just some chinky, yeah?”

Found proved

The Panel adopts the reasoning for ‘5a’ above. The audio recording and its transcript on p66 is evidence of this.

- 6) In or around April 2019, you ended the therapeutic relationship with Client A without referring her to an alternative practitioner.

Found proved

In her written statement, Client A said that this occurred. The Panel found Client A to be a credible witness and therefore on the balance of probability, the Panel find this charge proved.

- 7) On 28 April 2019, during a telephone conversation with Client A, you were verbally aggressive towards her in that you raised your voice and swore.

Found proved

The Panel were satisfied that in the audio recording and its transcript on pp80-81 of C1, the Registrant was in fact raising his voice and swearing at Client A.

- 8) Between around April 2019 and October 2019, you maintained a personal relationship with Client A.

Found proved

The Panel believe that a psychotherapist would not end therapy and then agree to go into a friendship. The CCP mentions that registrants must be aware of dual relationships and the Registrant did not adhere to this. Therefore the Panel find this charge proved.

- 9) On or around 17 August 2019, you went to a bottomless brunch in London with Client A to celebrate your birthday.

Found proved

The Panel adopts the reasoning for ‘5a’. The audio recording and its transcript on p137-138 and 156 is evidence of this.

- 10) On 30 September 2022, you requested to follow Client A’s account on Strava, a social media network for athletes.

Found proved

The Panel adopts the reasoning for ‘5a’. The Panel also note that this was admitted by the Registrant in his own statement, and there is evidence within the screenshot on p285.

- 11) On or around 16 February 2023, you requested to connect with Client A’s close friend on LinkedIn.

Found proved

The Panel adopts the reasoning for ‘5a’. The Panel also note that this was admitted by the Registrant in his own statement, and there is evidence within the screenshots on pp287-288.

- 12) On 16 February 2023 having been notified of the complaint by UKCP, you sent an email to Client A stating, “We need to talk about this. It has implications to the PIP you received”. You then called her phone number.

Found proved

There is evidence of this email on p290 of C1, and the phone call log screenshot at p292.

- 13) Your actions at paragraph 12 above were an attempt to dissuade Client A from continuing with the complaints process.

Found proved

The Panel adopts the reasoning for '5a'. The Panel believed that it was a tactic of intimidation.

- 14) Between 23 February 2023 and 13 April 2023, you set up a new website, promoted your services as a psychotherapist and offered psychotherapy.

Found proved

The Panel were satisfied that there is sufficient evidence to find this proved within screenshots of the websites on pp315-322 of C1.

- 15) Your actions were in contravention of the interim suspension order imposed on your practice on 22 February 2023.

Found proved

The Panel adopts the reasoning for '14' above.

- 16) Between around January 2018 and July 2018, you provided therapy to Client B. During your final therapy session with Client B, in or around July 2018, you:

- a. agreed to meet Client B in a personal capacity the following week;

Found proved

In her written statement and in her oral evidence, Client B said that this occurred. The Panel found Client B to be a credible witness and therefore on the balance of probability, the Panel find this charge proved.

- b. told Client B that you would "see how we feel" and that there was "no pressure to have sex", or words to that effect.

Found proved

The Panel adopts the reasoning for '16a' above.

- 17) In or around July 2018, you began a sexual relationship with Client B, which lasted for around six to eight weeks.

Found proved

The Panel adopts the reasoning for '16a'.

- 18) Between around July 2018 and January 2021, you:

- a. maintained a personal relationship with Client B;

Found proved

The Panel adopts the reasoning for '16a'.

- b. on one or more occasions, provided Client B with drugs, including methiopropamine and diazepam;

Found proved

The Panel adopts the reasoning for '16a'.

- c. on one or more occasions, abused drugs with Client B.

Found proved

The Panel adopts the reasoning for '16a'.

19) In or around January or February 2020, you stayed at Client B's home for around five days [REDACTED].

Found proved

The Panel adopts the reasoning for '16a'.

20) In or around February or March 2020, you went to Client B's home and encouraged her to take zopiclone with you.

Found proved

The Panel adopts the reasoning for '16a'.

21) Your actions at paragraphs 1 – 20 above were:

- a. Inappropriate; and/or

Found proved

The Panel determined that his actions were wholly inappropriate.

- b. Unprofessional; and/or

Found proved

The Panel determined that his actions were wholly unprofessional.

- c. Sexually motivated

Found proved

The Panel are satisfied that there is a lot of documentary evidence to determine that his actions were sexually motivated.

22) The behaviors set out at paragraphs 1 – 20 above are in breach of UKCP's Ethical Principles and Code of Professional Conduct (2009) and Code of Ethics and Professional Practice (1 October 2019). In particular, you:

- a. Failed to act in Client A's and Client B's best interests, thereby breaching clause 1.1 of the Code (2009) and clause 1 of the Code (2019).

Found proved

The Panel have considered all the charges from 1 – 20 and are satisfied that they breach the codes above.

- b. Failed to treat Client A and Client B with respect, thereby breaching clause 1.2 of the Code (2009) and clause 2 of the Code (2019).

Found proved

The Panel adopts the reasoning for '22a' above.

- c. Failed to respect Client A's and Client B's autonomy, thereby breaching clause 1.7 of the Code (2009) and clause 3 of the Code (2019).

Found proved

The Panel adopts the reasoning for '22a' above.

- d. Abused and/or exploited your relationship with Client A and Client B for any purpose including your sexual or emotional gain, thereby breaching clause 1.3 of the Code (2009) and clause 5 of the Code (2019).

Found proved

The Panel adopts the reasoning for '22a' above.

- e. Had sexual contact or a sexual relationship with Client A and Client B, thereby breaching clause 1.4 of the Code (2009) and clause 4 of the Code (2019).

Found proved

The Panel adopts the reasoning for '22a' above.

- f. Engaged in a dual relationship with Client A and Client B, thereby breaching clause 1.5 of the Code (2009) and clause 8 of the Code (2019).

Found proved

The Panel adopts the reasoning for '22a' above.

- g. Made racially prejudicial comments to Client A, thereby breaching clause 2.1 of the Code (2009) and clause 29 of the Code (2019).

Found proved

The Panel adopts the reasoning for '22a' above.

- h. Failed to take reasonable care (taking into account the length of therapy and time lapsed since therapy) before entering into a personal relationship with Client A and Client B, thereby breaching clause 1.6 of the Code (2009) and clause 9 of the Code (2019).

Found proved

The Panel adopts the reasoning for '22a' above. Further, the Panel considered that a psychotherapist wouldn't enter into a relationship with a client within a reasonable time gap. Since there was no gap at all, and in fact he was doing these things whilst they were still in therapy, anybody could argue that reasonable care was not taken by the Registrant.

- i. Harmed Client A and Client B thereby breaching clause 1.8 of the Code (2009) and clause 6 of the Code (2019).

Found proved

The Panel adopts the reasoning for '22a' above. In the oral evidence of both witnesses, they have demonstrated that they have suffered considerably by the actions of the Registrant.

- j. Failed to respect, protect, and preserve the confidentiality of Client B, thereby breaching clause 3.1 of the Code (2009) and clause 18 of the Code (2019).

Found proved

The Panel adopts the reasoning for '22a' above.

- k. Failed to protect sensitive and personally identifiable information obtained from the course of your work as a psychotherapist, thereby breaching clause 3.2 of the Code (2009).

Found proved

The Panel adopts the reasoning for '22a' above.

- l. Failed to critically examine the impact of your personal conduct on the therapeutic relationship with Client A, or prioritise preserving Client A's psychotherapeutic best interests, thereby breaching clause 4.1 of the Code (2009).

Found proved

The Panel adopts the reasoning for '22a' above.

- m. Failed to recognise the boundaries and limits of your expertise and techniques, thereby breaching clause 5.3 of the Code (2009).

Found proved

The Panel adopts the reasoning for '22a' above.

- n. Failed to refer Client A to an alternative psychotherapist, thereby breaching clauses 5.4 and 5.7 of the Code (2009).

Found proved

The Panel adopts the reasoning for '22a' above.

- o. Failed to have sufficient supervisory arrangements and other necessary support to meet your psychotherapeutic obligations to Client A, thereby breaching clause 5.7 of the Code (2009).

Found proved

The Panel adopts the reasoning for '22a' above.

- p. Worked with Client A and/or other clients when you were not able to do so for physical or mental health reasons, or when impaired by the effects of drugs, alcohol, or medication, thereby breaching clause 9.1 of the Code (2009).

Found proved

The Panel adopts the reasoning for '22a' above.

- q. 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).

Found proved

The Panel adopts the reasoning for '22a' above. The Panel agree that any member of the public would be concerned with the actions of the Registrant.

- r. Failed to report potential breaches of UKCP's Code of Ethics and Ethical Principles and Code of Professional Conduct to UKCP, thereby breaching clause 10 of the Code (2009) and clause 37 of the Code (2019).

Found proved

The Panel adopts the reasoning for '22a' above. The Panel believe that the Registrant did recognise that what he was doing was wrong, and still failed to report anything. Further, he even attempted to interfere and intimidate Client A into not speaking to UKCP.

40. In total the Panel found **17** breaches of UKCP's Ethical Principles and Code of Professional Conduct (2009) proved and **12** breaches of UKCP's Code of Ethics and Professional Practice (2019) proved.

Misconduct

41. This determination should be read in accordance with the Panel's previous determinations.
42. 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.
43. The Panel heard further submissions from Ms O'Halloran on behalf of UKCP.
44. Ms O'Halloran drew the Panel's attention to paragraphs 5.4.1 – 5.4.2 of UKCP's Indicative Sanctions Guidance:
- a. UKCP's code of ethics is very clear that a Registrant must not enter into a sexual relationship with a client. Sexual misconduct seriously undermines public confidence in the profession and represents a breach of one of the fundamental tenets of psychotherapy.*
 - b. Sexual misconduct is considered particularly serious where the person concerned is particularly vulnerable and there has been an abuse of the special position of trust that the Registrant occupies.*
45. On behalf of UKCP, Ms O'Halloran submitted that the allegations that the panel had found proved, including 29 total breaches of the UKCP's Ethical Principles and Code of Professional Conduct (2009) and Code of Ethics and Professional Practice (1 October 2019), amounted to serious misconduct. The Registrant's conduct was at the most serious end of the misconduct spectrum in that his conduct arose in the context of a therapist – client relationship; he abused that position of trust with clients who were vulnerable; he engaged in sexual acts with both individuals on more than one occasion (and with more than one individual) such that there was a pattern of sexualised behaviour; he encouraged the use of and did use alcohol and drugs; and it is plain from the correspondence between him and Client A that he knew what he was doing and that he should not be doing it. He also took steps to interfere with Client A once he found out about her complaint with UKCP.

46. 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.
47. In addressing whether the facts proved amounted to misconduct, the Panel had regards to the fact that misconduct has been defined as “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” (Roylance v General Medical Council (No. 2) [2001] 1 AC 311).
48. 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. It is, of course, possible for negligent conduct to amount to serious professional misconduct but the negligence must be to a high degree.”
49. In addition, the Panel considered the judgement in R (on the application Dr Peter Spencer v General Osteopathic Council [2012] EWHC 3147 (Admin) that misconduct suggests ‘incompetence or negligence to a high degree’ and implies some degree of moral blameworthiness such that ‘the ordinary intelligent citizen’ would consider it so.
50. In light of the above, the Panel determined that the conduct by the Registrant as set out above is very serious. There was a pattern of inappropriate and unprofessional behaviour from the Registrant and the fundamental tenets of the profession were breached. The patterns of his unprofessionalism included meeting at restaurants, outside of therapy, drinking and sharing drugs with his patients, and sexual activity. If any member of the public was looking at this, they would be appalled by his actions. The Panel therefore determined that his actions did amount to serious misconduct.

Impairment

51. The Panel then went on to consider the question of impairment. This determination should be read in accordance with the Panel’s previous decisions in this case.
52. Ms O’Halloran invited the Panel to conclude that the Registrant is currently impaired. She drew the Panel’s attention to the case of Yeong v General Medical Council [2009] EWHC 1923 (Admin), Mr Justice Sales said at para 50/51:

“Where a medical practitioner violates such a fundamental rule governing the doctor/patient relationship as the rule prohibiting a doctor from engaging in a sexual relationship with a patient,

his fitness to practise may be impaired if the public is left with the impression that no steps have been taken by the GMC to bring forcibly to his attention the profound unacceptability of his behaviour and the importance of the rule he has violated. The public may then, as a result of his misconduct and the absence of any regulatory action taken in respect of it, not have the confidence in engaging with him which is the necessary foundation of the doctor/patient relationship. The public's confidence in engaging with him and with other medical practitioners may be undermined if there is a sense that such misconduct may be engaged in with impunity."

53. On behalf of UKCP, Ms O'Halloran submitted that the Registrant was currently impaired as there was no evidence of any formal admission to UKCP or insight. To the contrary, he had denied the core allegations and sought to mislead and recharacterise his physical contact with Client A as a reparenting technique and a valid therapeutic method. This is a grave indication of a lack of integrity, insight, and decency. He had also refused to engage in these proceedings.
54. Ms O'Halloran submitted that the Indicative Sanctions Guidance makes clear that sexual misconduct constitutes a breach of one of the fundamental tenets of psychotherapy. His behaviour was grave and included abusing his power in the context of two therapeutic relationships with vulnerable clients, conduct that was suggestive of a pattern of behaviour, sexual contact, and the distribution and encouragement of the use of drugs and alcohol. Ms O'Halloran submitted that the Registrant's behaviour was sexually motivated and there was clear intention on the part of the Registrant with regards to his behaviour – it was not inadvertent.
55. Ms O'Halloran submitted that given the seriousness of the Registrant's conduct, his denials, his lack of engagement in the process and the proven breach of the interim suspension order against him, there is a high risk of repetition.
56. Finally, Ms O'Halloran submitted that Considerations of public perception and public confidence raised by the Registrant's conduct cannot be fairly and appropriately reflected by anything short of a finding of impairment. Any member of the public apprised of these facts and circumstances would be seriously offended or surprised to learn that no finding of impairment had been made.
57. In reaching its decision, the Panel was mindful that the question of impairment is a matter for the Panel's professional judgement (Council for the Regulation of Healthcare Professionals v General Medical Council and Biswas [2006] EWHC 464 (Admin)). 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, the Panel will have to take account of the way in which the Registrant has acted or failed to act in the past.

58. 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.

59. 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 patient or patients 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.*

60. The Panel were satisfied that 'a,' 'b,' and 'c' above were all engaged by his conduct and that in the absence of any insight or remediation, there is a serious risk of repetition in the future.

61. 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.”

62. The Panel therefore determined that the Registrant's fitness to practice without restriction is currently impaired.

Determination on Sanction

63. In accordance with rule 7.25 of UKCP's Complaints and Conduct Process, the Panel then went on to consider the question of sanction. This determination should be read in accordance with the Panel's previous determinations on the facts, misconduct and impairment.
64. Ms O'Halloran on behalf of UKCP submitted that this was a case of serious sexual misconduct with two clients 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.
65. Ms O'Halloran then highlighted the extent of the Registrant's conduct – it was prolonged over a substantial period of time with two vulnerable individuals. There was a clear pattern of behaviour from the Registrant and he made repeated decisions to breach fundamental tenets of the profession. He did so without any adequate regard to the clients who suffered significant harm by his misconduct. By virtue of reviewing evidence, it was clear that the Registrant knew that his behaviour was improper but made the decision to continue regardless of that knowledge. Further, he gave dishonest accounts of what occurred between the Registrant and Client A. He abused the trust placed in him by UKCP and the public and disregarded the ISO which was imposed upon him and subsequently displayed a complete lack of engagement in this process. Ms O'Halloran submitted that he has brought the profession not only into disrepute but into grave disrepute. This is as serious as it gets. She also noted that the Registrant has already forfeited membership with UKCP.
66. 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. It recognised that the purpose of any sanction is not to punish the Registrant, although that may be the consequence of a carefully weighted decision. The Panel recognised that any sanction must be proportionate and weigh the public interest with that of the Registrant.
67. The public interest includes the protection of members of the public, including clients; the maintenance of public confidence in the profession; and the declaring and upholding of proper standards of conduct and behaviour within the profession.
68. The Panel considered the sanctions available to it under rule 7.25 of the Complaints and Conduct Process in ascending order and was mindful that any sanction imposed should be the minimum that would be considered proportionate and appropriate in the circumstances.
69. The Panel considered the following aggravating and mitigating factors:

Aggravating:

- The Panel considered that the Registrant used the therapy he was giving as a grooming process which took advantage of vulnerable individuals who had come to him for help. The clients were both young and he took advantage of their naivety and vulnerability and engaged in sexual relations with them.
- He has remained in denial of his wrongdoings throughout and displayed a lack of professionalism.
- He has breached the ISO imposed on him by the Interim Order Panel by setting up a new practice under a different name.

Mitigating:

- There is evidence that the Registrant had issues surrounding drug and alcohol misuse, [REDACTED].

70. 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.

- a. *Apology*: The Panel found that the misconduct was so severe that the impairment could not be addressed by this particular sanction. Further, there would be no protection to the public upheld by use of this sanction.
- b. *Warning*: The panel adopts the reasoning for '70a' above.
- c. *Written report or oral statement*: The Registrant had not submitted a response to the allegations. His opportunity to provide a statement was during the process of this case and the proceedings and he instead disengaged from the process. Therefore, the Panel believe that it would be pointless to require a written report from him. Further, the use of this sanction would not protect the public.
- d. *Further training*: The ISG states that this sanction would be appropriate if the Registrant has shown insight into his behaviours. The Panel found that it has been proven that the Registrant has not shown any insight into his behaviour and therefore this sanction would not be sufficient.
- e. *Further supervision or therapy*: The panel adopts the reasoning for '70d' above.
- f. *Conditions of Practise order*: The panel adopts the reasoning for '70d' above.
- g. *Suspension Order*: The Registrant did not comply with the ISO already imposed upon him so the Panel believe that he would most likely not comply with this sanction again, or at the very least would try to find a way around it.
- h. *Termination of UKCP Registration*: The Panel considered the following points:
 - Both Clients were vulnerable and were manipulated into the sexual activity by the Registrant.
 - The misconduct was part of a course of deliberate action and was prolonged over a long period of time.
 - The likelihood of repetition is very significant.

- The Panel believe that the Registrant has had zero insight into his failings and has not taken any steps to address them.
- There is extreme danger to the public posed by the Registrant if he was permitted to recommence practicing.
- The Panel concluded that there is no other sanction that would sufficiently protect the public as well as the reputation of the profession.

71. The Panel therefore determined that the appropriate sanction is Termination of UKCP Registration.

Application to extend the interim suspension order

72. Ms O'Halloran submitted that it would be necessary for the currently Interim Suspension Order (ISO) to be extended to cover the appeal period in this case in order to meet the risk identified in its findings pending any appeal by the Registrant.

73. The Panel accepted the advice of the Legal Assessor.

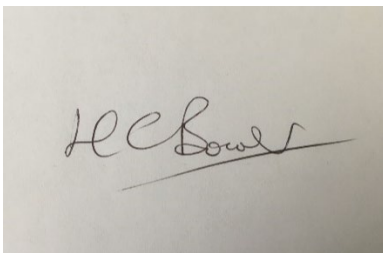
74. The Panel determined that it is in the public interest that the Interim Suspension Order should be extended to cover the conclusion of the appeal period.

Right of Appeal

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

76. The sanction outlined above will not take effect until after the 28 day period has lapsed. If no appeal is received the decision will take effect after the 28th day.

Signed,

A photograph of a handwritten signature in black ink on a light-colored surface. The signature appears to be 'HCBower' with a long horizontal stroke extending to the right.

Harry Bower, Lay Chair
2 November 2023