

BRITISH PSYCHOANALYTIC COUNCIL

FITNESS TO PRACTISE HEARING

16 DECEMBER TO 18 DECEMBER 2019

356 HOLLOWAY ROAD, LONDON N7 6PA

Name of Registrant : Christopher Perryer

Registration number : 17051

Hearing number : COMO2 – 19

Panel members : David Fanthorpe (Chair Lay)
Anthony Harms (Lay)
Jennifer Cobb (Registrant)

Legal Assessor : Nigel Ingram

Registrant : Present and represented by Christopher Saad
(counsel)

BPC : Represented by Daniel Brown (counsel)

Allegations admitted : 1;2;3;4(a-f);6;7;11(a);13;15;17;18(b).

Allegations denied : 4(g);5;8;9;10(a-c);11(b-d);12;14;16;18(a).

Allegations found proved : 4(g);5;9;10;11(b);16;18(a).

Fitness to practise : Impaired

Sanction : Termination of Registration and removal from
the BPC's Register.

PARTICULARS OF ALLEGATION

That you:

1. Were engaged as Patient A's therapist from around September 2009 (following an initial session in July 2009) until October or November 2012;
2. In or around April 2012, opened the door without being appropriately dressed, when Patient A attended for a therapy session;
3. Failed to take any or, alternatively, sufficient steps to address Patient A's erotic transference between April 2012 and October 2012;
4. On or around 2 October 2012, breached professional boundaries and/or acted inappropriately by engaging in the following conduct:
 - a. said to Patient A "How about your feelings for me, have they changed?", or words to that effect;
 - b. said to Patient A "I have feelings for you too", or words to that effect;
 - c. embraced Patient A;
 - d. kissed Patient A;
 - e. told Patient A that you did not love your wife and/or that you were considering separating from your wife;

- f. told Patient A other personal information related to your childhood, parents and/or siblings; and/or
 - g. accepted payment from Patient A for the therapy session on 2 October 2012;
- 5. Your actions in paragraph 4(a),(b),(c),(d) and/or (e) (above) were sexually motivated;
- 6. In or around October 2012, you commenced a relationship with Patient A which:
 - a. was sexual;
 - b. was in breach of professional boundaries and/or inappropriate; and/or;
 - c. continued until around September 2016;
- 7. In October or November 2012, you suggested that Patient A commence therapy with Therapist A;
- 8. In or around November 2012, you inappropriately suggested to Patient A that she purchase a flat from which you could both practise therapy and/or continue a sexual relationship;
- 9. On one or more occasions from October 2012 onwards, asked Patient A not to disclose that you had been her therapist to one or more of her friends;
- 10. Your conduct in paragraphs 7, 8 and/or 9 (above) was intended to:
 - a. conceal the fact that you had been Patient A's therapist;
 - b. reduce the risk of a complaint being made about you; and/or
 - c. in the event of a complaint being made about you, provide evidence that could support a (false) defence, namely that you had not been Patient A's therapist (either at all or at a particular point in time)

11. On one or more occasions between October 2012 and September 2016, breached professional boundaries and/or acted inappropriately by engaging in the following conduct:

- a. told Patient A that you wanted to marry her and/or indicated that you would divorce your wife after your daughter had completed her A levels;
- b. encouraged Patient A to divorce her husband;
- c. when, in or around January 2014, you learned that Patient A had been asked to attend couple's therapy with her husband, you encouraged her to postpone the couple's therapy; and/or
- d. prior to Patient A attending couple's therapy with her husband on or around 1 November 2014, told her how to manage the session and/or made one or more suggestions about what she should say during the couple's therapy session

12. Your conduct in paragraph 11(c) and/or (d) (above) was intended to influence the outcome of the couple's therapy and/or stifle any chance of Patient A rekindling her relationship with her husband;

13. After Patient A purchased a flat (in or around March 2013) you:

- a. moved your private practice from your home into the flat; and/or
- b. took up residence in the flat on or around 5 July 2015;

14. In or around July 2015, you told Patient A that you expected her to look after you financially, or words to that effect;

15. Between December 2015 and December 2016, were named as a second driver on Patient A's car insurance policy;

16. Accepted being named as a beneficiary on Patient A's life insurance policy;

17. Allowed Patient A to pay for a hotel, tickets to museums and/or restaurant meals during a trip to Rome in July 2016;

18. Your conduct in paragraphs 8, 13, 14, 15, 16 and/or 17 (above) was:

- a. motivated (either wholly or in part) by financial or personal gain; and/or
- b. in breach of professional boundaries or otherwise inappropriate

AND in light of the above, your fitness to practise is impaired by reason of your misconduct.

The Hearing

1. Chair opened proceedings and introduced the parties.
2. No procedural issues were raised by either party.
3. The allegations were read out and the Registrant was asked whether he made any admissions.
4. The Registrant admitted allegations: 1;2;3;4(af);6;7;11(a);13;15;17;18(b).
5. The Registrant denied allegations: 4(g);5;8;9;10(ac);11(bd);12;14;16;18(a).
6. No application for special measures was made.
7. The facts were opened by Counsel for the BPC.

The Facts

8. The Registrant is an experienced psychotherapist who is said to have failed to have maintained appropriate and professional boundaries with Patient A.
9. In particular it is alleged that he breached paragraph 1(b) of the Ethical Guidelines in that he failed to maintain professional boundaries “at all times including after the end of treatment” and that patients “should not be exploited or abused in any way financially, physically, sexually emotionally, either during the course of treatment or at any time after its termination”.
10. It is alleged that he breached his duties and obligations under the Ethical Code in his dealings and in the treatment of Patient A (who had been his patient for the preceding 2 and a half years) from April 2012 until September 2016.
11. The allegations encompass events surrounding his sexual relationship with Patient A. These allegations include conducting the relationship, concealing the relationship, orchestrating the destruction of her relationship with her husband and seeking to benefit from it financially.

The BPC evidence

12. The BPC case was based on the complaint made to the BPC by Patient A. Her evidence was set out in a letter dated the 10 May 2019 (Ex.VGO1 : Bundle pages 20 to 27 Bundle) and in a witness statement made by Patient A dated the 27 October 2019 (Bundle page 8 to 19). These were both detailed documents and set out her account of her general dealings with the Registrant prior to turning to the individual allegations. These two detailed documents formed the basis of her evidence to the Panel.
13. In respect of the disputed charges she gave further detailed answers to the Panel which can be summarised in this way.

14. With regard to charge 4 she was clear in her recollection that in relation to the incident of the 2 October 2012 she was embraced and kissed by the Registrant and spoke of her surprise at being charged £60 in cash at the end of the session. She rejected the suggestion she was wrong on the dates.
15. With regard to Charge 8 she was less clear that the suggestion to purchase a flat came from the Registrant but observed she was speaking of events which took place 7 years ago.
16. In dealing with charges 9 and 10 she was clear in respect of steps taken by the Registrant to conceal the relationship.
17. She spoke of the guilt that arose from her actions in relation to her husband and the steps taken by the Registrant to frustrate any reconciliation.
18. She rejected the suggestion that she was wrong in respect of the allegation that the Registrant had sought to advantage both financially and by way of lifestyle from their relationship.

Submission of no case to answer

19. At the close of the BPC case a submission was made on behalf of the Registrant that there was no case to answer in relation to charges 5 ; 8 ; 10 and 18(a). The Panel was satisfied that there was a case to answer in relation to these charges.
20. The Panel accepted the advice of the legal assessor in relation to the submissions who drew their attention in particular to the case of Galbraith (1981) 1WLR 1039.
21. The Panel then considered the submission made on behalf of the Registrant against the test of “whether there is evidence on which a *panel* could properly come to the

conclusion that the *Registrant* is guilty then the *panel* should allow the matter to continue and be determined by the *panel* “.

Charge 5

22. The Panel determined that the admissions made in respect of the sub charges in charge 4 (a) to (e) were sufficient by their very nature, at this stage, to suggest a sexual motivation. The panel also noted in particular that it was common ground that the “erotic feelings” spoken of by the parties predate the events in charge 4 and are confirmed in the Registrant’s statement at paragraph 7 dated the 06.12.19

Charge 8

23. The Panel determined that the contents of Patient A’s statement at paragraph 14 (Page 12 of the BPC Bundle) “ he suggested that I buy a flat where we could practise therapy and have our sexual encounters freely” allied with the consequent history namely, that he was advantaged and did move both his residential and therapy practice to the purchased premises were sufficient to establish a case to answer. The Panel noted Patient A’s evidence given to the panel in evidence that she was now unsure that it was his suggestion was potentially explained by the passing of time since her statement and the events described (November 2012).

Charge 10

24. The Panel determined that there was sufficient evidence to suggest that his conduct was intended to conceal his identity, to deflect a potential complaint and establish a false alibi. The Panel found that the instruction of a Therapist A (with the name [REDACTED]), whilst it could have been an unfortunate coincidence, was just as likely to have been a deliberate step taken by him.

Charge 18(a)

25. The panel concluded that the Registrant's actions, as shown in charges 13; 15; 16 and 17, could have been motivated wholly or in part by personal (lifestyle) or financial gain. Those charges relate to advantageous consequences which both did in fact flow or would have flowed to the Registrant namely to his practice; his financial wellbeing; his residence and his general lifestyle.

Registrant case

26. The Registrant gave evidence and was cross examined.

25. He referred to his statement dated the 6 December 2019 (12 pages) in which he made general observations, gave an itemised response to Patient A's statement dated the 27 October 2019 and gave a detailed response to the draft particulars of the allegation. This was taken by the Panel as his evidence.

26. Orally, he rejected much of the evidence of Patient A in respect of the disputed charges and particularly the allegations that he sought and did benefit from her both financially and from a lifestyle perspective.

27. He did accept that the issue of erotic feelings had been raised at an early stage of his engagement as her therapist.

28. He rejected the suggestion that he received cash at the conclusion of the therapy session of 2 October 2012.

29. He did not accept he took steps to frustrate any reconciliation with her husband nor that he sought to conceal his identity from her husband observing that his introduction of Therapist A was not an attempt to do this. It was his position that the request was prompted by Patient A.

30. On the matter of the life insurance he thought he was simply a trustee rather than a beneficiary.

31. He said this was a real and genuine relationship explaining lifestyle and the trip to Rome was a part of this.

Submissions and legal advice

32. The Panel heard both oral and written submissions from counsel.

33. The Panel heard and accepted the advice of the legal assessor

Decision on facts

34. The Panel first considered the two witnesses that they had heard.

35. They found Patient A to be a credible witness who still had a clear recollection of the events and was thoughtful and considered. They did not consider that her evidence was motivated by revenge although very much tinged with disappointment. Where she was unsure she readily made concessions. The Panel felt that her evidence could be relied upon on key matters.

36. Of the Registrant the Panel was of the view that his evidence was not as reliable as that of Patient A. The Panel gave his evidence credit in that he had admitted his breaches of the Ethical Code and readily admitted that he was not “overly familiar” with it’s contents. The Panel formed the view that he had still not fully appreciated the consequences of his actions.

Charge 4 (g).

Charge found proved.

The Panel accepted Patient A’s clear account of the events of the 2 October 2012 and the majority of the allegations (Charge 4 (a) to (f)) of that day have already been admitted by

the Registrant. The Panel preferred the account of Patient A and noted in her evidence her answer that he “accepted payment notwithstanding what had taken place”. It was clear to the Panel on that day payment had been sought and cash given.

Charge 5

Charge found proved.

The Panel found that given what had been admitted by the Registrant in charges 4(a) to 4(f), the only sensible and logical conclusion to be drawn was that those actions were sexually motivated. This was underpinned by the sexual events that took place in the following days and weeks thereafter.

Charge 8

Charge found not proved

The Panel could not be satisfied on a balance of probabilities that the suggestion of purchasing a flat originated from the Registrant. Whilst it may have been made by the Registrant it is of the view of the Panel that given that this suggestion is alleged to have been made just weeks after the 2 October 2012 it is equally possible that it could have come from Patient A.

Charge 9

Charge found proved

It was the view of the Panel that given that in October 2012 a sexual relationship had commenced between the Registrant and Patient A, at a time when he was no doubt known to be her therapist, it was highly likely that her account “ during the whole year of 2012 every month the Registrant would tell me how worried he was to be found out that he was my therapist and would ask me never to tell anyone” was both truthful and reliable.

Charge 10

Charge found proved

The Panel were satisfied that on the evidence before them this charge and its particulars are made out. They noted that it was the Registrant’s suggestion that this therapist was chosen. They found it particularly compelling that Therapist A was told that she was in a relationship

with a therapist who she named as "Ed" (when it was indeed the Registrant) . Further and that the therapist chosen was conveniently called "██████". It was further of note that when Therapist A became aware of the true position in 2015 he promptly ceased his treatment of Patient A.

Charge 11(b)

Charge found proved.

The Panel accepted the evidence of Patient A that the Registrant had encouraged her to divorce her husband. The Panel noted the steps which she spoke of the Registrant having made confirming his love for her, stifling the opportunity to rekindle the marriage, that she would never have divorced her husband at that time and the Registrant telling her to postpone the couple's therapy.

Charge 11(d)

Charge found not proved

The Panel could not be satisfied that he told the patient how to "manage" the therapy session. While the Panel accepted it could have been discussed it was not sufficiently satisfied that what took place was sufficient to substantiate the charge.

Charge 12

Charge found not proved.

Given that the BPC had withdrawn 11(c) from the Panel's determination and that the Panel had found 11(d) not proved this charge fails.

Charge 14

Charge found proved

The Panel found the charge proved in that they preferred the evidence of Patient A and were consequently satisfied that there was a discussion between Patient A and the Registrant specifically in relation to rent at the consulting room which he expected her to address.

Charge 16

Charge found proved

The Panel noted the life insurance form signed by the Registrant in which he was named as a beneficiary and consequently determined that he was very likely to have been aware that he was the beneficiary.

Charge 18.

Found proved in respect of paragraphs 13, 14 and 16

In light of the fact that the Panel had found charges 13,14 and 16 proved the panel were satisfied in respect of those charges that they were motivated in part by financial or personal gain.

Decision on misconduct

The Panel heard in evidence from the Registrant at the impairment stage.

He furnished the Panel with a number of documents and reports :

- Report of [REDACTED] (Jungian Analyst and SAP) dated 9 December 2019
- Peer supervisor's report from [REDACTED] (SAP, IAAP,BPC) dated 7 December 2019
- Further reflective statement by Registrant dated 18 December 2019

In his evidence the Registrant spoke of his professional and personal regret about the relationship with Patient A. He told the Panel that following the end of the relationship in 2016 he began treatment with [REDACTED], a Jungian Analyst and that continues to the present.

He told the Panel about his emotional background and the difficulties in his marriage at the time of the start of the relationship with Patient A. He spoke about how his judgement was impaired.

He referred the Panel to his unblemished practice prior to these events and told how the relationship arose from the particular circumstances at the time. He avoided returning therapy because he did not want to face the fact that this was a relationship based on a breach of trust and failed to raise it in supervision.

He told the Panel how he would now address a similar situation in the context of a risk assessment. In the intervening period since these events he has engaged in detailed work to minimise his being a risk.

He drew the Panel's attention to the report of his supervisor [REDACTED] and explained why he did not bring these issues to her at the time. He spoke about how he had now addressed them. He emphasised how they were addressing risk in their work.

He accepted he was currently impaired on public interest grounds as a consequence and impact of his actions in relation to Patient A on the profession as a whole. He spoke of his regret and remorse and his wish to rectify what was going on "inside himself".

When cross examined he said he only took the matter to supervision after he knew he would have to attend a BPC hearing following a decision BPC and notwithstanding he had earlier received the complaint. When asked about an earlier document (R1) prepared for these proceedings he was pressed on the level of his acceptance of the breach of his ethical obligations and the degree of his regret then and now. He conceded that he was not currently addressing the failures identified in this case in therapy but observed he had addressed them in his training.

He told the Panel he accepted his actions were wrong and an abuse of his position as a therapist when asked by his own counsel and the Panel. He appeared to concede that he did not critically examine the fact that he may enjoy a financial advantage from his therapist/patient relationship.

Submissions of counsel and legal assessor's advice

Counsel for the BPC and the Registrant made submissions in respect of misconduct, impairment and sanction.

Mr Brown referred the Panel to the Code of Ethics at paragraphs 1,3,13,14 and the Ethical Guidelines at paragraphs 1(a), (b), (d), (e) and 3(a) and (b), 13 (a-g), 14(b) and (c), 16(a). He underlined that the principal regulatory concern was the failure to maintain appropriate and professional boundaries with Patient A. He pinpointed the Registrant's failure at this stage to acknowledge the mischief of his actions, engaging essentially in "patient blaming". He focused particularly on what he submitted was the limited insight exhibited by the Registrant since the start of the relationship.

Consequently, he submitted the Registrant's behaviour was serious misconduct, that he remained impaired on the grounds of being a continuing risk to patients and the impact of his conduct on the wider profession. He drew the Panel's attention to the cases of Roylance; Cohen and Grant as part of his overall submission.

He finally addressed the Panel on sanction directing the Panel to page 129 of the BPC Bundle. He said that the only sanction that would be appropriate would be termination of registration with the BPC; as part of that submission he drew the Panel's attention to the case of Bolton and the passage "maintain the reputation of the profession .. sustain public confidence ... profession's most valuable asset is its integrity consequences to the Registrant may well be tragic need to maintain public confidence ".

He identified the following aggravating features :

- Period of time
- Lack of insight
- Lack of remediation
- Impact on patient

And mitigating features :

- No previous findings

Mr Saad accepted in his submissions that the Registrant's actions amounted to serious professional misconduct and that as the Registrant himself accepted in evidence he is currently impaired. He spoke of the remedial steps that the Registrant has taken and emphasised that this is a forward looking exercise and directed the Panel's attention to [REDACTED] report. He said to his credit he has made wide ranging admissions. He went on to dispute the suggestion of a U turn since Monday in relation to the power balance and that her share of responsibility as a fellow professional raised made by Mr Brown since Monday. He asked the Panel to look at how he has managed risk in the intervening period. The Registrant's failure was to consider that it was a relationship between equals. He pointed out the three years of therapy that the Registrant has had and that the Panel should put weight on the contents supervisors report. He reminded the Panel of the early admissions made at the start of the hearing.

The legal assessor directed the Panel first to the question of misconduct which was a matter for the Panel's judgement assisted by the Ethics Code. Whilst the Registrant accepts misconduct it is a matter for the Panel. Misconduct has to be serious as shown in Roylance. If there is no misconduct found that would be the end of the matter if the Panel do find misconduct then the Panel need to consider whether he is currently impaired.

If the Panel is satisfied misconduct is established then the path to a determination on impairment is helpfully set out in the case of *CHRC v Grant* 2011 EWHC 927 :

- Does the Registrant continue to present a risk to members of the public ;
- The need to uphold professional standards ;
- Public confidence in the profession would be undermined if a finding of impairment were not made.

Assisted by the observations of Dame Janet Smith in the Fifth Shipman Report :

- Has in the past or is liable in the future to put patients at unwarranted risk of harm ;

- Has in the past or is liable in the future to bring the profession into disrepute
- Has in the past or is liable in the future to breach one of the fundamental tenets of the profession.

Determination on impairment.

Notwithstanding the acceptance by the Registrant and his counsel that misconduct and impairment were made out, it is for the Panel to make their own independent judgement.

The Panel bore in mind that there was no burden or standard of proof placed on the BPC.

The Panel first looked at the Code of Ethics and found that paragraphs 1(a,d,e) ; 3 (a,b,c) ; 6(a,b) ; 7(a,c,e) ; 8(a,b) ; 10(a,b) ; 13(a,b,c,d,e,f,g,h,i) ; 14(a,b,c,d) and 16(a,b) were all engaged and breached.

The Panel bore in mind that the misconduct had to be serious and on the facts both admitted and found proved they were satisfied that this high bar had been comfortably reached.

The Panel then went on to determine whether the Registrant's fitness to practise is currently impaired and were guided by the observations of Dame Janet Smith in the Fifth Shipman Report and the case of Grant referred to by the legal assessor. Additionally ,they considered the degree of insight shown by the Registrant, the steps he had taken to remediate his practice as well as the conduct which led to these proceedings.

Considering those matters in concert.

- The Panel found that his behaviour as the treating psychotherapist to a vulnerable patient sat at the highest end of the spectrum of misconduct. That by his conduct he had harmed Patient A and thus brought the profession into serious disrepute

- That fellow professionals informed of his misconduct in relation to a vulnerable patient would consider his behaviour deplorable and consequently impact on its reputation with the wider public
- The Panel found that he had only limited insight into the impact of his conduct on Patient A and the profession generally
- The Panel found that he had taken only the most limited steps to remediate his practice in terms of once weekly psychotherapy in October 2016 and only in his supervision in June 2019.
- That in view of his limited remediation and insight the Panel could not exclude the possibility that finding himself in similar circumstances again there was a real chance of repetition
- His failure to disclose the relationship he was having or had had with his patient from his supervisor until June 2019
- Not avoiding either benefiting or being seen to be benefit financially from a vulnerable patient

In all the circumstances the Panel determined that he was currently impaired.

Determination on sanction

The Panel considered the Sanctions Guidance of the BPC of the Complaints Procedure at paragraph 5.36.

They bore in mind that they should not be punitive and should consider the available sanctions proportionate to the risk to the public and the reputation of the profession.

They considered the sanctions in ascending order.

They determined that admonishment (with or without conditions) would not address the risk to the public and the profession. That specific conditions would again not address the risk.

Removal of the Registrant from a committee or to restrict training , teaching or supervision would not address the serious misconduct.

It was the decision of the Panel that the only available sanction that would address the serious misconduct, that would protect the public and the profession would be a termination of registration with the BPC and the removal of the Registrant's name from the BPC's Register.