

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

**26 and 27 November 2018  
GDC  
37 Wimpole Street  
London W1G 8DQ**

**Name of Registrant:** Samuel Palmer

**Heard by:** Adjudication Panel

**Panel Members:** Mr Alex Coleman – Lay Chair  
Ms Gita Patel  
Ms Lesley Day

**Legal Assessor:** Mr John Donnelly

**Panel Secretary:** Eloise May Cadman

**UKCP Presenting Officer:** David Patience

**Registrant Representative:** Christopher Saad

  

**Charges found proved:** All charges found proved by admission

**Panel decision:** Misconduct and impairment found

**Sanction:** Further supervision and therapy

## **Detail of allegations**

1. That whilst being a registered UKCP psychotherapist in March 2015 to June 2017, you engaged in the following with Patient A:
  - a. On or around 7 December 2015, you told Patient A that you would not charge her for psychotherapy sessions or the emails, in order to show her that you cared;
  - b. On 1 January 2016 you sent Patient A a text message wishing her Happy New Year and then sending her a text message “why aren’t you fast asleep yet young lady?”;
  - c. On 24 February 2016, you told Patient A that drinking and writing is a good mix so that she can articulate the questions she poses in her emails to you;
  - d. On 24 February 2016, you told Patient A that you cancelled your regular client because you wanted to see her;
  - e. On 23 April 2016, you told Patient A about writing a poem to a girl who you were previously in a relationship with;
  - f. On 23 April 2016 you told Patient A about your dinner plans with other therapists including your supervisor who you rarely see;
  - g. On 25 April 2016, you disclosed to Patient A the reasons why you became a therapist;
  - h. On 28 April 2016, you asked Patient A for advice on buying train tickets;
  - i. On 28 April 2016, you disclosed to Patient A that you used your ex-friend’s freedom pass on the tube and had to act like a “mentally disabled type person” when the pass would not work;
  - j. On 5 May 2016, you told Patient A that you are not able to reach out to her in a way you would love to and when Patient A asked you in what way you would like her to reach out you replied “probably a hug...”;
  - k. In or around 10 May 2016, you disclosed your weight issue and asked Patient A for advice on exercise and weight lifting;
  - l. In or around 10 May 2016, you told Patient A that you have clients that you find difficult to see and another client you are scared of seeing for a final session who had previously accrued a large debt and you think they hate you;
  - m. In or around 10 May 2016, you disclosed to Patient A that you are stressed as you have a lot of editing to do and a major presentation to work on;
  - n. On 22 May 2016, you told Patient A that your talks about hugging in sessions was because you sometimes feels that you want to break down any barrier and connect to Patient A and help her feel like she is somewhere and with someone that wants her to say anything that comes to mind;
  - o. On or around 6 June 2016, you told Patient A that you thought ‘turning up drunk might work’ as a way to help her open up and talk more in sessions and/or to drink and email you;

- p. On or around 6 June 2016, you told Patient A that you would have liked it if she had come to your talk, or words to that effect and that you might have said this because it was a fantasy of yours to see her semi-socially or because you felt the talk was something that would go well for you and you wanted to share that with someone;
  - q. On or around 6 June 2016, you hugged Patient A having stated in an email on 5 May 2016 that a hug would not be appropriate;
  - r. On 7 July 2016, you sent an email to Patient A in which:
    - i. You disclosed to her that your supervisee had a client that would 'just cry' in sessions and revealed your belief as to why that was;
    - ii. You stated that comparing that situation to your work with Patient A had made you feel you had not made enough of a place for Patient A in sessions;
    - iii. You stated that you thought if you were in a relationship with Patient A rather than a therapy relationship, it would be about your needs and wants.
  - s. On 12 July 2016, you and Patient A engaged in discussion about a reality TV show and the sexual antics the contestants got up to;
  - t. On 20 July 2016, you asked Patient A if she is worried that the person she is talking to (a date) would turn out to be you and you further that you wanted to tell her in the session but it is more difficult to be jokey or flirty in person;
  - u. On 31 August 2016, you agreed to meet Patient A for a drink at the Richard Steele pub on 1 September 2016;
  - v. On 1 September 2016, you suggested that Patient A and you meet somewhere in town in the near future;
  - w. On 24 April 2017, you told Patient A that you were hoping to sell your flat to buy another one but the one you wanted to purchase has gone; and
  - x. On 24 April 2017, you declined to meet Patient A for a drink and stated, inter alia, 'plus you're a girl and I do like you personally, so all in all, I better desist!'
2. The above behaviour in 1. is in breach of the UKCP Ethical Principles and Code of Professional Conduct (Code of Ethics). In particular, you:
- a. Failed to respect the best interests of Patient A, thereby breaching clause 1.1 of UKCP's Code of Ethics;
  - b. Engaged in behaviour that confused the boundaries of the therapeutic relationship with Patient A, thereby breaching clause 1.5 of UKCP's Code of Ethics;
  - c. Failed to explore Patient A's transference in a safe and professional manner, thereby breaching clause 5.3 of UKCP's Code of Ethics; and

- d. Failed to have sufficient supervisory arrangements and other necessary support to meet your psychotherapeutic obligations thereby breaching clause 5.7 of UKCP's Code of Ethics.

In light of the above, your fitness to practise is impaired by way of your misconduct

## **Background**

1. The Complainant was in therapy with Mr Palmer from April 2015 to June 2017. She contacted Mr Palmer on 30 March 2015 and had her first session with him on 2 April 2015. She stopped therapy on 18 August 2016. However, she had a few further one-off sessions on 25 October 2016, 20 March 2017 and 6 June 2017. The Complainant wanted to receive help on new ways to manage her mood, and also found the transition from University to living in London difficult. The therapy sessions were weekly and took place in Mr Palmer's private practice. The Complainant struggled to open up in the sessions, and she suggested Mr Palmer ask questions to get her talking. She said found this useful. Mr Palmer suggested that the Complainant should "turn up drunk" in order to make her more able to talk in session. The Complainant had one drink before a session following this suggestion, however she did not feel it helped. She also said the suggestion seemed "a bit odd".

2. Mr Palmer suggested email contact to see if that helped the Complainant to open up, which she found useful. However the email contact was so frequent the Complainant felt growing dependency on Mr Palmer, to the extent whereby her mood depended on it, and she did not like it. Mr Palmer and the Complainant had email exchanges about a television programme including sexual acts. The Complainant offered to pay for email correspondence due to the time Mr Palmer was taking to write detailed responses. Mr Palmer initiated communication via text messages. He texted the Complainant on New Years' Day just after midnight, wishing her a Happy New Year, followed by asking why she wasn't in bed, calling her 'young lady' which the Complainant found unusual. As well as email and text correspondence the Complainant and Mr Palmer had two walking sessions.

3. Mr Palmer opened up about his own personal struggles to the Complainant on multiple occasions, he also invited her to one of his talks. He invited her to go for coffee multiple times. In July 2016 Mr Palmer talked about what it might be like if he and the Complainant were in a relationship. The complainant asked, following previous invitations from Mr Palmer, if he would like to go for a drink in August 2016 as she decided to stop therapy. He agreed however she could not make it, he was waiting at the pub for her. In April 2017 she asked for a drink again, however he declined deeming it inappropriate.

4. The Complainant has been in therapy with a different therapist since March 2017. Following Patient A's subsequent therapy, she felt ethically obliged to register a complaint to the UKCP.

## **Preliminary Matters**

1. The complaint was heard under the UKCP Complaints and Conduct Process 2016, and the Panel considered the alleged breaches of the UKCP Code of Ethics and Professional Conduct 2009.
2. The Panel considered the following preliminary matters:
  - a. The UKCP bundle amounted to 225 pages. The bundle will herein be referred to as Bundle 1.
  - b. The Registrant provided additional material, namely a supervisor report from [REDACTED] (Jungian Analyst-Analytical Psychologist) dated 2 November 2018, reference dated 17 October 2018 from [REDACTED] (psychoanalyst and member of CFAR) and a reference from [REDACTED] (psychoanalyst and a member of CFAR) 23 October 2018.
  - c. Mr Patience made an application under Rule 7 to amend the allegations that were before the Panel. This application was not opposed by the Registrant and as the amendments did not change the nature of the allegations and resulted in no prejudice and unfairness to the Registrant. The Panel exercised its discretion to grant the amendment in the interest of justice and fairness. There were no regulatory concerns regarding the new amendments.
  - d. The Panel received a joint application from both parties to consider both fact finding, and misconduct in one submission in light of the fact the Registrant proposed to admit all charges presented.

## **Determination on the facts**

1. Mr Saad on behalf of Mr Palmer entered admissions to each and every allegation.
2. In light of the admissions these matters were recorded as proved upon the record.

By consent both Counsel, with approval of the Panel, made submissions which embraced the fact-finding aspects of the Hearing, misconduct and impairment.

## **Submissions**

1. Mr Patience, on behalf of the UKCP submitted that the Registrant had held a position of great trust involving a vulnerable patient with a risk of self-harm. He further reminded the Panel of the importance to maintain appropriate boundaries and to recognise the risk of transference. Mr Patience further reminded the Panel that Patient A had been his patient for a considerable amount of time and his failings amounted to a 'course of conduct' which would have caused distress to Patient A.
2. Mr Patience reminded the Panel that it was appropriate to consider past events and in particular, outlined the legal principles in the authorities of Cohen v. GMC and CHRE and the NMC v. Grant.

3. Mr Patience further reminded the Panel of the risk of repetition that had to be assessed, he gave credit to the Registrant for a degree of insight in that he had attended two workshops, engaged in supervision with two experts which resulted in reports from both [REDACTED] and [REDACTED]
4. Mr Patience further submitted that the Registrant's behaviour has undermined confidence in the profession.
5. Mr Saad submitted that whilst the Registrant accepted that his behaviour amounted to misconduct and that the Registrant remained currently impaired he invited the Panel to consider the material before it, including the Registrant's formal response in order to ascertain the context and the timeline of these events.
6. Mr Saad reminded the Panel that the Registrant bitterly regrets his behavior which he described as "several serious mistakes". The Registrant had observed during sessions that Patient A had remained silent and had struggled generally. Patient A questioned whether the Registrant had cared for her engagement or had considered her actions stupid.
7. He further expanded that in those circumstances the Registrant had determined that it might be easier to write (via email or text) than to speak. This feature had been apparent from the early stages of Patient A's engagement. Mr Saad invited the Panel to consider the response by the Registrant and conceded that the Registrant, upon reflection, considered his handling of therapy as being both misguided and mismanaged. The Registrant had felt that he had used inappropriate language for which he felt sorry and embarrassed.
8. Mr Saad did highlight that there was some evidence of progress through the therapy as evidenced in some email correspondence dated 21 March 2017 between Patient A and the Registrant.
9. Mr Saad then categorised some of the mismanagement and failings which had occurred during therapy. Particularly, personal disclosures made to Patient A in April 2017.
10. Mr Saad further outlined instances of concern which the Registrant regrets; namely a discussion around a hug (which also resulted in one physical hug between the two), invitations to go for a drink in a public house and coffee, discussions about weight issues, the sexual nature of "Big Brother" television programme, and an invitation to his own lecture/ talk. Mr Saad reminded the Panel that the Registrant regretted the use of the word "flirty" for which he was both sorry and embarrassed.
11. Mr Saad respectfully reminded the Panel that the email correspondence appeared to stop at the same time as the therapy.

## Determination on misconduct

1. This determination should be read in accordance with the Panel's previous determinations.
2. 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.
3. Mr Patience on behalf of UKCP invited the Panel to conclude that the facts found proved constitute misconduct.
4. Mr Saad on behalf of the Registrant conceded that the Registrant's behaviour amounted to misconduct and current impairment, but recognised that this is ultimately for the Panel to determine.
5. 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.
6. 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:  
*"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."*
7. In light of the above, the Panel considered that there had been over 300 emails of a personal nature between the Registrant and Patient A. The email traffic and texts had been considerable in volume and frequency, the nature of which had been "flirty", inappropriate or sexual on occasions. It was very nearly daily contact and embraced the possibility of meeting up outside of the professional relationship. The Panel noticed one text in particular, on the night of New Year's Eve 2016. The Panel considered that this represented a severe breach of professional boundaries and amounted to entering multiple relationships with Patient A, who would inevitably find such behaviour confusing. The Panel was satisfied such behaviour would be regarded as deplorable by professional colleagues and would inevitably have a potential negative effect on Patient A and be tantamount to entering multiple relationships. The Panel was satisfied that this behaviour fell far below the standards expected of a psychotherapist and as such amounted to misconduct.
8. The Panel determined that such behaviour breached the UKCP Ethical Principles and Code of Professional Conduct, namely: 1.1, 1.3, 1.5, 4.1, 5.3, 5.7.

## Determination on impairment

1. The Panel then went on to consider the question of impairment. This determination should be read in accordance with the Panel's previous determinations.

2. The Panel applied the approach as set out in the 5<sup>th</sup> Shipman Enquiry and Dame Janet Smith's approach to determine the question of impairment.

*"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. ...*

3. The Panel considered whether the Registrant's misconduct is easily remedied; has already been remedied; and the risk of repetition (the Panel considered *Cohen and the GMC* [2008] EWHC 581, and *PSA v. NMC and M* [2017] CSIH 29).

4. In addressing the issues of current impairment, the Panel also had regard to issues of insight.

5. In light of the above, the Panel concluded that the Registrant's fitness to practice remains currently impaired.

6. The Panel recognised that the Registrant's failings may be capable of remediation and that he had shown some insight into the process of remediation in that he had engaged with his Regulator, entered admissions to all the allegations, provided a reflective statement, had personally engaged in supervision and in therapy, and further, reduced the number of his clients. The Panel gave some weight to a supervisor report from ██████████ dated 6 November 2018. However the Panel considered it significant that ██████████ had not had sight of the amended allegations, nor of Mr Palmer's full admissions.

*"In our initial session Sam outlined the nature and detail of the complaint. He appeared, upset and remorseful. He was very distressed at the position he found himself in. He said he very much regretted some of the interventions he had made and the strategies he had employed in his work with Patient A as well as some of the contact he had with Patient A. He said he wanted to explore and work on why his work with Patient A had unfolded in the way it had."*

*“We have begun now to discuss other cases in his practice and although it is too early for me to report on his clinic generally what we have discussed indicates to me that in these instances he appears to be working within an acceptable professional and ethical framework. That said, I do think it would benefit Sam to continue to attend weekly supervision with an experienced supervisor, as does he.”*

7. The Panel also noted from the report of [REDACTED] (his personal therapist) dated 2 November 2018, who concluded on the original allegations.

*“If I was to recommend a way forward, I think it would be helpful to suggest weekly supervision with a senior colleague from a society outside of Sam’s institute.”*

8. The Panel concluded that there had been some remediation and some insight, but in the circumstances, considered that the Registrant had only just started to address this and there is a long way to go. The Panel determined that the Registrant has not fully grasped the totality of his failings and there was lack of understanding the risks of enacting transference and countertransference.

9. The Panel also considered the content of the Registrant’s reflective statement and his supported references.

10. The Panel determined that there remained a clear risk of repetition of similar behaviour by the Registrant.

11. The Panel was satisfied that the impairment included both public protection in light of the above, and also public interest, in that public confidence in the profession and in its regulation would be undermined if there was no finding of impairment. Under these circumstances the failings of this Registrant involves basic tenets of the profession of psychotherapy.

## **Determination on Sanction**

1. 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.
2. The Panel heard further submissions from Mr Patience on behalf of UKCP and Mr Saad on behalf of the Registrant and accepted the legal advice.
3. The Panel was reminded that there is a Sanctions Guidance document and that this is a document of "guidance", the Panel remains independent but if it determines to impose a sanction which is not consistent with that guidance it must provide full reasons for doing so.
4. The Panel heard and accepted the advice of the Legal Assessor. The Panel 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's.
5. The public interest includes the protection of members of the public, including clients; the maintenance of public confidence in the profession and its Regulator; and the declaring and upholding of proper standards of conduct and behaviour within the profession.
6. 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.
7. The Panel considered the following mitigating and aggravating features;

### **Mitigating**

- a. Full admissions and engagement with his Regulator,
- b. Remorse,
- c. Initiated his own therapy,
- d. Hither to good character.

### **Aggravating**

- a. Breach of trust,
- b. Withholding information and misuse of supervision,
- c. Breach of appropriate boundaries,
- d. Did not prioritise the needs of the client before his own,
- e. The behaviour amounted to a course of conduct which extended over a significant period of time.

8. Both parties had liaised to consider a proposed resolution and sanction and an agreed draft document was submitted jointly to the Panel to assist in the eventual determination of sanction.

9. The Panel considered the sanctions in the following order:

- a. *Apology*
- b. *Warning*
- c. *Written report or oral statement*
- d. *Further training*
- e. *Further supervision or therapy*
- f. *Conditions of Practise order*: The Panel then considered whether the impairment could be addressed by placing conditions on the Registrant's practise.
- g. *Suspension Order*.

The Panel considered the full range of sanction and in particular, the proposed sanction bid which had been addressed by both parties. The Panel determined that in all the circumstances the framework of that proposal was proportionate and appropriate but with some minor amendment.

The Panel additionally considered the costs and expense and restrictions that would inevitably be caused by this sanction upon the registrant but determined that it remained proportionate in accordance with paragraph 3.6.3 of the sanctions guidance.

10. The Panel determined that the appropriate sanction is:

In accordance with paragraph 7.25.5 of the UKCP Complaint and Conduct Process Rules, the Registrant is ordered, for a period of 12 months, to comply with the following requirements:

- Attend weekly 1hr psychotherapy sessions with a UKCP psychotherapist, who has been registered and in practice for a minimum of eight years and who is to be selected by the UKCP. The psychotherapy is to be monitored and every 6 months a report is to be provided to the UKCP Case Manager, confirming whether the therapy has been satisfactory. The goals to be achieved include, but are not limited to:
  - Achieving an understanding of any issues that led to/caused the conduct which is the subject of the charges found proved in this case;
  - Addressing any ongoing issues which have the potential to lead to a repetition of the conduct which is the subject of the charges found proved in this case.
- Undertake clinical supervision, with a ratio of one hour of supervision to every six client hours undertaken, with a supervisor who has been registered and in practice for a minimum of eight years, who is to be selected by the UKCP. The supervisor must be a different person from the psychotherapist referred to above. The supervision is to be monitored and every 6 months a report is to be provided to the UKCP Case Manager, confirming whether the supervision has been satisfactory. The goals to be achieved include, but are not limited to:
  - Being willing to engage in a thorough and complete review of all client work currently being undertaken;
  - Being able to undertake a frank and open discussion about any potential short-comings in any client work currently being undertaken;
  - Being prepared to discuss and consider strategies for improvement in relation to client work currently being undertaken.

**Right of Appeal**

1. Both the Registrant and UKCP have 28 days from when the written decision is served in which to exercise their right of appeal.
2. 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 28<sup>th</sup> day.

Signed,

A handwritten signature in black ink, appearing to read 'Alex Coleman', is written over a horizontal line.

Alex Coleman, Lay Chair

27/11/2018