PUBLIC RECORD

Dates: 18/12/2025;
05/01/2026 – 23/01/2026;
07/09/2026 – 14/09/2026

Doctor:	Dr Adam CHESTERS
GMC reference number:	6102644
Primary medical qualification:	MB ChB 2004 University of Leicester

Type of case	Outcome on facts	Outcome on impairment
New – misconduct	Facts relevant to impairment found proved	Not impaired

Summary of outcome

Warning

Tribunal:

Legally Qualified Chair	Mrs Natalie Banks
Lay Tribunal Member:	Mr Paul Hepworth
Registrant Tribunal Member:	Dr Timothy Oakley

Tribunal Clerk:	Mr Matt O'Reilly 18/12/2025 Ms Fiona Johnston 05/01/2026 - 23/01/2026 Ms Rachel Horkin 07/09/2026- 09/09/2026 Mr Laurence Millea 10/09/2026 Ms Rachel Horkin 11/09/2026 – 14/09/2026

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Chirstopher Gillespie, Counsel, instructed by DWF
GMC Representative:	Ms Jennifer Ferrario , Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly in private.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 23/01/2026

Background

1. Dr Chesters qualified in 2004 from the University of Leicester. Dr Chesters is currently a Consultant in Emergency Medicine and Prehospital Emergency Medicine at Cambridge University Hospitals, he has been employed within the NHS since 2004.

2. The allegations giving rise to Dr Chesters' Fitness to Practise hearing relate to his conduct towards four medical students between June 2022 and March 2024. It is alleged that Dr Chesters abused his more senior position and that his behaviour was sexually motivated and constituted sexual harassment in relation to three of the students, and harassment related to sex in relation to the fourth.

3. There was an internal investigation, and matters were referred to the GMC.

The Outcome of Applications made during the Facts Stage

4. At the outset of the hearing, Ms Ferrario, Counsel on behalf of the GMC, made an application for anonymity in respect of Ms D. The Tribunal was listed to sit for an additional 2 days on 18 and 19 December 2025 in order that Ms D could provide her oral evidence as she was not available when the hearing was listed in January 2026. Ms Ferrario submitted that there would be a substantive application for anonymity for all the witnesses in January. She submitted that in order to facilitate the Tribunal receiving evidence from Ms D, anonymity be

granted in the interim until the substantive application was heard. Mr Gillespie, Counsel on behalf of Dr Chesters made no objection to the application in the interim, subject to a substantive application being heard in January 2026. The Tribunal noted that whilst there was no rule which addressed an interim anonymity application, this was a fair and pragmatic approach in the circumstances. The Tribunal granted the application.

5. On 5 January 2026 (Day 3), Ms Ferrario, Counsel for the GMC, made an application under Rule 35(4) of the General Medical Council ('GMC') (Fitness to Practise) Rules 2004, as amended ('the Rules') that Ms A, Ms B, Ms C and Ms D be granted anonymity throughout proceedings. The Tribunal granted the application in respect of Ms A, Ms B and Ms D. The Tribunal's full reasoning can be found in Annex A.

6. On 8 January 2026 (Day 6), Mr Gillespie, Counsel for the GMC, made an application to disregard inadmissible evidence arising from the evidence of a witness, Dr E. Ms Ferrario made no objection to the application. The Tribunal granted the application and confirmed that it would disregard the inadmissible evidence given. The Tribunal's full reasoning can be found in Annex B.

7. On 12 January 2026 (Day 8), following the conclusion of the GMC case, Mr Gillespie, Counsel, on behalf of Dr Chesters, made an application pursuant to Rule 17(2)(g) of the Rules, referred to as 'half time submissions'. The Tribunal refused the application. The Tribunal's full reasoning can be found in Annex C.

The Allegation and the Doctor's Response

8. The Allegation made against Dr Chesters is as follows:

That being registered under the Medical Act 1983 (as amended):

Ms A

1. Between 28 and 30 June 2022, during your supervision of examinations for the Royal College of Surgeons of Edinburgh ('RCSEd'), whilst demonstrating an examination of the hip, you:
   a. on one or more occasions, used your hands to touch Ms A's hip and/or groin area; To be determined
   b. positioned your body close to Ms A's body. To be determined

Ms B

2. Between 6 and 7 July 2023, during your supervision of examinations for the RCSEd, you:
   a. on one or more occasions:

i. said to Ms B 'Do you want to meet me tonight to practise?', or words to that effect; To be determined

ii. continued to repeat your request as set out in paragraph 2ai despite Ms B declining your offer; To be determined

b. asked to exchange telephone numbers with Ms B;
To be determined

c. suggested you and Ms B arrive at the examination early on the following day to practise; To be determined

d. touched Ms B's waist with your hands to move her to different positions in the examination. To be determined

Ms C

3. On 25 January 2024, during your supervision of examinations for the RCSEd with Ms C, you:

a. on one or more occasions, referenced Ms C using the toilet in that you said:

i. 'you better pace yourself drinking water, we don't have many breaks today, but we've got some spare nappies if you need it' or words to that effect; To be determined

ii. 'did you manage to have a wee?', or words to that effect; To be determined

iii. 'we've got more breaks this time, so you can drink as much water as you want. You don't have to chance it and you'll be able to go to the toilet', or words to that effect;
To be determined

b. suggested Ms C looked like someone who:

i. would abuse her baby; and/or To be determined

ii. would have a partner who would abuse her baby;
To be determined

c. walked up to Ms C until her back was against the wall;
To be determined

d. said 'so the students will have clothes on underneath, unless you know they want to go naked', or word to that effect.
To be determined

Ms D

4. On 1 February 2024, whilst working with Ms D in a lecture forum at the Robinson College, you:

a. positioned your chair close to Ms D's so that your legs were touching her legs; To be determined

b. leaned across Ms D and placed your hand on her leg;
To be determined

c. on one or more occasions, placed your hands on her waist and/or shoulders to move her to different positions in the room;
To be determined

d. instructed Ms D to sit on a chair in the room and placed your hands on her shoulders; To be determined

e. on one or more occasions, touched Ms D's t-shirt and/or uniform lapels; To be determined

f. said to Ms D 'I went for a run up Arthur's Seat, perhaps we should have gone together', or words to that effect; To be determined

g. suggested you could assist Ms D in an employment opportunity at a trauma centre in XXX and thereafter you could go running with Ms D and/or show her your helicopter, implying you could assist her in her career if she agreed to personally engage with you.
To be determined

5. On 7 March 2024, whilst working with Ms D during a lecture forum, you:

a. inappropriately touched Ms D in that you:

i. placed your hands on her waist to move her to different positions in the room; To be determined

ii. took hold of the bottom hem of Ms D's jumper and pulled it down; To be determined

iii. inserted your hand up Ms D's jumper;
To be determined

iv. touched Ms D's hip area under her jumper;
To be determined

v. ran your hand up Ms D's abdomen under her jumper;
To be determined

b. made comments to Ms D, in that you:

i. instructed Ms D to 'pout', or words to that effect;
To be determined

ii. referred to Ms D as 'all legs', or words to that effect;
To be determined

iii. told Ms D you liked her jumper but it was too short, or words to that effect. To be determined

6. In your conduct as set out in paragraph(s):

a. 1 to 5:

i. you knew all witnesses were medical students;
To be determined

ii. your behaviour was an abuse of your more senior position;
To be determined

b. 1, 2, 4, and 5 your behaviour:

i. constituted sexual harassment as defined in Section 26 (2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of all witnesses, or creating an intimidating, hostile, degrading, humiliating or offensive environment for all witnesses; To be determined

ii. was sexually motivated; To be determined

c. 3, your behaviour constituted harassment related to sex as defined in Section 26(1) of the Equality Act 2010, in that you engaged in unwanted conduct related to sex which had the purpose or effect of violating the dignity of Ms C, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms C.
To be determined

Witness Evidence

9. The Tribunal received oral evidence on behalf of the GMC from the following witnesses:

- Ms A, via video link. Their GMC witness statement was dated 18 August 2024;
- Ms B, via video link. Their GMC witness statement was dated 18 August 2024 and 17 January 2024;
- Ms D in person. Their GMC witness statement was dated 21 July 2025;
- Ms C, via video link. Their GMC witness statement dated 16 October 2024;
- Dr E, a fellow at London's Air Ambulance via video link. Their GMC witness statement undated;
- Dr F, at Somerset Foundation Trust via video link. Their GMC witness statement undated;
- Dr G, doctor at the Royal London Hospital, via video link. Their GMC witness statement was dated 20 October 2025;
- Mr I, paramedic by video link. Their witness statement was dated 20 October 2025.

10. Dr Chesters provided his own GMC witness statement dated 7 November 2025 and also gave oral evidence at the hearing.

11. In addition, the Tribunal received evidence from the following witnesses on Dr Chesters' behalf:

- Dr J, a Consultant in Emergency Medicine via video link. Their witness statement was dated 11 December 2025.

Documentary and Audio Evidence

12. The Tribunal had regard to the documentary and audio evidence provided by the parties. This evidence included, but was not limited to, the following: witness statements, emails, WhatsApp messages, voice notes, photographs, video and a diagram of a hip procedure.

The Tribunal's Approach

13. The Legally Qualified Chair provided legal advice to the Tribunal, which the Tribunal accepted and used throughout its deliberations. A copy of the legal advice was sent and agreed by both parties.

Overarching Objective

14. When exercising its functions the Tribunal must have particular regard to the statutory overarching objective:

a. To protect, promote and maintain the health, safety and wellbeing of the public;
b. To promote and maintain public confidence in the medical profession; and
c. To promote and maintain proper professional standards and conduct for members of that profession.

Burden/Standard

15. The GMC has the burden of proving each aspect of the allegations to the civil standard, which is upon the balance of probabilities. The more serious the allegation the more cogent the evidence will need to be in order to meet that standard. This does not mean that the standard is higher. It means only that the inherent probability or improbability of the conduct

occurring is itself a matter to be taken into account when weighing the probability and deciding whether on balance the conduct occurred.

16. If the Tribunal, having weighed all the evidence in relation to an allegation, considers the case is evenly balanced, then the GMC will not have discharged its burden and will not have proved its case.

Approach to the Evidence

17. The Tribunal will approach fact finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round. It will consider what conclusions and inferences can be drawn from the documentary evidence. The Tribunal will then consider the available oral evidence and subject that evidence to critical scrutiny against the agreed facts and documentary evidence to consider a witness' reliability and credibility. The Tribunal should not decide reliability and credibility based on the demeanour of a witness alone.

Good Character

18. The LQC advised the Tribunal that Dr Chesters has no criminal convictions or any adverse regulatory findings against him and therefore is to be regarded as of good character.

19. While Dr Chesters is of good character, this alone is not a defence to any allegation. However, evidence of good character counts in the Doctor's favour in two ways:

(i) his good character supports his credibility and so is something which the Tribunal should take into account when deciding whether they believe his evidence (the 'credibility limb');

(ii) and his good character may mean that he is less likely to have committed the act with which he is charged (the 'propensity limb').

20. This advice should be taken into account when assessing the inherent improbability of Dr Chesters acting as alleged against any of the complainants in accordance with the relevant case law of *Re H* [1996] AC 563 and *Byrne v GMC* [2021] EWHC 2237 (Admin).

21. The Tribunal will decide what weight it gives to the evidence of good character, taking into account everything it has heard about the Doctor.

The Tribunal's Analysis of the Evidence and Findings

Limitations on Cross-Admissibility and Propensity Evidence

22. The Tribunal must consider all the evidence before making findings as to credibility. In assessing witness credibility, the Tribunal should not rely exclusively on demeanour when giving evidence. Greater weight should be placed on contemporaneous evidence. It is for the Tribunal to determine which evidence assists it in discharging its duties, the findings it makes, and the weight to be given to that evidence. Decisions must be based on the evidence alone and not on speculation.

23. The Tribunal recognises the importance of safeguarding and the sharing of legitimate concerns about an individual's behaviour.

24. The Tribunal is mindful that when witnesses receive prior negative information about an individual, this may give rise to expectation bias or confirmation bias. Such pre-conditioning can influence how a witness perceives, interprets, and recalls subsequent events. Neutral or ambiguous behaviour may be interpreted through a negative lens, even where no inappropriate intent or conduct exists. This can lead witnesses to frame their observations to align with prior expectations rather than their contemporaneous experience.

25. Accordingly, the Tribunal was advised to be cautious when placing weight on cross-admissibility or propensity evidence where a witness has received prior warnings or heard reports from others.

26. The Tribunal emphasises that all witness evidence must be considered with careful attention to contemporaneous accounts, consistency, and plausibility. Prior warnings or reputational information may be noted for context but cannot form the basis of a finding of fact regarding sexualised or inappropriate conduct.

27. The Tribunal also had in mind the recent case of *Demanya v The GMC 920250 EWHC 247*, and in particular the comments noted at paragraph 56

> '*The Tribunal did not consider the evidence of Dr D and Nurse U in an artificial vacuum but considered the evidence of Nurse R, the contemporaneous records and reasonable inferences from the totality of the evidence. It was entirely reasonable to draw inference'.*

And paragraph 64

> *'It is clear how the Tribunal was careful to direct itself to be cautious about the reach of the evidence and not to make assumptions on the basis of earlier findings but to continue to examine subsequent issues with care. It considered the evidence 'as a whole'*

28. This approach ensures fairness to Dr Chesters while upholding the Tribunal's duty to properly investigate and determine any allegations made.

Paragraph one -Ms A

29. It is alleged that between 28 and 30 June 2022, Ms A, a medical student, attended an examination diet as a volunteer to assist with a hip dislocation scenario. Ms A had volunteered to role-play a patient during the examination. Dr Chesters was an examiner at the time. During the demonstration Dr Chesters is alleged to have touched Ms A's hip and/or groin area and positioned his body close to hers.

Paragraph 1a

30. The Tribunal considered the allegation that Dr Chesters on one or more occasions, used his hands to touch Ms A's hip and/or groin area.

31. The Tribunal noted Ms A's evidence that Dr Chesters repeatedly demonstrated the hip examination on her, that the physical contact made her feel uncomfortable, and that his hands were placed in close proximity to her hip and groin area. The Tribunal also noted that Ms A was a medical student with no prior experience of the procedure and had volunteered to role-play a patient.

32. It was not disputed that Dr Chesters touched Ms A's hip and groin area. However, the parties differed as to the interpretation of why this occurred. Dr Chesters' evidence was that he was demonstrating the procedures. He explained that there were three distinct parts to the role-play and diagnosis. These involved feeling both legs above the knee to establish whether the femur was broken or, as in this case, whether the hip was dislocated. Once the diagnosis was made, hip stabilisation followed, which involved placing the hands and thumbs on the hip and groin. Finally, there was rotation of the leg to relocate the joint into the socket. Dr Chesters demonstrated all of these elements and showed different techniques. The GMC did not adduce evidence as to alternative techniques or how the examination or

procedure should properly be carried out. Dr Chesters provided a diagram of one of the techniques, together with a fictional representation of the technique taken from a television drama. The Tribunal placed limited weight on the television drama due to its fictional nature.

33. There was no dispute between Ms A and Dr Chesters as to the fact of the physical contact. Ms A stated, however, that Dr Chesters' approach felt different from that used by the candidates in that he positioned his hand higher and spent longer undertaking each examination.

34. Having considered the evidence as a whole, the Tribunal was satisfied, on the balance of probabilities, that the conduct alleged in paragraph 1(a) occurred. Accordingly, paragraph 1(a) is proved.

Paragraph 1b

35. The Tribunal considered the allegation that Dr Chesters positioned his body close to Ms A's body whilst demonstrating an examination of the hip.

36. The Tribunal heard evidence from Ms A who said that Dr Chesters positioned his body closer to hers than the candidates for the exam did, noting that she felt 'deeply uncomfortable'. Dr Chesters accepted that he was in close proximity to Ms A during the demonstration. He explained that the demonstration of the actions expected of the candidate required the examiner to stand close to the patient, either to the side or astride, in order to examine, correctly position and manoeuvre the leg. The Tribunal placed weight on the diagram produced, which indicated that the clinician would be positioned close to the patient when carrying out the procedure.

37. Ms A's evidence was that Dr Chesters' positioned himself closer to her than the other candidates in this examination and this made her feel deeply uncomfortable.

38. Dr Chesters gave evidence to the Tribunal that he had no recollection of Ms A and therefore his evidence could only relate to his general explanation of examining on that station.

39. The Tribunal was satisfied, on the balance of probabilities, that Dr Chesters did position his body close to Ms A's body during the examination. Accordingly, paragraph 1(b) is found proved

Paragraph 2 - Ms B

40. It is alleged that between 6 and 7 July 2023, during the supervision of examinations, Dr Chesters suggested to Ms B on more than one occasion that they practise together. It is further alleged that he offered to exchange mobile telephone numbers, suggested that they meet early the following morning to practise, and physically moved Ms B within the examination space, by placing his hands on her waist.

Paragraph 2 a(i)

41. The Tribunal considered the allegation that, between 6 and 7 July 2023, Dr Chesters said to Ms B, "Do you want to meet me tonight to practise?", or words to that effect.

42. The Tribunal heard Dr Chesters' evidence that, on the evening before the examination, he and Ms B were required to move equipment from one examination hall to another. He also gave evidence that certain equipment required for the following day was missing and that Ms B was asked to assist in locating it. He explained that this reduced the time available for practise, a point with which Ms B agreed during cross-examination. Dr Chesters told the Tribunal that it was likely that he was concerned about the situation and the lack of practise time they had available.

43. Ms B had been asked to act as a stand-in for a consultant and accepted that the examination setting was pressurised, with limited time available during the day to rehearse scenarios and learn her lines. Both parties agreed that it was important for the stations to run smoothly and in a structured manner, given the significance of the examinations for the candidates.

44. Further, the Tribunal heard from Dr J as to the importance of the examination. He said that if candidates did not pass, it was career limiting which showed the importance of ensuring examiners and role players were properly prepared prior to the examination

45. In light of this context, the Tribunal was satisfied that it was more likely than not that Dr Chesters suggested practising outside the scheduled examination time in order to prepare for the next day and ensure that Ms B was fully prepared for the station. The Tribunal finds that Dr Chesters did make the comment alleged, or words to that effect.

46. Accordingly, the allegation at paragraph 2(a)(i) is found proved.

Paragraph 2 a(ii)

47. The Tribunal considered the allegation that Dr Chesters continued to repeat his request to meet Ms B to practise despite her declining the offer. The allegation implies repeated requests.

48. The Tribunal carefully considered Ms B's written and oral evidence. In her witness statement, dated 25 January 2025, she referred to being asked by Dr Chesters "again and again" In her GMC statement, dated 18 August 2024, Ms B stated that Dr Chesters asked her twice. In her oral evidence, Ms B clarified that when asked to specify the number of times, she believed it was twice but could not be entirely certain.

49. The Tribunal considered that the wording of the allegation suggested repeated requests following the offer being declined. The Tribunal was not satisfied that the evidence established repeated requests in the manner alleged.

50. Accordingly, the Tribunal finds that the allegation at paragraph 2(a)(ii) is not proved.

Paragraph 2b

51. The Tribunal considered the allegation that Dr Chesters asked to exchange telephone numbers with Ms B.

52. The Tribunal noted that, in her written evidence dated 25 January 2025, Ms B alleged that Dr Chesters requested to exchange telephone numbers. However, this was not supported by her oral evidence. During cross-examination, Ms B confirmed that she contacted Dr Chesters by text message at approximately 11.00 pm but she could not recall how she came to have his number. Ms B further confirmed that Dr Chesters did not have her telephone number prior to that contact.

53. Dr Chesters provided evidence in his witness statement that he wrote his telephone number on a piece of paper for Ms B to use, if she needed to contact him with queries whilst collecting items from the store room. He confirmed in oral evidence that he would have provided his telephone number to facilitate the retrieval of missing equipment, because the store room was some distance from the exam hall and it would not require her to return if she had a query. He did not recall having her number or requesting her number. The text message sent by Ms B later that evening indicates that Dr Chesters did not have her number,

as she initiated the contact and introduced herself by name in her first text message. These facts lend plausibility to Dr Chesters' account.

54. Accordingly, the allegation at paragraph 2(b) is found not proved.

Paragraph 2c

55. The Tribunal considered the allegation that Dr Chesters suggested that he and Ms B arrive at the examination early on the following day to practise.

56. The Tribunal noted that the examination was scheduled to begin at 9.00 am, with a briefing commencing at 8.00 am. The Tribunal considered the evidence that Ms B did attend the examination earlier than the 9am start time, but noted that this was consistent with the normal examination timetable and briefing arrangements. The Tribunal also considered Ms B's text the previous evening to Dr Chesters, confirming that she would just need a run through in the morning. The Tribunal saw no evidence to suggest that they meet prior to 8am, or outside the usual and expected practice associated with the examination. The Tribunal considered that the term "early" was ambiguous and not clearly defined within the allegations.

57. On the balance of probabilities, the Tribunal was not satisfied that the allegation, as framed, was made out. Accordingly, the allegation at paragraph 2(c) is found not proved.

Paragraph 2d

58. The Tribunal considered the allegation that Dr Chesters touched Ms B's waist with his hands in order to move her to different positions during the examination.

59. The Tribunal noted that the accounts given by Ms B and Dr Chesters both described a high-pressured examination environment, where verbal communication was discouraged due to how the diet was run in an examination hall with multiple scenarios in a confirmed space. In addition, time between candidates was short being described as between 30-60 seconds. Ms B gave evidence during cross examination that Dr Chesters touched her waist on 'two or three' times, out of a total 24-36 occasions, but this was not long or lingering and was just to move her from one position to another within a confined space. Dr Chesters said that he did not recall physically touching Ms B but that if he did, it would have been to reposition her to ensure the correct station set up.

60. The Tribunal also considered the evidence from Dr J, who confirmed that the exam was a high pressured environment, verbal communication was discouraged and that there was a maximum of one minute between candidates to reset the station and during that time, the station required silence because the candidate was outside of the partition reading the scenario.

61. The Tribunal considered that in the context of a highly pressured exam situation, it is more likely than not that Dr Chesters did touch Ms B's waist to move her to different positions in the examination, whilst trying to reset the station for the next candidate in the limited time available.

62. Accordingly, the Tribunal finds the allegation at paragraph 2(d) proved on the balance of probabilities

Paragraph 3 -Ms C

63. It is alleged that on 25 January 2024, Ms C volunteered to assist with examinations taking place in Edinburgh. Dr Chesters was supervising the examinations. During this time, Dr Chesters is alleged to have made comments to Ms C about her needing to use the toilet, having spare nappies for use if she needed them, asking her whether she had managed to have a wee and indicating when they had breaks so that she could use the toilet. He is also alleged to have said that Ms C looked like a mother who would abuse her baby, or that she would have a partner who would abuse a baby. He is further alleged to have walked up to her until her back was against a wall and commented that examination students would have clothes on "unless they want to go naked", or words to that effect.

Paragraph 3a (i)

64. The Tribunal considered the allegation that Dr Chesters referenced Ms C using the toilet by stating words to the effect of: *"you better pace yourself drinking water, we don't have many breaks today, but we've got some spare nappies if you need it."*

65. The Tribunal placed weight on Ms C's contemporaneous account contained within the transcript of the meeting between Ms B, Ms C and Ms D, with Dr F, which was recorded close in time to the events in question. Ms C described that after she took a sip of water, Dr Chesters made the comment, which she perceived at the time as an "odd flyaway comment." The Tribunal considered this contemporaneous account to be reliable.

66. The Tribunal noted that the examination station required the actor to present a young baby to the candidate, which in the examination was a child's doll with a nappy on. The Tribunal heard that the expectation was for the candidate to remove the nappy from the doll to properly examine the baby and as such there were small baby nappies in the station, in order to replace nappies that had been removed.

67. Dr Chesters gave evidence to the Tribunal that Ms C was drinking from a large water bottle. Whilst he did not recall making comments about water intake or toilet use, he conceded it was entirely plausible that he would have done so, in the context of tight timings and limited opportunities for comfort breaks. He did not accept it was likely that he would have made a comment about the nappies. The Tribunal found that Ms C's account was contemporaneous, being provided shortly after the allegation and that she was consistent throughout. The Tribunal found that the presence of nappies in the station lent plausibility to comments about nappies being made.

68. In those circumstances, the Tribunal was satisfied that it was more likely than not that Dr Chesters made the comment or words to that effect in the context described by Ms C.

69. Accordingly, the Tribunal finds the allegation at paragraph 3(a)(i) proved.

Paragraph 3a(ii) & 3a(iii)

70. The Tribunal considered the allegation that Dr Chesters said 'did you manage to have a wee' or words to that effect. As with Paragraph 3a(i), Ms C's contemporaneous accounts of Dr Chesters' remarks about water intake, toilet breaks, and spare nappies, along with asking her if she had managed to have a wee, were made in the context of her acting as a volunteer during a high-pressure examination session when there was no time to use the toilet.

71. Dr Chesters told the Tribunal he would not have made the comments but was unable to remember exactly what he had said. He accepted that it was entirely plausible that he made comments in the context of timings and limited opportunity for breaks.

72. Taking the evidence as a whole, the Tribunal finds, on the balance of probabilities, that Dr Chesters made this remark, or words to that effect, as described.

73. Accordingly, the Tribunal finds paragraph 3(a)(i) proved.

Paragraph 3a(iii)

74. The Tribunal considered the allegation that Dr Chesters said ''we've got more breaks this time so you can drink as much water as you want. You don't have to chance it and you'll be able to go to the toilet' or words to that effect. As with the previous two paragraph's, Ms C's contemporaneous accounts of Dr Chesters' remarks about water intake, toilet breaks, and spare nappies were consistent and made in the context of her acting as a volunteer during a high-pressure examination session.

75. Taking the evidence as a whole, the Tribunal finds, on the balance of probabilities, that Dr Chesters made this remark, or words to that effect, as described.

76. Accordingly, the Tribunal finds paragraph 3(a)(ii) proved.

Paragraph 3b(i)&3b(ii)

77. The Tribunal considered the allegations that Dr Chesters suggested that Ms C looked like someone who would abuse her baby, or that she would have a partner who would abuse her baby.

78. The Tribunal noted that Ms C's evidence indicated that the comment arose in the context of discussion about the role she was playing during the examination. She told the Tribunal that Dr Chesters made remarks about her seeming like the type of person to abuse her baby or attracting the type of partner who would abuse a baby. She took that to be a reference towards her personally and was offended. She reported saying 'I am trying very hard not to take offence by that'.

79. Dr Chesters gave evidence that he may have complimented Ms C's role playing. He denied saying the comments alleged and denied making a joke involving a baby and a non accidental injury, a subject which he said would treat with the utmost seriousness.

80. The Tribunal considered that Ms C was consistent in her evidence and that it is more likely than not that Dr Chesters made a comment about Ms C's ability to portray the part she was acting. The Tribunal noted other evidence that Dr Chesters compliments students on their performances and considered it highly plausible that any reference to Ms C's presentation was a reference to her acting ability rather than an intended slight directed at her. Ms C's interpretation of Dr Chesters may have been influenced by her previous discussions regarding rumours about his perceived behaviour towards medical students.

81. Accordingly, the Tribunal finds paragraph 3b(i) and 3 b (ii) not proved.

Paragraph 3c

82. The Tribunal considered the allegation that Dr Chesters walked up to Ms C until her back was against the wall during the examination.

83. Ms C gave contemporaneous evidence that Dr Chesters was demonstrating the station and walked towards her, causing her to step backwards because he was getting really close. She told the Tribunal that he didn't get any closer to her and did not touch her but she maintained that she went back towards the wall.

84. Dr Chesters, in evidence, stated that he knew the station but that he could not recall demonstrating it to Ms C. However, he provided a general description of running the station and how he would do so. He gave evidence that the station involved the role actor being contaminated by a noxious substance and would require decontamination by the candidate. The role player would be instructed to walk towards the candidate with their arms out until told to stop by the candidate. They would be instructed to remove their clothes in order to be decontaminated which meant for the purpose of the roleplay, removing an overall, leaving them dressed underneath.

85. The Tribunal found Ms C's account was broadly consistent with Dr Chesters account of how he would demonstrate the station. In addition, the Tribunal found that due to the confined examination space, it was entirely plausible that this may have resulted in Ms C walking backwards towards a partition.

86. The Tribunal finds the evidence, on the balance of probabilities, that Dr Chesters demonstrated the station to Ms C and in doing so, he walked up to her until her back was against the wall. Accordingly, the Tribunal finds paragraph 3c proved.

Paragraph 3d

87. The Tribunal considered the allegation that Dr Chesters said, "so the students will have clothes on underneath, unless you know they want to go naked," or words to that effect.

88. As for paragraph 3c, the Tribunal considered the contemporaneous account from Ms C provided to Dr F, Dr Chesters account of how the station ran and his lack of memory as to what happened.

89. The Tribunal found Ms C's account plausible. Based on the contemporaneous account from Ms C and the description provided to the Tribunal by Dr Chesters of the station, the Tribunal finds it more likely than not that such a comment was made. The wording may have varied slightly, but there is sufficient evidence to conclude, on the balance of probabilities, that the comment or words to that effect were said. Therefore, the Tribunal finds paragraph 3d proved.

Paragraph 4 -Ms D

90. The Tribunal assessed the evidence of Ms D, which included voice notes, her initial statement dated June 2024, her interview with Dr K and her GMC Statement dated 23 October 2024.

91. The Tribunal noted that some of the evidence that was before it indicated that Ms D was incorrect or mistaken and that her account of Dr Chesters behaviour developed over time.

92. In her evidence to the Tribunal, Ms D is clear that she had been pre warned about Dr Chesters in terms of his behaviour towards women. She said in her original statement, 'some older students had previously warned me of his behaviour towards female students and so I had tried to remain distant'. In her statement to the GMC she said that 'Dr Chesters behaviour is something that is talked about a lot in Cambridge'. She also confirmed in live evidence that an anaesthetist had warned her about Dr Chesters behaviour. The Tribunal have no direct evidence from other older students or the anaesthetist regarding these comments.

93. The Tribunal heard that during the Edinburgh diet, Ms A, Ms B, Ms C and Ms D were present during a talk given by Dr F, which warned against inappropriate behaviour by examiners and students. This included past references to racism, coercive behaviour, sexual behaviour as well as alcohol misuse. Dr F confirmed in her evidence that the talk did not relate to Dr Chesters specifically. Ms D confirmed in her evidence that she, and other witnesses, discussed the behaviour alluded to and that Dr Chesters name was discussed as potentially being involved.

94. Ms D in oral evidence was asked about the pre hospital care programme at Cambridge university and told the Tribunal that she believed it had been shut down at some point because two female students had been made to feel uncomfortable by Dr Chesters. The Tribunal received evidence from Dr E and Dr Chesters that the only reason the pre hospital care programme was ever suspended was due to the covid pandemic. Ms D's belief that Dr Chesters behaviour was involved was not supported by this evidence.

95. Ms D was interviewed as part of the Trust investigation. She described Ms C as very upset and leaving the room in tears after working with Dr Chesters. When cross examined in oral evidence Ms C gave contrary evidence to Ms D, saying that she wasn't crying but that she had been confused and concerned about what had been said.

96. The Tribunal heard evidence from Ms C. She told the Tribunal that Ms D had encouraged her to report her interactions with Dr Chesters and that Ms D had had 'multiple encounters' with him. The Tribunal noted that there was no evidence, from Ms D or otherwise, that at that point Ms D had had multiple inappropriate encounters with Dr Chesters. She said in her statement that she had had very little to do with Dr Chesters in the first few months of the programme and that by the time of the Edinburgh diet she said that she hadn't spoken to Dr Chesters to any great extent. This appears to be contrary to what Ms C said she was told by Ms D when encouraging her to complain about Dr Chesters.

97. The Tribunal considered that some aspects of Ms D's evidence were unsubstantiated or viewed through the lens of what she had heard about him. The Tribunal therefore approached Ms D's evidence, including her contemporaneous voice notes, with caution because of the inconsistencies identified and lack of corroboration available.

98. It is alleged that on 1 February 2024 and 7 March 2024, Ms D volunteered at the prehospital care seminar at Cambridge as a committee member, where Dr Chesters was also a committee member assisting with the audio and visual setup. During the course of the preparation and delivery of the lectures, Dr Chesters is alleged to have touched Ms D, or taken hold of her or her clothing, and touched her in a number of ways. He is also alleged to have asked her to make facial expressions, which made her feel uncomfortable.

Paragraph 4a

99. The Tribunal considered the allegation that Dr Chesters positioned his chair close to Ms D's so that their legs were touching.

100. The Tribunal considered the photograph showing the sound booth where the allegation took place, and accounts given by Ms D and Dr Chesters.

101. Ms D told the Tribunal that there were two heavy chairs in the room, that were difficult to move, that the control panel was in front of her chair and that it was not possible to place your legs underneath the desk due to the presence of equipment. She told the Tribunal that Dr Chesters moved his chair to angle it towards her such that their legs were touching.

102. Dr Chesters confirmed that the chairs were heavy to move and that he hadn't moved them, but that he would have to lean towards Ms D to operate the control panel. In doing so, he accepted that their legs may have inadvertently touched but said that there was no deliberate touching or deliberate repositioning of the chairs. He said that his intention was that he would be able to reach the control panel.

103. The Tribunal finds it more likely than not that because of the confines of the small space and the lack of room under the desk to put their legs, Dr Chesters did reposition or angle his chair so that it was close to Ms D's and therefore it was more likely than not that his legs were touching Ms D.

104. Therefore, the Tribunal finds paragraph 4a proved.

Paragraph 4b

105. The Tribunal considered the allegation that Dr Chesters leaned across Ms D and placed his hand on Ms D's leg;

106. The Tribunal considered the evidence, firstly taking into account the contemporaneous evidence, followed by Ms D's statements and oral evidence. The Tribunal noted inconsistencies in Ms D's account regarding this interaction.

107. In her voice note, Ms D describes 'hands on legs'.

108. In her original statement June 2024, Ms D said he 'kept finding excuses to lean over and brush his hand over my thigh'

109. In her interview with Dr K, Ms D said 'at one point he put his hand on (her) thigh'

110. Finally in her GMC witness statement dated October 2024, Ms D refers to 'placing his hand on my leg'.

111. The Tribunal considered there was variation in Ms D's evidence which undermines its reliability. As considered earlier, Ms D had been pre-warned about Dr Chesters behaviour towards medical students, and this may have affected her perception and interpretation of what had happened.

112. Dr Chesters denies that there was any intentional touching of Ms D's leg and said that that any contact would have been accidental, when leaning over to reach the control panel.

113. The Tribunal, in its assessment of all of the evidence, could not be sure that Dr Chesters had placed his hand on Ms D's leg. Therefore, the GMC had not discharged its burden of proof in relation to this sub-paragraph.

114. Therefore, the Tribunal finds paragraph 4b not proved.

Paragraph 4c

115. The Tribunal considered the allegation that on one or more occasions, Dr Chesters placed his hands on Ms D's waist and/or shoulders to move her to different positions in the room.

116. The Tribunal noted from the photograph provided and the evidence given that the room was small and that moving within the sound booth would require close proximity of any individuals.

117. The Tribunal considered Ms D's contemporaneous evidence, including the voice note sent to her friend. As previously stated, the Tribunal placed less weight upon the uncorroborated voice note because of the reasons given earlier.

118. Therefore, whilst the Tribunal places some weight upon Ms D's contemporaneous evidence, it was cautious where that evidence was uncorroborated. It further considered her written and oral evidence, along with the evidence given by Dr Chesters, who conceded he

could have used to his hands to move Ms D and Mr I, who was present during the relevant time, albeit Mr I could offer no evidence regarding this allegation.

119. Dr Chesters said in his witness statement dated 7 November 2025 that 'at times, it is plausible that, in the process of moving around the small, narrow room I used physical contact to indicate to Ms D that I wanted to move to a different location'. He denied have a specific recollection of this but accepted it was possible.

120. When taking all of the evidence into consideration, the Tribunal concluded that Dr Chesters was more likely than not to have moved Ms D by placing his hands on her waist / shoulders.

121. Accordingly, the Tribunal finds paragraph 4c proved.

Paragraph 4d

122. The Tribunal considered the allegation that Dr Chesters instructed Ms D to sit on a chair in the room and placed his hands on her shoulders.

123. The Tribunal considered the evidence, including the contemporaneous messages sent by Ms D, Ms D's statements and the evidence of Mr I.

124. Ms D said in her first statement to the trust that Dr Chesters 'insisted I take his chair and then stood very close to me, almost touching me'.

125. In her interview with Dr K, Ms D said that he 'stood behind her and leaned against the chair, almost touching (my) shoulders'.

126. In her GMC statement, Ms D stated that 'at some point he moved his hands so they were resting on my shoulders'.

127. Dr Chesters denies that he instructed Ms D to sit on a chair or that he placed his hands on her shoulders.

128. Mr I gave evidence to the Tribunal. He recollected that he and Dr Chesters were seated when Ms D came into the room and that Dr Chesters offered his chair to Ms D. This is in contrast to the evidence given by Ms D who told the Tribunal that she was already in the room and it was Mr I that entered. The Tribunal considered that such an interaction whereby

a chair is offered to someone coming into the room, and particularly Ms D who was there to learn how to use the sound controls, was more likely than not to occur in the normal course of events. The Tribunal considered Mr I's evidence to be consistent and reliable.

129. Taking into account all of the evidence, the Tribunal could not be satisfied, on the balance of probabilities, that Dr Chesters instructed Ms D to sit down as opposed to offered her his seat. As per allegation 4 (c) the Tribunal were satisfied that Dr Chesters could have placed his hands on Ms D's waist or shoulders but were not satisfied that he had instructed Ms D to sit.

130. Therefore the Tribunal finds paragraph 4d not proved.

Paragraph 4e

131. The Tribunal considered the allegation that on one or more occasions, Dr Chesters touched Ms D's t-shirt and/or uniform lapels.

132. The Tribunal considered Ms D's contemporaneous account in the document bundle, in which she stated in a text: *"I think he has touched my waist 4 times already this evening. Hand on leg at least once. Straightening my t-shirt twice. Offer to go on a run. Offer to show me the helicopter. I've been stuck in this room with him for at least 30 mins just me. Very grim."*

133. Ms D told the Tribunal that she was wearing the t-shirt for the first time and that there was a discussion about epaulettes and insignia.

134. The Tribunal considered Dr Chester's account and noted that he denied touching Ms D's t shirt. He did accept there was a conversation about the new t-shirt and he recalled making a joke about them at some point though he could not recall the date. The Tribunal considered that his evidence was vague.

135. Although the Tribunal placed limited weight on Ms D's text message, for the reasons already given, the Tribunal found the alleged actions of Dr Chesters were not inherently unlikely, and therefore taking the evidence as a whole, it found that it was more likely than not that Dr Chesters touched Ms D's t shirt.

136. Accordingly, the Tribunal finds that Dr Chesters did touch Ms D's t-shirt and/or uniform lapels, and paragraph 4e is proved.

Paragraph 4f

137. The Tribunal considered the allegation that Dr Chesters said to Ms D 'I went for a run up Arthur's Seat, perhaps we should have gone together'.

138. In assessing this allegation, the Tribunal took into account Ms D's contemporaneous evidence that Dr Chesters 'offered to go on a run'. It applied the same level of caution in assessing the voice note as previously.

139. Ms D had heard a similar comment made during her meeting with Dr F and Ms B and Ms C, when Ms C referred to her roommate telling her that Dr Chesters had offered to take someone she knew for a walk up Arthurs Seat.

140. The Tribunal noted that Ms D said in her first statement that Dr Chesters offered to go for a run with her and that this was said in the presence of Mr I. In her interview with Dr K, Ms D said that Dr Chesters said they should have gone for a run together in Edinburgh.

141. The Tribunal heard evidence from Mr I. He made no reference to hearing the alleged conversation about going for a run and he confirmed in oral evidence that he had no recollection of it, which undermines the allegation.

142. In addition, the Tribunal finds that the allegation lacks contextual plausibility. The comment is said to have been made during a PCP seminar in Cambridge, where as Arthur's Seat is located in Edinburgh. The Tribunal considers that this geographical inconsistency renders the alleged remark unlikely in the circumstances described.

143. Taking these matters together, and in the absence of corroborative evidence, the Tribunal is not satisfied on the balance of probabilities that Dr Chesters made the alleged comment. Accordingly the Tribunal found paragraph 4f not proved.

Paragraph 4g

144. The Tribunal considered the allegation that Dr Chesters suggested that he could assist Ms D in an employment opportunity at a trauma centre in XXX and thereafter could go running with Ms D and/or show her his helicopter, implying he could assist her in her career if she agreed to personally engage with him.

145. Ms D said in her statement to the trust that Dr Chesters 'offered to get me a place at some event' and in her voice note said he 'offered to get me an amazing opportunity'. In her witness statement to the GMC Ms D notes that Dr Chesters said 'there was an amazing mass trauma casualty opportunity in XXX that he could get me into. He said he could get me a good role. He said we could maybe then go for a run and he could show me his helicopter'. Ms D told the Tribunal that Mr I was present during the conversation.

146. The Tribunal noted that Mr I told the Tribunal that he had no memory of this being discussed and that although he was aware of it at the time of giving evidence, he conceded he did not know where he had got that memory and if it had come from his discussions with Ms D subsequent to the allegations being made. This absence is notable and undermines Ms D's evidence, given that Ms D's evidence is that the conversation took place between her, Dr Chesters and Mr I.

147. The Tribunal heard Dr Chesters' evidence that he has a standardised approach when offering career advice to junior colleagues and concluded that he likely referred to established and legitimate training opportunities including the national PHEM induction course organised by the Intercollegiate Board for Training in PHEM of the RCSEd. In his witness statement, he said that he had no seniority or position of authority in terms of the course. This is a well-known, week-long residential course, not an employment opportunity, held in XXX, involving lectures and practical sessions, and not an ad hoc or personal opportunity created by Dr Chesters.

148. The Tribunal finds that, on the balance of probabilities, Dr Chesters did not offer an employment opportunity or suggest or imply that he could assist Ms D's career in exchange for personal engagement. Accordingly, paragraph 6(g) is not proved.

Paragraph 5a(i)

149. The Tribunal considered the allegation that Dr Chesters inappropriately placed his hands on Ms D's waist to move her to different positions in the room.

150. The Tribunal first considered the contemporaneous note Ms D had sent to her friend. As previously, it concluded that it could place limited weight upon it and approached the evidence with caution. Therefore, it further considered her written and oral evidence, along with the evidence given

151. Ms D gave evidence that Dr Chesters 'put his hands on me and kept moving me around'

152. Dr Chesters gave evidence, in which he stated that he may have used his hands to guide Ms D during the session but that he could not recall doing so.

153. The Tribunal also took into account the evidence of Mr I, who noted that Dr Chesters had stood very close to Ms D and may have placed his hands around her waist, although he could not see exactly where they were placed, while guiding her. He was sitting near Ms D and Dr Chesters and gave consistent evidence which the Tribunal considered was reliable.

154. On the balance of probabilities, the Tribunal finds that it is more likely than not that Dr Chesters placed his hands on Ms D's waist to move her during the session and that his actions were inappropriate. Accordingly, paragraph 5a(i) is found proved.

Paragraph 5a(ii)

155. The Tribunal considered the allegation that Dr Chesters took hold of the bottom hem of Ms D's jumper and pulled it down.

156. The Tribunal considered Ms D's contemporaneous evidence in the voice note she left to her friend. It concluded that it could place limited weight upon it, for the reasons set out above. Therefore, it went on to further consider her written and oral evidence.

157. The Tribunal took into account Mr I's evidence. He was not a witness to the allegation nor was he able to confirm when he became aware of it. He told the Tribunal that he would usually be in and out of the sound booth when a lecture was taking place. He said that he would not knock but would simply enter and that the sound booth was accessible to all PCP committee members at any time without warning. In addition, whilst the lecture was in progress, people entering the sound booth would enter quietly so as not to interrupt the lecture that would be in progress, adding to the fact that anyone could enter the sound booth at any time without warning.

158. Dr Chesters denied touching Ms D's jumper and pulling it down. The Tribunal noticed inconsistencies in his evidence and were unclear whether he had had a discussion with Ms D about his own clothing, or hers.

159. The Tribunal found that there were inconsistencies in all of the evidence that it heard, that there was no corroboration of Ms D's evidence and that the evidence of Mr I regarding the risk of discovery makes it inherently implausible that Dr Chesters acted in this way, when balanced against his good character. The Tribunal considered that they could not be satisfied that Dr Chesters touched Ms D's jumper and pulled it down and therefore the GMC had failed to discharge the burden of proof.

160. Accordingly, Paragraphs 5a(ii) is not proved.

Paragraph 5a(iii)

161. The Tribunal considered the allegation that Dr Chesters inserted his hand up Ms D's jumper.

162. For the same reasons as 5 a (ii), the Tribunal finds the allegation not proved.

Paragraph 5a(iv)

163. The Tribunal considered the allegation that Dr Chesters touched Ms D's hip area under her jumper.

164. For the same reasons as 5 a (ii), the Tribunal finds the allegation not proved.

Paragraph 5a(v)

165. The Tribunal considered the allegation that Dr Chesters ran his hand up Ms D's abdomen under Ms D's jumper.

166. For the same reasons as 5 a (ii), the Tribunal finds the allegation not proved.

Paragraph 5b(i)

167. The Tribunal considered the allegation that Dr Chesters instructed Ms D to pout or words to that effect.

168. The Tribunal considered the context of this allegation and noted its previous finding that Dr Chesters did place his hands on Ms D's waist to move her to different positions in the room. It considered the evidence given orally by Ms D, Dr Chesters and Mr I.

169. Ms D provided evidence in a voice note in which she said that Dr Chesters said 'make this facial expression' whilst moving her in front of the camera.

170. In her witness statement to the Trust, Ms D said that Dr Chesters told her to pout.

171. Dr Chesters denied telling Ms D to pout. He accepted that he had asked her to assist with getting the camera ready by simulating the different positions the lecturer would be in.

172. The Tribunal considered that Paragraph 5a(i) was proven and in this context, is satisfied, on the balance of probabilities, that as Dr Chesters was moving Ms D around by the waist, this lends support to her allegation that he asked her to adopt a particular facial expression whilst in front of the camera.

173. Accordingly, the Tribunal found paragraph 5b(i) proved

Paragraph 5b(ii)

174. The Tribunal considered the allegation that Dr Chesters referred to Ms D as "all legs", or words to that effect.

175. The Tribunal noted that Ms D stated that this comment was made at a time when 'there was still an element in my mind of not knowing whether I was reading into it too much' and that Dr Chesters considered 'it was all just banter' .

176. Dr Chesters has no recollection of making such a remark and stated that he would not make such personal remarks. The Tribunal found that Dr Chesters was inconsistent about whether or not clothing was discussed with Ms D and the Tribunal considers that some conversation about clothing was more likely than not to have taken pace. However, the Tribunal considered that, having regard to the lack of corroborative evidence and the inconsistencies identified elsewhere in Ms D's account, the Tribunal could not be satisfied that Dr Chesters made this comment. Therefore the burden of proof is not discharged.

177. Accordingly, paragraph 5b(ii) is not proved.

Paragraph 5b(iii)

178. The Tribunal considered the allegation that he told Ms D that he liked her jumper but that it was too short, or words to that effect.

179. For the same reasons as 5b(ii), the Tribunal was not more satisfied than not that Dr Chesters made this comment.

180. Accordingly, paragraph 5b(iii) is not proved.

Paragraph 6a(i)

181. The Tribunal considered whether, in relation to the conduct set out in paragraphs 1 to 5, Dr Chesters knew that all of the witnesses were medical students.

182. Dr Chesters conceded in his evidence that he was aware that all of the individuals concerned were likely to be medical students at the relevant times, save for Ms A who he could not recall.

183. The Tribunal concluded that Dr Chesters is an experienced consultant who has been involved with the examinations in Edinburgh for many years. The Tribunal is satisfied, on the balance of probabilities, that Dr Chesters knew that all of the witnesses were medical students.

184. Accordingly, paragraph 6(a)(i) is proved.

Paragraph 6a(ii)

185. The Tribunal considered each allegation in relation to whether Dr Chesters abused his seniority or position of authority over the students:

Ms A (Paragraphs 1a & 1b):

186. The Tribunal finds that touching Ms A's hip and / or groin and standing close to Ms A were necessary actions whilst demonstrating the necessary components of the station. The student had volunteered for the role and the Tribunal heard evidence that she would have given consent to being examined at the beginning of the diet. The Tribunal did not consider that his actions were related to the fact that Ms A was a medical student. Accordingly, an abuse of his more senior position is found not proved.

Ms B (Paragraphs 2a(i) & 2d):

187. The Tribunal considered that asking Ms B to meet for practise 2a(i) was both expected and normal practice, as evidenced by both Dr J and Dr F. The Tribunal did not consider that his actions were related to the fact that Ms B was a medical student. Accordingly, an abuse of his more senior position is found not proved.

188. The Tribunal considered that touching Ms B's waist to move her, whilst inadvisable, was understandable in the context of a high-pressure situation where there was limited time, in a very confined space, with the added constraint that there was an expectation that verbal communication would not take place. The Tribunal did not consider that his actions were related to the fact that Ms B was a medical student. Accordingly, an abuse of his more senior position is found not proved.

Ms C (Paragraphs 3a (i)(ii), 3c &3d):

189. The Tribunal considered the comment regarding toilet breaks may have been inappropriate under the circumstances but that the comment about spare nappies 3a (i)(ii)and (iii) may have an ill-advised attempt at humour. The Tribunal found it was likely that Dr Chesters would make these comments to anyone who he was paired with during the examination, such was his concern over time pressure and the smooth running of the station. The Tribunal did not consider that his actions were related to the fact that Ms C was a medical student. Accordingly, an abuse of his more senior position is found not proved.

190. 3 c The Tribunal considered that walking up to Ms C so that her back was against the wall took place as part of a demonstration as to how the station would run. It considered that Dr Chesters would have undertaken this demonstration to any individual in the context of a learning opportunity. The Tribunal did not consider that his actions were related to the fact that Ms C was a medical student. Accordingly, an abuse of his more senior position is found not proved.

191. 3d The Tribunal considered the statement that students will take clothes off unless they want to go naked or words to that effect. The comments could amount to an ill-advised joke about the scenario but the tribunal did not consider it related to his seniority. The Tribunal did not consider that his actions were related to the fact that Ms C was a medical student. Accordingly, an abuse of his more senior position is found not proved.

Ms D (Paragraphs 4a, 4c, 4e, 5a(i), 5b(i)):

192. 4a The Tribunal considered the allegation that Dr Chesters positioned his chair close to Ms D. It considered the allegation in context; that he was teaching her to use the control panel, which was in a confined space with the chairs being difficult to move and with the added complication that there was no room under the desk for the occupants of the seats to put their legs. The Tribunal did not consider that his actions were related to the fact that Ms D was a medical student In this context the Tribunal considered the need to move the chair as understandable. Accordingly, an abuse of his more senior position is found not proved.

193. 4c The Tribunal considered the allegation that Dr Chesters placed his hands on Ms D's waist or shoulders to move her. In this instance, the Tribunal finds that there was no time constraint or pressure requiring immediate action and no reasonable explanation for Dr Chesters to touch Ms D, when he could have simply asked her to move. Accordingly, Dr Chesters feeling that he could manhandle Ms D to any position that he wanted, was an abuse of his more senior position. The Tribunal did consider that his actions were related to the fact that Ms D was a medical student. Accordingly, an abuse of his more senior position is found proved.

194. 4e The Tribunal considered the allegation that Dr Chesters touched Ms D's T shirt and / or uniform. The Tribunal considered that there was no reasonable explanation for this and that it was ill advised in any context. The Tribunal did consider that his actions were related to the fact that Ms D was a medical student. Accordingly, an abuse of his more senior position is found proved.

195. 5a(i) The Tribunal considered the allegation that Dr Chesters placed his hands on Ms D's waist to move her around the room. The Tribunal concluded Dr Chesters actions were inappropriate in the context. Ms D could have been asked to move and there was no reasonable explanation for his actions. As with charge 4c, there was no justification to move Ms D at will without her consent. The Tribunal did consider that his actions were related to the fact that Ms D was a medical student. Accordingly, an abuse of his more senior position is found proved.

196. 5b(i) The Tribunal considered the allegation that Dr Chesters instructed Ms D to pout or words of that effect. The Tribunal considered this to be an inappropriate instruction. Accordingly, an abuse of his more senior position is found proved.

<u>Paragraph 6b(i)</u>

197. The Tribunal has considered whether Dr Chesters' conduct, as set out in the relevant paragraphs, constituted sexual harassment as defined in Section 26(2) of the Equality Act 2010.

In relation to Ms A (paragraphs 1a and 1b):

198. The Tribunal considered there was no evidence before it that the examination of Ms A or the positioning of Dr Chesters close to Ms A constituted sexual harassment. The Tribunal found that Ms A had been pre-warned about Dr Chesters and approached the examination with a certain mindset. There is no evidence before the Tribunal to demonstrate that the examination could have been conducted in any other way. The Tribunal concludes that her perception of Dr Chesters' proximity and touch reflects her interpretation rather than sexually harassing behaviour. Accordingly, sexual harassment is found not proved.

In relation to Ms B (paragraph 2a(i):

199. The Tribunal considered the context of Dr Chesters asking Ms B to meet to practise. It balanced the evidence of Ms B against the context of the allegation, being a pressured examination. It took into account the evidence from Dr F and Dr J that it was normal and appropriate to practise stations with students and in particular given the circumstances that Ms B had replaced an experienced consultant at the last minute. It found no evidence that Dr Chesters sexually harassed Ms B. Accordingly, sexual harassment is found not proved.

In relation to Ms B (paragraph 2d)

200. The Tribunal considered the context of Dr Chesters touching Ms B's waist to move her to different positions. It considered the context of the scenario and the size of the examination station along with the fact that verbal communication was discouraged and noted that whilst ill-advised without Ms B's permission, his actions were understandable given the context of the examination and time pressure. The Tribunal considered Dr F and Dr J's evidence to support Dr Chesters account that examinations were pressured, verbal communication was not encouraged and the stations were small. In this context, the Tribunal found no evidence that Dr Chesters sexually harassed Ms B.

201. Accordingly, sexual harassment is found not proved.

In relation to Ms D (paragraphs 4a–4e):

202. 4a The Tribunal considered that Dr Chesters positioned his chair close to Ms D. Considering the context of Dr Chesters being present with the purpose of teaching Ms D to use the control panel in the sound booth, the fact that the chairs were described by all witnesses as being difficult to move and the fact that occupant of the chairs could not put their legs under the desk due to equipment being in the way. In those circumstances, the Tribunal considered that his actions were understandable and likely necessary, given the small space in the sound booth.

203. Accordingly, sexual harassment is found not proved.

204. 4c The Tribunal considered the allegation that Dr Chesters placed his hands on Ms D's waist and / or shoulders to move her. As for 4a the context of Dr Chesters being present with the purpose of teaching Ms D, in a small space. The Tribunal, in its assessment of all of the evidence, considered that this was understandable in the context of an educational setting between Ms D and Dr Chesters, although it considered not obtaining explicit consent unwise.

205. Accordingly, sexual harassment is found not proved.

206. 4e The Tribunal considered Dr Chesters actions of touching Ms D's shirt or uniform. Taking into account the evidence of Ms D, the evidence of Dr Chesters and the situation in which the actions took place, in the presence of others in a busy environment, the Tribunal considered Dr Chesters actions to be inappropriate and inadvisable, but did not consider, on the balance of probabilities, that they amounted to sexual harassment.

207. Accordingly, sexual harassment is found not proved.

In relation to paragraph 5a(i):

208. The Tribunal considered that moving Ms D by placing his hands on her waist was inappropriate, but his actions did not amount to sexual harassment. It considered that this action took place in a busy lecture theatre, with other members of the committee both present and in close proximity. The Tribunal considered that Dr Chesters actions were inappropriate in context but concluded that they do not meet the threshold for sexual harassment.

209. Accordingly, sexual harassment is found not proved.

In relation to paragraph 5b(i):

210. The comment instructing Ms D to "pout or words to that effect' was inappropriate, but it was made publicly in front of other students, in the context of looking at an image on the screen for the purposes of repositioning the camera in order to transmit the upcoming lecture. The Tribunal found his actions did not amount to sexual harassment.

211. Accordingly, sexual harassment is found not proved.

212. After careful consideration of the evidence, the Tribunal concludes that, on the balance of probabilities, the allegations set out in paragraphs 1, 2, 4, and 5 do not constitute sexual harassment.

Paragraph 6b(ii)

213. The Tribunal has considered whether Dr Chesters' conduct, as set out in the relevant paragraphs, was sexually motivated, bearing in mind that there is no statutory definition of sexual motivation. It noted that it has been defined in the case of *Basson v GMC (2018) EWHC 505*, as conduct which is done 'either in the pursuit of sexual gratification or in pursuit of a future sexual relationship' and further, in the case of *GMC v Haris (2020) EWHC 2518*, in which Mrs Justice Foster stated that to look for sexual gratification may be misleading and overcomplicating and that that Tribunal should have focussed on whether the actions 'may have been sexual'.

In relation to Ms A (paragraphs 1a and 1b):

214. The Tribunal considered that the actions of Dr Chesters were not sexually motivated. The Tribunal found that Ms A had been pre-warned about Dr Chesters and approached the examination with a certain mindset. There is no evidence before the Tribunal to demonstrate that the examination could have been conducted in any other way. The Tribunal concludes that her perception of Dr Chesters' proximity and touch reflects her interpretation rather than sexual motivation of behalf of Dr Chesters.

215. Accordingly, sexual motivation is found not proved.

In relation to Ms B (paragraph 2a(i):

216. The Tribunal considered the context of Dr Chesters asking Ms B to meet early to practise. It balanced the evidence of Ms B against the context of the allegation, being a

pressured examination. It took into account the evidence from Dr F and Dr J that it was normal and appropriate to practise stations with students and in particular the circumstances that Ms B replaced an experienced consultant at the last minute. It found no evidence that Dr Chesters was sexually motivated when asking Ms B to meet to practise. Rather, it concluded that Dr Chesters actions were understandable in the context.

217. Accordingly, sexual motivation is found not proved.

In relation to Ms B (paragraph 2d)

218. The Tribunal considered the context of Dr Chesters touching Ms B's waist to move her to different positions. It considered the context of the situation and noted that whilst ill-advised without Ms B's permission, his actions were understandable given the context of the pressured examination and time pressure. The Tribunal considered Dr F and Dr J's evidence, which supported Dr Chesters account, that examinations were pressured, verbal communication was not encouraged and the stations were small. In this context, the Tribunal considered that Dr Chesters actions were not sexually motivated.

219. Accordingly, sexual motivation is found not proved.

In relation to Ms D (paragraphs 4a–4e):

220. 4a The Tribunal considered that Dr Chesters positioned his chair close to Ms D. Considering the context of the situation and Dr Chesters being present with the purpose of teaching Ms D to use to control panel in the sound booth, the Tribunal considered that his actions were understandable, given the small space in the sound booth.

221. Accordingly, sexual motivation is found not proved.

222. 4c The Tribunal considered Dr Chesters placing his hands on Ms D's waist and / or shoulders. As for 4a the context of the situation of Dr Chesters being present with the purpose of teaching Ms D, in a small space with very limited room to manoeuvre around other people, is relevant. The Tribunal, in its assessment of all of the evidence, considered that this was understandable in the context of the small room, although it considered not obtaining explicit consent unwise.

223. Accordingly, sexual motivation is found not proved.

224. 4e The Tribunal considered Dr Chesters actions of touching Ms D's shirt or uniform. Taking into account the evidence of Ms D, the evidence of Dr Chesters and the location in which the actions took place, the Tribunal considered Dr Chesters actions to be inappropriate and inadvisable, but did not consider, on the balance of probabilities, that there was an implicit sexual motivation in doing so.

225. Accordingly, sexual motivation is found not proved.

In relation to paragraph 5a(i):

226. The Tribunal considered that moving Ms D by placing his hands on her waist was inappropriate, but did not demonstrate sexual motivation. It considered that this action took place in a busy lecture theatre, with other members of the committee present and in close proximity and whilst trying to get the camera angles right for the upcoming lecture. The Tribunal considered that Dr Chesters actions were inappropriate in context but concluded that his actions did not amount to being sexual motivated.

227. Accordingly, sexual motivation is found not proved.

In relation to paragraph 5b(i):

228. The comment instructing Ms D to "pout or words to that effect' was inappropriate, but it was made publicly in front of other students, in the context of looking at an image on the screen for the purposes of setting the camera angles for the upcoming lecture. The Tribunal found that Dr Chesters actions did not evidence sexual motivation.

229. Accordingly, sexual motivation is found not proved.

230. After careful consideration of the evidence, the Tribunal concludes that, on the balance of probabilities, the actions of Dr Chesters set out in allegations 1, 2, 4, and 5 were not sexually motivated.

Paragraph 6c

231. The Tribunal considered whether Dr Chesters' comments to Ms C, namely:

Paragraph 3a– Ms C

i. “You better pace yourself drinking water, we don't have many breaks today, but we've got some spare nappies if you need them,” or words to that effect;
ii. “Did you manage to have a wee?” or words to that effect;
iii. “We've got more breaks this time, so you can drink as much water as you want. You don't have to chance it, and you'll be able to go to the toilet,” or words to that effect;

constituted harassment related to sex as defined in Section 26(1) of the Equality Act 2010 that is, whether these comments were unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms C, or creating an intimidating, hostile, degrading, humiliating, or offensive environment for her.

232. The Tribunal considered these allegations carefully. The environment was a high-pressure situation, where Dr Chesters was providing guidance to a student who was new to the demonstrations about when and how to take breaks, including using the toilet, does not constitute harassment related to sex. The Tribunal considered that the comments were not made in relation to Ms C’s sex and that on the balance of probabilities, it did not find evidence to indicate that Dr Chesters would not have made such comments to a male student and were not said to Ms C in relation to her being a woman.

233. Further, the Tribunal heard evidence confirming that Dr Chesters has experienced difficulties in the past in his interactions with male colleagues in terms of his lack of emotional intelligence. The Tribunal finds that he was as likely to have made similar comments to a male student in the same circumstances, and therefore the conduct was not directed at Ms C because she was a woman.

Paragraphs 3c and 3d – Ms C

3c Walked up to Ms C until her back was against the wall

234. In evidence, Dr Chesters explained that approaching the student at that station was something he would regularly do as part of the demonstration, regardless of whether the student was male or female. Dr Chesters described the purpose of his actions in explaining the station to Ms C. On the balance of probabilities, the Tribunal finds that this action was not motivated by the student’s sex and does not constitute harassment related to sex.

3d. Said “so the students will have clothes on underneath, unless you know they want to go naked,” or words to that effect

235. As above, the Tribunal was not persuaded that Dr Chesters made this comment because or related to the fact that Ms C was a woman. Rather, it considered that, taking the context into account, including the nature of the demonstration and his role as an experienced examiner, the Tribunal finds that Dr Chesters might have equally made this comment to male and female students, regardless of and not related to their sex. Accordingly, his actions do not amount to harassment related to sex.

236. The Tribunal considered whether the conduct in 3c and 3d constituted harassment related to sex, as defined in Section 26(1) of the Equality Act 2010, in that it was unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms C or creating an intimidating, hostile, degrading, humiliating, or offensive environment.

237. The Tribunal finds that there is insufficient evidence to establish harassment related to sex in respect of these actions. In particular, the comments and actions of Dr Chesters were not sex specific and although his comments were considered potentially inappropriate by the Tribunal, it found no evidence that they occurred in relation to Ms C's sex.

The Tribunal's Overall Determination on the Facts

238. The Tribunal has determined the facts as follows:

Ms A

1. Between 28 and 30 June 2022, during your supervision of examinations for the Royal College of Surgeons of Edinburgh ('RCSEd'), whilst demonstrating an examination of the hip, you:
    a. on one or more occasions, used your hands to touch Ms A's hip and/or groin area; **Determined and found proved**
    b. positioned your body close to Ms A's body. **Determined and found proved**

Ms B

2. Between 6 and 7 July 2023, during your supervision of examinations for the RCSEd, you:
    a. on one or more occasions:
        i. said to Ms B 'Do you want to meet me tonight to practise?', or words to that effect; **Determined and found proved**

ii. continued to repeat your request as set out in paragraph 2ai despite Ms B declining your offer; **Found not proved**

b. asked to exchange telephone numbers with Ms B; **Found not proved**

c. suggested you and Ms B arrive at the examination early on the following day to practise; **Found not proved**

d. touched Ms B's waist with your hands to move her to different positions in the examination. **Determined and found proved**

Ms C

3. On 25 January 2024, during your supervision of examinations for the RCSEd with Ms C, you:

a. on one or more occasions, referenced Ms C using the toilet in that you said:

i. 'you better pace yourself drinking water, we don't have many breaks today, but we've got some spare nappies if you need it' or words to that effect; **Determined and found proved**

ii. 'did you manage to have a wee?', or words to that effect; **Determined and found proved**

iii. 'we've got more breaks this time, so you can drink as much water as you want. You don't have to chance it and you'll be able to go to the toilet', or words to that effect; **Determined and found proved**

b. suggested Ms C looked like someone who:

i. would abuse her baby; and/or **Found not proved**

ii. would have a partner who would abuse her baby; **Found not proved**

c. walked up to Ms C until her back was against the wall; **Determined and found proved**

d. said 'so the students will have clothes on underneath, unless you know they want to go naked', or word to that effect; **Determined and found proved**

Ms D

4. On 1 February 2024, whilst working with Ms D in a lecture forum at the Robinson College, you:

a. positioned your chair close to Ms D's so that your legs were touching her legs; **Determined and found proved**

b. leaned across Ms D and placed your hand on her leg; **Found not proved**

c. on one or more occasions, placed your hands on her waist and/or shoulders to move her to different positions in the room; **Determined and found proved**

d. instructed Ms D to sit on a chair in the room and placed your hands on her shoulders; **Found not proved**

e. on one or more occasions, touched Ms D's t-shirt and/or uniform lapels; **Determined and found proved**

f. said to Ms D 'I went for a run up Arthur's Seat, perhaps we should have gone together', or words to that effect; **Found not proved**

g. suggested you could assist Ms D in an employment opportunity at a trauma centre in XXX and thereafter you could go running with Ms D and/or show her your helicopter, implying you could assist her in her career if she agreed to personally engage with you; **Found not proved**

5. On 7 March 2024, whilst working with Ms D during a lecture forum, you:

a. inappropriately touched Ms D in that you:

i. placed your hands on her waist to move her to different positions in the room; **Determined and found proved**

ii. took hold of the bottom hem of Ms D's jumper and pulled it down; **Found not proved**

iii. inserted your hand up Ms D's jumper; **Found not proved**

iv. touched Ms D's hip area under her jumper; **Found not proved**

v. ran your hand up Ms D's abdomen under her jumper; **Found not proved**

b. made comments to Ms D, in that you:

i. instructed Ms D to 'pout', or words to that effect; **Determined and found proved**

ii. referred to Ms D as 'all legs', or words to that effect; **Found not proved**

iii. told Ms D you liked her jumper but it was too short, or words to that effect. **Found not proved**

6. In your conduct as set out in paragraph(s):

a. 1 to 5:

i. you knew all witnesses were medical students; **Determined and found proved**

ii. your behaviour was an abuse of your more senior position;
Found not proved for: Miss A, Miss B and Ms C
Determined and found proved for: Miss D 4c, 4e, 5 ai, 5 bi

b. 1, 2, 4, and 5 your behaviour:
i. constituted sexual harassment as defined in Section 26 (2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of all witnesses, or creating an intimidating, hostile, degrading, humiliating or offensive environment for all witnesses; **Found not proved**
ii. was sexually motivated; **Found not proved**

c. 3, your behaviour constituted harassment related to sex as defined in Section 26(1) of the Equality Act 2010, in that you engaged in unwanted conduct related to sex which had the purpose or effect of violating the dignity of Ms C, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms C.
Found not proved

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **To be determined.**

Determination on Impairment - 11/09/2026

239. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved, Dr Chesters' fitness to practise is impaired by reason of misconduct.

The evidence

240. The Tribunal has reviewed its findings of fact and in addition, the Tribunal received further evidence as follows:

- A copy of Dr Chesters' CV;
- Dr Chesters' reflective statements;
- Course Certificates including Medical Ethics;
- Dr Chesters' reflections on courses completed;
- CPD Certificates;

- Colleague Multi-Source Feedback Summary – April 2017, June 2022 and June 2024;
- Patient Feedback 16 July 2025 to 04 June 2026.
- Case law: *General Medical Council and another v Dugboyele [2024] EWHC 2651 (Admin)*

241. Dr Chesters gave oral evidence at the hearing.

242. The Tribunal received a number of testimonials in support of Dr Chesters.

Dr Chesters' evidence

243. Dr Chesters informed the Tribunal that he sought the assistance of Mr L, Management Consultant, to assist with issues that were raised regarding his interpersonal skills. Dr Chesters first worked with Mr L in 2018. Dr Chesters advised that he worked on techniques to try and establish connections early including taking a personal interest in someone and talking around work. He advised that he used self-analysis tools and analysed his interactions with others and used this information to develop strategies to soften his approach and appear less formal and more approachable.

244. Dr Chesters then revisited Mr L following the allegations in 2024. He confirmed that at this time he was broadly aware of Ms D's allegations.

245. Dr Chesters stated that he felt the need to act on the serious complaint that was made and he wanted to see a professional to analyse what had happened to understand and rectify it. Dr Chesters stated that he took this allegation extremely seriously from the outset.

246. Dr Chesters explained that he had individual coaching sessions with Mr L on 04 September 2024, 04 November 2024 and 12 March 2025 and kept notes on their discussions. They discussed all of the various allegations and, when writing his reflective piece, Dr Chesters told the Tribunal that he relied on his contemporaneous notes that he took and the facts determination to draw all of his work together. Dr Chesters advised that he has taken some principles from his work with Mr L that he can relate to any incident, the reflection statement provided, '*Reflective Piece: communication style and the events concerning D. Building on work done in executive coaching sessions with Mr L*, focuses on the allegations before this Tribunal.

247. Dr Chesters further undertook work with Dr M, a medical ethicist, following which he produced another reflective piece.

248. Dr Chesters advised that the forward looking statement provided was produced to draw together all of his work and to detail the changes that he has made to his standard practice. Dr Chesters described a 'cognitive stop point' as taking an active moment to recognise when he is in an high risk situation

249. Dr Chesters informed the Tribunal of the mandatory training that he has undertaken. Dr Chesters advised that he prefers to communicate in writing due to its precision and his preference to tweak or change the words he has written. Dr Chesters stated that he does not always get across what he wants to say verbally.

250. Dr Chesters advised that as part of his reflections he has gone back to the tenets of Good Medical Practice ('GMP') and applies this in his working life.

251. Dr Chesters referred to certain personal stressors that occurred prior to the incident with Ms D on the 7th of March 2024 and stated that, on reflection, during that particular day he could have used the cognitive stop points that he has now developed.

252. Dr Chesters advised that he is the first in his family to be university educated. When asked what being a doctor meant to him, Dr Chesters said that it is a huge privilege to be in a position to help patients and to be there for their family. He stated that this has transitioned somewhat. As he has become more senior the biggest privilege is in forming and supporting teams and helping junior colleagues to become the best versions of themselves.

253. Dr Chesters stated that he recognises that words matter and anything that could even be perceived as an instruction that is inappropriate was not the right choice to make. Dr Chesters said that he thinks that it is an inappropriate instruction asking someone to pout and he has to be purposeful in his words and actions to make sure that there is no misinterpretation.

254. Regarding Ms D, Dr Chesters said that his intent was to set up a camera and make sure that the live stream happened on time. He did not give any thought to what Ms D was thinking or feeling. Dr Chesters gave examples of how he would respect someone's autonomy in the future, following his reflective work. Dr Chesters said that his reflective piece is a springboard for his deeper understanding. He said that correct way to approach medical ethics is not to have a fixed understanding but to analyse a situation.

255. Dr Chesters indicated that stressful events that occurred impacted on his interactions with Ms D and he wants to try to understand in a holistic way what the root causes of his behaviour could be. Dr Chesters said that he wants to turn his reflection and remediation into positive forward action. Dr Chesters advised that he was not good in terms of helping himself. He tended in the past to do short day shifts, sleep in the afternoon and then go to a night shift. He clarified that he no longer works nights. He said that he is not using this an excuse and it is difficult to retrospectively allocate cause, but he wants to create strategies moving forward to prevent this happening again.

256. Dr Chesters advised that he went to Mr L in 2018 as some colleagues found him to be too formal and he wanted to address this. Dr Chesters said that the difficult interactions tended to occur with people that he did not know very well. Dr Chesters indicated that he may have become too informal with colleagues and so he went back to Mr L to redress the balance, to understand his approach to people and what it is about him that is the root cause. Dr Chesters advised that his work with Dr M was to understand the impact of his conduct on others.

257. Dr Chesters stated that he did not think that being less formal meant moving Ms D around. When asked why he said that he "may" have misjudged the situation Dr Chesters said that he thinks that he did misjudge the situation and he wanted, through his reflection, to genuinely do a piece of work that reflected on any moment from now moving forward as he cannot change what has already happened. Dr Chesters said that this reflective piece is trying to understand himself what took place and put in place a tool kit going forward.

258. When asked by the Tribunal who had given feedback to him about his aloofness, Dr Chesters advised that this was in a previous role but that he was unable to talk about it publicly. Dr Chesters said that it was difficult for him to reconcile his previous feedback of aloofness with other, more positive feedback he received and this is why he approached Mr L.

259. Dr Chesters said that the distress was clear in Ms D's complaint particularly in an important time in her training. Dr Chesters said that this distress was contrary to everything that he aspired to as a leader. He said that all of his work has been focused on the impact on Ms D and to prevent this happening again, noting that his work with Dr M was around the impact of his conduct on Ms D. Dr Chesters said that he does not think that Ms D would think his touching her was an informality and that this would be a minimising word. He confirmed that he understands that there is an ongoing impact on Ms D and he regrets this.

Submissions

Submissions on behalf of the GMC

260. Ms Ferrario submitted that the matters that the Tribunal has found proven amounts to misconduct and Dr Chesters' fitness to practise is currently impaired. Ms Ferrario referred the Tribunal to Good Medical Practice 2024 ('GMP'), the case of *General Medical Council and another v Dugboyele [2024] EWHC 2651 (Admin)* and the Guidance for MPTS Tribunals ('the guidance').

261. Ms Ferrario submitted that the matters found proven do not reconcile with respecting and valuing Ms D and the professional standards set out a paragraphs 48 and 49 b of GMP have been breached,

> *48 You must treat colleagues with kindness, courtesy and respect.*
>
> *49 To develop and maintain effective teamworking and interpersonal relationships you must:*
>
> *…*
>
> *b communicate clearly, politely and considerately*

Ms Ferrario stated that in repositioning Ms D, touching her uniform and instructing her to pout, Dr Chesters did not treat her with kindness, courtesy or respect.

262. Ms Ferrario also referred to paragraph 52 of GMP,

> *52 You must help to create a culture that is respectful, fair, supportive, and compassionate by role modelling behaviours consistent with these values.*

263. Ms Ferrario submitted that Ms D was not shown respect by Dr Chesters as he did not treat her fairly, did not treat her in a supportive manner or act appropriately as a role model. Ms Ferrario further submitted that whilst the Tribunal did not find any form of discrimination, it should consider whether in terms of repositioning her and instructing her to pout was this related to the fact that she is female. Ms Ferrario referred to paragraph 56 of GMP,

> *56 You must not abuse, discriminate against, bully, or harass anyone based on their personal characteristics, or for any other reason. By 'personal characteristics' we mean someone's appearance, lifestyle, culture, their social or economic status, or any of the characteristics protected by legislation – age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.*

264. Ms Ferrario also referred the Tribunal to Paragraph 60 of GMP,

> *60 You must follow our more detailed guidance on Leadership and management.* ('Leadership and management')

and paragraphs 2 and 17 of Leadership and management,

> *2. The primary duty of all medical professionals is for the care and safety of patients. Whatever your role, you must do the following.*
>
> …
>
> *d. Demonstrate effective team working and leadership*
>
> …
>
> *f. Contribute to teaching and training doctors, physician associates, anaesthesia associates and other healthcare professionals, including by acting as a positive role model.*
>
> …
>
> *16. Whether you have a management role or not, your primary duty is to patients. Their care, dignity and safety must be your first concern. You also have a duty to the health of the wider community, your profession, your colleagues and the organisation in which you work.*

265. Ms Ferrario submitted that Dr Chesters has a leadership role and must be accountable to those he is responsible for at all times and referred to paragraph 63 of Leadership and Management, in particular,

"…Every medical professional who comes into contact with students or healthcare professionals in training should act as a positive role model in their behaviour towards patients, colleagues and others."

266. Ms Ferrario submitted that these are allegations which fall at the mid-range of the spectrum of seriousness and stated that even if the Tribunal find that the seriousness lies at the lower end of the spectrum, there may be features of this case that increase the seriousness such that it ultimately lies in the mid-range. Ms Ferrario submitted that the starting point should be the lower end of the mid-range and there are features in this case that ultimately place it at the higher end of the mid-range.

267. Ms Ferrario referred the Tribunal to the relevant paragraphs of the guidance and submitted that the manhandling of Ms D occurred more than once and was repeated behaviour. Ms Ferrario further submitted that, on any reasonable interpretation this was an abuse of position. Dr Chesters misused his position of power when he manhandled Ms D on two occasions, when he touched her clothing and when he instructed her to pout into the camera. Ms Ferrario submitted that the relationship was not (in 2024) equal and could not be any more different. The status of Ms D and of Dr Chesters lay at the opposite end of the spectrum of seniority. He was a highly respected and eminent physician while Ms D was at the start of her journey. Ms Ferrario submitted that Dr Chesters should have known that it was inappropriate and outside of professional standards to touch Ms D. Ms Ferrario submitted that Dr Chesters had given no thought as to whether his conduct was contrary to the standards expected of him.

268. Ms Ferrario submitted that Dr Chesters has clearly made some inroads and taken some steps to try and demonstrate insight. He has clearly come to this hearing accepting the wrongdoing and accepting responsibility for the actions the Tribunal found proven and regrets his actions. Ms Ferrario submitted that the doctor's insight is partial and is developing due to an absence of reflective evidence regarding the impact of his conduct on Ms D, on his colleagues who know about it or potentially know about it, or the impact on the medical profession if the public were to learn about his behaviour. Ms Ferrario said that there may well be occasions where it may be perfectly acceptable to move someone by putting hands on their waist, but this was not one of those scenarios. This was a scenario where, the Tribunal has found, it was ill advised, amounted to manhandling and could have been easily avoided by asking Ms D to move out of the way. Ms Ferrario submitted that if a member of the public were informed about this case then public confidence in the profession would be impacted and Dr Chesters has not given thought in his reflections to how his actions may be

viewed by those other than his team. Ms Ferrario submitted that if there was genuine insight and regret she would have expected to see this, even at the facts stage of this hearing.

269. Ms Ferrario submitted that to demonstrate full insight, Dr Chesters also needs to show that he has taken the time to reflect and shown compassion for those that have been involved in this case.

270. Ms Ferrario submitted that Dr Chesters poses a current and ongoing risk of repetition, and to public protection and public confidence.

Submissions on behalf of Dr Chesters

271. Mr Gillespie submitted that the Tribunal should not allow concepts that are distinct to bleed into each other. He said that the testimonial evidence provided is significant as to what members of the profession think of this conduct, noting that each person who has provided a testimonial had sight of the Tribunal's facts determination.

272. Mr Gillespie reminded the Tribunal that it found no harassment or sexual motivation, but it did find abuse of a senior position. Mr Gillespie encouraged the Tribunal to read its facts determination as a whole and determine if the facts found proved amount to misconduct. Mr Gillespie submitted that the Tribunal could not allow a suggestion that there was a sexual motivation or sexual misconduct to bleed into its determination on misconduct.

273. Mr Gillespie submitted that, whilst acknowledging that it was inappropriate, Dr Chesters moving Ms D was not sexually motivated nor intended to bully or humiliate her but was to get the camera ready and this should not be overstated. Mr Gillespie submitted that it is important that whatever findings the Tribunal makes should be rooted in the factual findings made.

274. Mr Gillespie submitted that there is an air of unreality regarding insight and, when the Tribunal considers whether Dr Chesters has reflected on the impact on Ms D, it has to accept that this is a difficult task, given Ms D's view was that Dr Chesters had engaged in more serious inappropriate behaviour.

275. Mr Gillespie accepted that Dr Chesters is senior to Ms D and that the Tribunal will take this into account when considering misconduct. However, it also has to take into account that this was not sexually motivated behaviour nor was it harassment.

276. Mr Gillespie referred the Tribunal to the test set out in the case of *Roylance v. The General Medical Council (Medical Act 1983) [1999] UKPC 16* that the misconduct must be serious and not every falling short of the standards is misconduct.

277. Mr Gillespie acknowledged the paragraphs of GMP and Leadership and Management referred to by Ms Ferrario in her submissions but submitted that paragraph 56 has no relevance and can form no part in the Tribunal's consideration and valuation of misconduct. Mr Gillespie submitted that it may be excessive to state that Dr Chesters had not acted appropriately as a role model. Mr Gillespie accepted the general principle that Dr Chesters, as a senior person needed to behave better with a junior person.

278. Mr Gillespie referred the Tribunal to relevant paragraphs of the guidance including paragraph 11, particularly,

> *'…To amount to misconduct, the behaviour will be a serious departure from the professional standards…'*

279. Mr Gillespie submitted that in order to consider if there has been a serious departure the Tribunal should consider what it has previously found proved. Mr Gillespie submitted that Dr Chesters behaviour should not be seen as a deeply attitudinal problem or characteristic of the way he behaves with people. Mr Gillespie referred the Tribunal to the testimonials provided which give details from the writers of how Dr Chesters behaves with them. Mr Gillespie reminded the Tribunal that the testimonials have been written by a range of people and it is relevant that there are people in a junior position who feel comfortable with Dr Chesters. Mr Gillespie made clear that this does not cancel out what Dr Chesters accepts he did with Ms D.

280. Mr Gillespie reminded the Tribunal that impairment only arises if they find that there has been misconduct and his submission is that there has not been. Mr Gillespie submitted that, if the Tribunal determine that this is misconduct, it lies at the low end of seriousness and the reason for this is the absence of any ulterior motive for what Dr Chesters did (as the Tribunal found at the facts stage) which reduces the seriousness of what he did. Mr Gillespie submitted that the examples given at paragraph 28 of the guidance give a flavour of the types of allegations that would usually fall at the lower end of the spectrum of seriousness and these examples are far more serious than what has been found proved against Dr Chesters. Mr Gillespie submitted that it is difficult to see how the facts as found in this case could possibly start at a higher level than the examples in paragraph 28.

281. Mr Gillespie submitted that the behaviour was repeated in that moving Ms D by touching her waist was repeated twice a month apart. These are two incidents relatively close together that should not have happened. Mr Gillespie submitted the allegations are not so serious in and of themselves that this should push the conduct from a low starting point to a mid-starting point. Mr Gillespie acknowledged that the finding was that Dr Chesters abused his senior position. Dr Chesters was in a position of far greater seniority than a medical student, but the examples as given at paragraph 36 of the guidance are not relevant in this situation. Mr Gillespie accepted that this was not an exhaustive list but submitted that it gives a flavour of the type of abuse of position that moves the seriousness from a level of low to mid.

282. Mr Gillespie submitted that reckless is a strong word that suggests cavalier and is not the same as not appreciating or not taking the time to consider how something would affect someone. Mr Gillespie submitted that it must be right that not every falling short of standards amounts to a reckless disregard of professional standards.

283. Mr Gillespie submitted that, even if the public safety ground has been remediated there are still occasions where a finding of impairment is necessary and proper to mark the seriousness of this case. Mr Gillespie submitted that this is not the case here.

284. Regarding insight, Mr Gillespie said that Dr Chesters insight has developed and whether that was at the time, or a product of questioning by Ms Ferrario, the end result is that insight has been reached. Mr Gillespie submitted that this is easy to remedy as this is not a deep-rooted attitudinal problem. This is not conduct that displays a huge attitudinal problem and it is clear that Dr Chesters has gained insight into what he did and has remediated. Dr Chesters can only reflect on the allegations which were found proved and his behaviour generally and, Mr Gillespie said, he has done so. He submitted that, reflecting on what the Tribunal found proved, it is difficult to see what else Dr Chesters could have said in his reflection. Mr Gillespie submitted that in terms of insight the Tribunal will not get any better than Dr Chesters recognising that he fell short and that Ms D, as a student, was entitled to place trust in him. Mr Gillespie submitted that Dr Chesters has reflected deeply and the Tribunal can be assured that this will not happen again.

285. Mr Gillespie submitted that it is plain that what Ms D felt and what Dr Chesters thought are very different and Dr Chesters now understand this. Mr Gillespie submitted that whether the reflection arrives immediately or late it should be considered whether it is genuine. Mr Gillespie stated that the reflection has been tested and this is shown in the testimonials by people of less seniority to Dr Chesters who can speak to their recent

experience of him. Mr Gillespie submitted that the Tribunal can be satisfied that the insight is genuine and indicated that these proceedings have been a salutary experience for Dr Chesters. Mr Gillespie submitted that future risk of the repetition of the same behaviour is very, very low in this case.

286. Mr Gillespie submitted that remediation, reflection and insight must be an ongoing process for every professional and Dr Chesters is entitled to say that insight, remediation and reflection is something that will be ongoing for the rest of his life. This is not to say that Dr Chesters will be impaired for the rest of his life. These are easily remedied, he will always be aware of his seniority, there will be no unnecessary physical contact, and he will always be aware of his behaviour to others. Ms Gillespie submitted that the risk of repetition is so low that the finding of impairment on this ground cannot be justified.

287. Mr Gillespie submitted that a finding of impairment is not necessary on the facts of this case or in the other aspects of public interest. Mr Gillespie submitted that a finding is not necessary in the public interest as a member of the public would not be perturbed based on the facts found in this case if no finding of impairment were made.

288. Mr Gillespie submitted that there is no proper way to find impairment in this case as, if the Tribunal agrees that there has been sufficient insight and remediation a finding of impairment is not necessary to send a message to the public or the profession.

The relevant legal principles

289. There is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

290. The Tribunal had regard to the test for impairment that was set out by Dame Janet Smith, as cited in the case of *CHRE v Grant and NMC, [2011] EWHC 927 (Admin):*

'a) …

b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;

c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.

d) …

291. To assess whether Dr Chesters poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved the impact of any relevant context known about Dr Chesters and/or their working environment, and
- how Dr Chesters has responded to the allegations.

The Tribunal's determination on Misconduct and impairment

Is there a legal basis for considering impairment?

292. The Tribunal first considered whether there was a legal basis for considering impairment. The Tribunal considered whether Dr Chesters' behaviour amounted to misconduct.

293. The Tribunal was satisfied that in manhandling Ms D rather than asking her to move, Dr Chesters did not treat her with courtesy or respect and that this was a departure from paragraphs 48, 49b and 52 of GMP.

294. The Tribunal did not agree with Ms Ferrario's submission that paragraph 56 of GMP is engaged as it previously found that the allegations of sexual harassment and sexual motivation were not proved, and did not find that his actions were predicated on personal characteristics as outlined in paragraph 56.

295. The Tribunal found that paragraph 60 of GMP was engaged but that paragraph 2d of Leadership and Management was so broad that it was of limited assistance to the Tribunal.

However, the Tribunal determined that as Dr Chesters was working to contribute to the teaching and training of doctors, and was acting as a role model, paragraph 2f of the Leadership and management standards document was engaged.

296. The Tribunal reminded itself that there were no concerns regarding patient care in this case and were satisfied that paragraph 16 of Leadership and management is not engaged based on what was found at the facts stage.

297. The Tribunal determined that as Ms D was a medical student that paragraph 63 of Leadership and management is engaged.

298. The Tribunal then went on to consider each of the facts that it found proved in turn and whether it would amount to misconduct in line with paragraph 11 of the guidance,

> *'To amount to misconduct, the behaviour will be a serious departure from the professional standards, as set out in Good medical practice. This includes single clinical acts or omissions that are serious, or a limited number of clinical acts or omissions that taken together are serious.'*

299. The Tribunal determined that, in touching Ms A's hip and positioning his body close to Ms A's body whilst demonstrating an examination of the hip, Dr Chesters did so in the context of demonstrating a procedure on a student who volunteered to role-play a patient. In the context of an examination, the tribunal found that this behaviour was explicable. The Tribunal found that this was not behaviour that amounted to misconduct.

300. The Tribunal next considered the finding that Dr Chesters suggested to Ms B on more than one occasion that they practised together. The Tribunal found that, given the context and based on Dr J's evidence that it was normal to ask students to practice to ensure they were fully prepared for the examination, it did not amount to misconduct.

301. The Tribunal was satisfied that in touching Ms B's waist with his hands in order to move her to different positions during the examination, Dr Chesters breached fundamental tenets of GMP as outlined above and that this is conduct that amounts to misconduct.

302. Regarding the comments made to Ms C, the Tribunal determined that, whilst some of the phraseology used to make these comments was not appropriate, the comments made were made in the context of a high-pressure, time-critical examination session with limited time for comfort breaks. Having limited opportunities to visit the toilet was a matter of fact.

The comments about the use of the doll nappies may have been experienced as demeaning by Ms C, but were more likely than not misplaced, inappropriate humour with a junior student rather than intended to humiliate or cause distress. The Tribunal determined that this was not conduct that amounted to misconduct.

303. The Tribunal considered the findings that Dr Chesters walked up to Ms C until her back was against the wall during the examination and its finding that on the balance of probabilities, Dr Chesters was simply demonstrating the station to Ms C and that this was appropriate given the context of the exam diet and not behaviour that amounts to misconduct.

304. The Tribunal considered its finding that Dr Chesters positioned his chair close to Ms D's so that their legs were touching. It considered it was more likely than not that because of the confines of the small space and the lack of room under the desk to put their legs, it was likely that Dr Chesters did reposition his chair towards Ms D as it would have been unnatural to angle it facing away from her given the fact that he was speaking to her and showing her the control panel. The Tribunal determined therefore, that it was more likely than not that his legs may have touched Ms D's legs unintentionally and it was not a deliberate act. Consequently, the Tribunal found that it was not behaviour that amounted to misconduct.

305. The Tribunal determined that in touching Ms D's waist and/or shoulders and touching Ms D's t-shirt and/or uniform lapels that Dr Chesters had breached fundamental tenets of GMP. These actions were unnecessary and avoidable and did not show appropriate respect or consideration for a junior colleague. Consequently, the Tribunal found that this behaviour amounts to misconduct.

306. Regarding the finding that Dr Chesters instructed Ms D to 'pout', or words to that effect, the Tribunal took into consideration that while it had received evidence relating to the actual words used it was unable to determine that the word 'pout' had been used. The variation in the charge between being asked to '*pout'* and the alternative of *'words to that effect'* was significant when considering misconduct. The Tribunal therefore determined that there was not sufficient evidence before it to make a finding of misconduct.

307. The Tribunal concluded that the facts found proved constituted significant departures from the standards expected of a senior doctor. The Tribunal considered that such behaviour would be regarded as serious by fellow practitioners and members of the public.

308. Accordingly, the Tribunal determined that Dr Chesters' behaviour amounted to misconduct and that this is the legal basis for considering impairment.

Where on the spectrum of seriousness does the allegation lie?

309. The Tribunal then went on to consider where on the spectrum of seriousness the allegations lie. The Tribunal recognised that all allegations which proceed to a fitness to practise hearing are serious matters. However, the Tribunal was required to assess seriousness in the context of the individual facts of this case. In reaching its decision the Tribunal had regard to paragraphs 28 of 31 of the guidance.

Ms B:

310. The Tribunal found that the touching of Ms B's waist amounted to misconduct. The Tribunal accepted that the matters represented a departure from professional standards expected of a senior doctor. However, it considered that there was no evidence of deliberate wrongdoing, wilful disregard of professional standards, or any intention to cause harm. The Tribunal considered that there was a high likelihood that Dr Chesters was focused on ensuring that the examination scenario was ready for the next candidate, within the timescale available and whilst trying to keep noise levels down by minimising communication. The Tribunal therefore determined that the allegations relating to Ms B lay at the lower end of the spectrum of seriousness.

311. The Tribunal then considered whether there were any features which increased seriousness. It found that the conduct was repeated to a limited extent,2-3 times, but it did not find that the conduct was properly characterised as persistent. There was no previous fitness to practise history, and no wider pattern of similar concerns before this allegation.

312. The Tribunal further considered whether Dr Chesters' behaviour amounted to an abuse of his professional position in terms of increasing seriousness as described in paragraph 36 of the guidance. It did not consider that his behaviour fell under or came close to the examples given in the guidance. The Tribunal did not find that Dr Chesters' conduct amounted to an abuse of his professional position in relation to Ms B.

313. Accordingly, the Tribunal concluded that the facts found proved relating to Ms B fell towards the lower end of the spectrum of seriousness under the applicable MPTS Guidance. While the matter was still treated seriously, this positioning informed a lower starting point when the Tribunal assessed the level of risk.

Ms D:

314. The Tribunal found that the facts found proved relating to Ms D, including touching her waist / lapels and instructing her to pout or words to that effect, incorporated some repeated behaviour. However, it considered that the behaviour was not prolonged.

315. Further, it considered whether Dr Chesters' behaviour amounted to an abuse of his professional position in terms of increasing seriousness as described in paragraph 36 of the guidance. It concluded that there was a power imbalance which Dr Chesters should have been aware of and that the behaviour was unlikely to have occurred with more senior colleagues, amounting to an abuse of power. However, it considered that Dr Chesters behaviour did not align with the examples given in the Guidance and therefore this behaviour did not have the effect of increasing the seriousness.

316. The Tribunal determined that the facts found proved relating to Ms D also lay at the lower end of the spectrum of seriousness. They plainly involved departures from professional standards, but they arose from ill-advised language and actions, rather than wilful disregard or malicious intent.

317. The Tribunal concluded that none of the other features included in the guidance were applicable here nor did it identify any others which increased the seriousness of the facts found proved.

318. The Tribunal therefore concluded that the aggravating features were insufficient to move the seriousness of the facts found proved beyond the lower end of the spectrum of seriousness under the applicable MPTS Guidance. In so concluding, the Tribunal reminded itself of its previous findings that there was no sexual connotations behind the conduct found proved, no sexual harassment and no sexual motivation.

What is the impact of any relevant context known about Dr Chesters and/or their working environment?

319. The Tribunal reminded itself that, in his evidence Dr Chesters mentioned some work-related context such as working nights followed immediately by an important meeting the next morning as well as having a personal issue on the afternoon immediately preceding the events on 7 March 2024. The Tribunal reminded itself that a number of facts found proved

related to occasions where there were no contextual issues and therefore placed limited weight on these factors.

320. The Tribunal considered that these factors do not impact on the level of any current and ongoing risk.

How has Dr Chesters responded to the allegations?

321. The Tribunal then considered how Dr Chesters had responded to the allegations, including his insight, remediation and maintenance of knowledge and skills.

322. The Tribunal was satisfied that Dr Chesters had demonstrated genuine and significant insight. The Tribunal found that Dr Chesters understood what had gone wrong and how he should have acted differently. This was evident from his witness statement, his reflections, and his oral evidence. The Tribunal considered that his insight was rooted in directed self-reflection and behavioural change.

323. The Tribunal is satisfied that the remediation carried out is related to these allegations and is substantial. The Tribunal considered that the written reflections did not fully evidence his understanding of the impact of his actions on others. However, Dr Chesters did provide more details in his oral evidence which satisfied the Tribunal that he had given significant thought to these issues. The Tribunal agreed with Mr Gillespie that these are not deep-seated attitudinal issues and are matters which are remediable. The Tribunal considered that Dr Chesters insight is genuine and is sufficient that the risk of repetition is low

324. The Tribunal found that the misconduct in this case related to behaviour, which was remediable, had been remedied, and were not likely to be repeated.

325. The Tribunal was satisfied that Dr Chesters had taken substantial and targeted steps to remediate his failings. Those steps included:

- Completing relevant courses and CPD;
- Engaging an executive coach and an ethics advisor;
- Reading and applying the relevant professional guidance;
- Reflecting specifically on the issues raised by his own behaviour;
- Changing his working practices, including reducing workload and introducing techniques to reflect on his behaviour.

326. The Tribunal also attached significant weight to the objective evidence of remediation, including certificates of completed training, CPD documentation, and statements from senior colleagues and supervisors. The Tribunal took into account the evidence of Dr M which details Dr Chesters' high level of engagement. It accepted that objective evidence of remediation is likely to carry more weight than Dr Chetsers' evidence alone, and in this case the evidence strongly supported Dr Chesters' account.

327. The Tribunal considered that, in seeking the assistance of Mr L in 2018, prior to the allegations, Dr Chesters had demonstrated a willingness to examine and reflect on his behaviour and make changes. The Tribunal concluded that this indicated a predisposition towards reflective practice.

328. The Tribunal was further persuaded by the fact that Dr Chesters' had continued to practise in a similar environment and had a number of references, including from more junior colleagues, without any repetition of concerns. The Tribunal considered this significant evidence that the remediation had become embedded in practice.

329. The Tribunal reminded itself of the test in the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin) (19 March 2008)*

> *'65 It must be highly relevant in determining if a doctor's fitness to practice is impaired that first his or her conduct which led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated.'*

330. The Tribunal concluded that when the misconduct occurred Dr Chesters did bring the profession into disrepute and did breach fundamental tenets of the profession but was satisfied that, given his insight and remediation that the risk that he would do so in the future is low.

331. The Tribunal therefore found that the concerns were capable of remediation, have in fact been remedied, and are highly unlikely to be repeated

<u>Tribunal's decision as to whether Dr Chesters poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment</u>

332. The Tribunal then considered, on the basis of its conclusions in relation to seriousness, context and response, whether Dr Chesters poses any current and ongoing risk to public protection requiring restrictive action.

333. The Tribunal considered all three aspects of public protection: patient safety, public confidence in the medical profession, and upholding proper professional standards and conduct.

334. The Tribunal considered whether Dr Chester currently poses an ongoing risk to patient safety. The Tribunal concluded that none of the facts found proven relate to patient safety and therefore he does not.

335. The Tribunal considered whether a finding of no impairment would undermine public confidence in the medical profession. The Tribunal accepted that, at the time his behaviour occurred, there was a real risk to public confidence, particularly given the important relationship between a senior doctor and medical students.

336. However, the Tribunal found that the current position is materially different. The level of seriousness is at the lower end of the spectrum. Dr Chesters has accepted the determination of this Tribunal, has shown a sufficient level of insight into his behaviour and the effect it had on both the medical students and the profession, shown empathy and remorse, remediated his failings, and produced persuasive objective evidence in support of his remediation. The Tribunal concluded that the behaviours are unlikely to be repeated.

337. In those circumstances, the Tribunal concluded that public confidence would not be undermined by a finding of no impairment. The public would, in the Tribunal's view, be reassured by the extent of Dr Chesters' remediation and insight.

338. The Tribunal also considered whether a finding of no impairment would fail to uphold proper professional standards and conduct. The Tribunal accepted that Dr Chesters' behaviour had fallen below the professional standards expected of a doctor. However, it was satisfied that he now understands those standards, has reflected deeply on his behaviour, and has altered his own practice to prevent recurrence. It also placed weight on the testimonial evidence of his contemporaries who were in full knowledge of the facts found proved to understand their views of his behaviour and impact on professional standards. The Tribunal therefore concluded that proper professional standards and conduct would not be undermined by a finding of no impairment.

339. The Tribunal has therefore determined that Dr Chesters' fitness to practise is not impaired by reason of misconduct.

Application on behalf of parties to reopen the impairment stage

340. Following the Tribunal handing down its determination on impairment, Mr Gillespie made an application to the Tribunal to reopen the impairment stage.

Submissions

341. Mr Gillespie submitted the Tribunal had made a finding that Dr Chesters' behaviour towards Ms B amounted to misconduct, but that this was not the basis on which the GMC had put its case. He submitted that he was not asked to make any submissions on that topic and was not alerted by the Tribunal that this was potentially an issue. He submitted that this was wrong as a matter of law and that this happened because looking at the MPTS/GMC website pre-hearing information, it only referenced the Tribunal's findings in relation to Ms D and indicated that the Tribunal would reconvene to determine whether Dr Chesters' fitness to practice is currently impaired by reason of misconduct.

342. Mr Gillespie submitted that both he and Ms Ferrario should have been allowed to make submissions on whether Dr Chesters' behaviour towards Ms B was misconduct or not and that the finding of misconduct did not tally with the factual findings made at stage one, and to some extent the general tenor of the Tribunal's stage 2 determination. He submitted that he was effectively requesting that the Tribunal reopen the impairment stage and hear submissions from parties in relation to Ms B.

343. Ms Ferrario submitted that neither she nor Mr Gillespie made any submissions about any of the matters other than those pertaining to Ms. D and that it was the GMC's understanding, again based on information on the MPTS/GMC website, that it was only the matters found proven against Ms D that were considered by the Tribunal to be inappropriate which was why she made no mention of any other person in her submissions at stage two.

344. Ms Ferrario submitted that she was in agreement with Mr Gillespie that they ought to be given an opportunity to make submissions, and as far as she was concerned on behalf of the GMC, not just in relation to Ms B, but in relation to all of the other parties involved and the matters that were found proven in relation to them.

Tribunal's Decision

345. The Tribunal considered the position carefully and concluded that the facts determination was not inconsistent with the impairment determination. Although it found that there was no abuse of the senior position for Ms A, Ms B and Ms C, it did find facts found proven at stage one that relate to those witnesses. The Tribunal therefore considered it mandatory in accordance with the fitness to practice rules, that having found charges proved at Stage one, to move on to stage two and consider misconduct and impairment for those matters. It considered this applies equally to Ms A, Ms B and Ms C.

346. It appeared to the Tribunal that both parties had come to the conclusion that the matters before the Tribunal would only relate to facts proven with respect to Ms D, not the facts proven to Ms A, Ms B and Ms C. This interpretation was based on a note on the MPTS website rather than the determination written by the Tribunal. This note is an MPTS website notice, not the determination made by the Tribunal, and in the view of the Tribunal, not a legally-binding document that should properly be preferred to the Tribunal's findings.

347. Whilst the Tribunal considers that the website notice was incorrect, it is unclear to this Tribunal why the parties utilised it rather than the determination of facts in returning to this case. It is clear however that both parties have entered into this hearing with a view based on this understanding and have made submissions accordingly.

348. On that basis, the tribunal considered it fair and just to both Dr Chesters and the GMC, to allow both parties an opportunity to make submissions on all of the facts found proved at Stage 1, as these will rightly form part of the determination on misconduct and impairment.

349. The Tribunal considered that reopening the impairment stage in order to hear these further submissions was the fair and appropriate way to deal with the matters and address the concerns raised by both counsel.

Further impairment submissions and Tribunal's decision

350. The Tribunal heard submissions from Ms Ferrario with regards to witnesses Ms A, Ms B and Ms C.

351. Regarding Ms B, Ms Ferrario submitted that the same professional standards in GMP apply (48, 49b and 52) and they relate to treating colleagues with kindness, courtesy and

respect and creating a culture promoting that treatment. She submitted that the Tribunal were right to find that there was misconduct in relation to Ms B, allegation 2(d).

352. Regarding Ms A, Ms Ferrario submitted that, even if it was necessary for Dr Chesters to use his hands in the way that he did, in the circumstances it would have been in line with professional standards to have fully explained to Ms A exactly what he was going to do, that his hands may have touched her hip or groin and specifically checked with her that she consented to that. Irrespective of the Tribunal's finding that it was necessary, there can still be a serious departure from standards. Ms Ferrario asked the Tribunal to consider whether the treatment of Ms A was disrespectful and amounted to misconduct.

353. Regarding Ms C, Ms Ferrario invited the Tribunal to reflect on its decision in terms of whether any of these comments fall seriously short of professional standards. Ms Ferrario submitted that the intention of Dr Chesters' comments is immaterial and that the Tribunal should focus more on the impact. Ms Ferrario submitted that in making these comments to Ms C they were unnecessary and if Dr Chesters wanted to discuss toilet breaks or timing, Dr Chesters could have done this in other more respectful ways. Ms Ferrario acknowledged that even if the Tribunal finds misconduct relating to Ms A and Ms C, that may not impact upon its ultimate decision about impairment because of the criteria that must apply. However, if the Tribunal find misconduct, it may decide that the nature of the allegations found proven are more serious than they were before and it may take them up the seriousness scale.

354. Mr Gillespie submitted that it is the GMC's responsibility to ensure the accuracy of their website. Mr Gillespie submitted that the response of the GMC is opportunistic and wrong. The original application that he made was on the fact that no submissions had been asked for, no questions had been asked, no submissions had been made in relation to anyone other than Ms D. Mr Gillespie submitted that it was always open to the GMC to make whatever submissions it wanted to at stage two and, based on the case that is being advanced now, it would appear that what the GMC is saying is that the Tribunal were entitled to look at any of the factual findings set out in allegations one to five. Irrespective of any findings the Tribunal made or did not make in allegation six, the Tribunal were entitled to find misconduct. He submitted that that had not been part of the GMC's case until yesterday afternoon.

355. Mr Gillespie submitted that the structure of the allegation is crucial. One to five sets out a number of factual propositions which the Tribunal are invited to find proved or not proved. Allegation six sets out descriptors of that conduct and it is only if any parts of Allegation six are engaged that the Tribunal would be entitled to find misconduct.

356. Mr Gillespie submitted that when looking at the allegation, unless there is the descriptor detailed in allegation six there can be no misconduct. Mr Gillespie submitted that the Tribunal is not entitled to revisit factual findings. Mr Gillespie reminded the Tribunal of its factual determination.

357. Mr Gillespie indicated that touching Ms A's hip and or groin and standing close to her were necessary actions while demonstrating the necessary components of the station and it is hard to see how this amounts to misconduct. If the allegation, in reality, had been that Dr Chesters had not obtained proper consent, then that should have been submitted at stage one, and the Tribunal should have been invited to make a factual finding. Where there is a serious allegation made then justice and fairness demand that this is put at the fact findings stage so that the GMC can put evidence, the registrant can deny it, and the Tribunal can reach a proper finding. Mr Gillespie submitted that the Tribunal is not entitled to make a new and serious factual finding at stage two.

358. Mr Gillespie stated that regarding Ms C, the Tribunal's factual findings that these comments were made in the context of a concern over time pressure and the smooth running of the station are plainly relevant as to whether these comments represented a serious departure from the standards such that it could constitute misconduct.

359. Mr Gillespie submitted that the comments made to Ms C were made because of a time pressured examination situation. Mr Gillespie stated that comments can always be put in a different way but the Tribunal's findings at stage one do not give a reader with no other knowledge of these allegations the flavour that these comments amounted to serious misconduct. Mr Gillespie submitted that taking the context into account, including the nature of the demonstration and his role as an experienced examiner, Dr Chesters might equally have made this comment to male and female students, regardless of and not related to their sex. Mr Gillespie submitted that there is no suggestion that if one takes the sex of the students out of the equation that there was anything inappropriate *per se* about the comment. He, therefore, submitted that to go from that to misconduct is very, very different and that to go from potentially inappropriate to misconduct is a bridge too far.

360. Regarding Ms B, Mr Gillespie submitted that there is a difference in the factual situation between Ms B and Ms D. He reminded the Tribunal that, regarding Ms D, it found that the first instance took place in the sound booth when Dr Chesters and Ms D were on their own. The second incident occurred at the lectern and either Dr Chesters could have told Ms D to move or explicitly asked her consent to touch her. Regarding Ms B, Mr Gillespie

submitted that the situation is rather different as the Tribunal found that Dr Chesters' actions were understandable in context of the examination situation and the time pressures. Mr Gillespie submitted that those factual findings mitigate against a finding that what was done in this context amounted to misconduct even if it was ill-advised. Mr Gillespie submitted that there may be a lesson that future students should be told there may be times where they get moved out of the way, asked for agreement and if not in agreement then they should not be physically moved. However, this does not mean that what Dr Chesters did should amount to misconduct. Mr Gillespie submitted that in the absence of those descriptive findings in allegation 6, it is not open to the Tribunal to find misconduct in relation to Ms B. Mr Gillespie stated that the GMC case always was that the proved facts deserved a finding at allegation 6 and, without that, whilst it is open to the Tribunal to conclude that certain things might have been inadvisable or better done, they could not amount to misconduct.

361. Regarding Ms B, Mr Gillespie submitted that that Tribunal's finding at paragraph 63 of stage one, is inconsistent with the findings at stage two. For this conduct to have breached GMP it would need something more, such as abuse of position or sexual harassment. Mr Gillespie submitted that it cannot be that any physical touch is a breach of GMP. Mr Gillespie stated that there can be times that physical touch is unavoidable or justifiable and he asked the Tribunal to revisit this issue.

362. Mr Gillespie asked that a discreet issue be amended at paragraph 20 of the above determination and this amendment was agreed by Ms Ferrario and the paragraph was amended.

Tribunals finding on further submissions

363. The Tribunal rejected the assertion that the web notice was a notice that parties should have relied on at stage two of the hearing. It did not consider that the web notice prescribed the matters that would be considered at the impairment stage. The Tribunal was satisfied that impairment submissions should have been made based on the facts found proved at stage one and as detailed in the facts determination.

364. Further, the Tribunal rejected the submissions of Mr Gillespie that in order to find misconduct on any of the allegations one and five, that paragraph six must also be proven. The Tribunal acknowledged that it impacted the seriousness of any misconduct found if any part of allegation six was found proved. The Tribunal was satisfied that it did not have to find Allegation six proven to make findings of misconduct regarding the facts found proved at allegations one to five. Further, the Tribunal was satisfied that any of the stand alone

Allegations one to five that were found proven dictate that they must be considered at the misconduct and impairment stage.

365. The Tribunal considered Ms Ferrario's submissions regarding the quality of the consent given by Ms D. However, this was not raised at the facts stage and the Tribunal did not receive evidence regarding the adequacy of the consent process. Therefore, based on this lack of evidence at the facts stage the Tribunal stands by its earlier decision on impairment regarding Ms A.

366. With regards Ms C, the Tribunal reminded itself of paragraphs 48, 49b and 52 of GMP.

367. The Tribunal considered the submissions given by Ms Ferrario on Dr Chester's intent and the impact of his comments. The Tribunal acknowledges that there is a difference between intent and impact and that these issues can be considered independently. It does not however accept that intent is immaterial. However, even in the absence of intent the Tribunal considers that it is necessary for the doctor to consider the impact or potential impact of their words and actions.

368. The Tribunal reviewed Ms Cs contemporaneous statement made to Dr F and Ms C's evidence given at the facts stage and did not hear evidence that the impact had caused a high level of distress. The Tribunal found that Dr Chesters should have considered the impact of his words and actions on others and that he did not do this sufficiently, but it was satisfied that this finding does not cross the threshold for a finding of misconduct.

369. The Tribunal further considered representations regarding allegation 2 (d), which related to Ms B. The Tribunal considered whether a finding that an action was inadvisable necessarily precluded a further finding that behaviour amounted to misconduct. It did not accept this premise and further concluded that behaviours cannot be considered solely in isolation. Repetition or persistence of behaviour can increase its seriousness.

370. In considering Mr Gillespie's submission that the Tribunal should revisit it decision regarding Ms B, the Tribunal reminded itself of its findings made at the facts stage that touching Ms B's waist and moving her to different positions was,

> *'The Tribunal considered that touching Ms B's waist to move her, whilst inadvisable, was understandable in the context of a high-pressure situation where there was limited time…'*

The Tribunal also reminded itself of its finding that there was no sexual motivation to Dr Chester's conduct. The Tribunal considered whether "*inadvisable*" could indicate conduct that was so serious as to amount to misconduct. The Tribunal considered that although understandable in the context of a high-pressured situation, with limited time, in a confined space, with the added constraint of an expectation that verbal communication could not take place, it does not remove the requirement to consider the impact of language and behaviour on colleagues, in accordance with Good Medical Practice.

371. The Tribunal reaffirmed that it was not necessary to touch Ms B and there were other ways of directing her to move in the circumstances that did not necessitate physical contact.

372. The Tribunal also considered these circumstances in light of the allegations that Dr Chesters moved Ms D in a similar way. The Tribunal was satisfied that there was limited repeated behaviour towards Ms B and Ms D and that this repetition elevates these individual incidents to a pattern of behaviour which breached fundamental tents of GMP and that a finding of misconduct should be reached in these circumstances.

373. The Tribunal did not reconsider its findings regarding Ms D.

Determination on Warning - 14/09/2026

374. As the Tribunal determined that Dr Chesters' fitness to practise was not impaired it considered whether in accordance with s35D(3) of the 1983 Act, a warning was required. It also had reference to Section 3, *'Part D: the Warnings section of the Guidance for MPTS Tribunals'*. The Guidance, which came into effect on 24 November 2025, replaces the previously applicable Sanctions Guidance.

Submissions

<u>On behalf of the GMC</u>

375. Ms Ferrario invited the Tribunal to issue a warning and referred the Tribunal to relevant paragraphs of the Guidance including 5, 7 and 10,

> *5. A warning is a formal response which indicates to a doctor that any given behaviour or poor performance represents a significant departure from the professional standards expected19 and should not be repeated. Although a warning does not place*

any restrictions on a doctor's registration, it should still be viewed as a serious regulatory response.

…

7. Warnings are issued in the interests of maintaining public confidence in the profession and upholding professional standards. They highlight to the wider profession and public that certain behaviour or poor performance is not acceptable.

…

10. In the context of deciding whether a warning is proportionate, the MPT should consider the impact on those affected by the decision, including the doctor, the interests of members of the public and the interests of other professionals. When doing so, the MPT should have regard to how a warning highlights to the wider profession that certain behaviour or poor performance is unacceptable. This is likely to outweigh the interests of the individual doctor.

376. Ms Ferrario submitted that she recognises that in relation to matters where misconduct was found (namely Allegations 2(d), 4(a) and 4(e), in relation to Ms B and Ms D) the Tribunal found that both fall at the lower end of the spectrum of seriousness. Notwithstanding this, the invitation to impose a warning is based upon the impact that Dr Chester's behaviour will have potentially had on those affected by these proceedings, including Dr Chesters' colleagues and members of the public. Ms Ferrario submitted that a warning will not restrict Dr Chesters' practice and a warning is proportionate to send a message to those who have been impacted and have knowledge of this case that his misconduct is unacceptable. Ms Ferrario indicated that a warning would send a signal to the doctor and to those that have been affected and may learn about this case.

<u>On behalf of Dr Chesters</u>

377. Mr Gillespie submitted that as far as paragraph 5 of the Guidance is concerned it is relevant to note that a warning is a serious regulatory response. He referenced paragraph 10 of the Guidance which considers the question of proportionality. Mr Gillespie informed the Tribunal that a warning may have an additional effect on Dr Chesters' other work including his medico-legal work as an expert and his charity work. Mr Gillespie indicated that, given the Tribunal's findings on seriousness at the impairment stage, a warning would be inappropriate and disproportionate.

378. Mr Gilliespie submitted that it is not necessary to issue a warning as a signal to Dr Chesters and reminded the Tribunal that it has already made positive findings about his insight and the level of remediation that he has achieved. Mr Gillespie acknowledged that there has been a departure from professional standards but asked the Tribunal to consider how far short of a finding of impairment the Tribunal came to when it was considering all the relevant matters at stage two. Mr Gillespie submitted that a fair reading of the Tribunal's determination on impairment amounts to it supporting that a finding of fitness to practise is not impaired. Mr Gillespie submitted that it is relevant that, at the impairment stage, the Tribunal found that the risk of repetition is low and, added to the fact that this was low level seriousness, a warning is not necessary in this case.

379. Mr Gillespie submitted the whole tenor of the stage two determination militates against the necessity for issuing a warning, given the combination of the low level of seriousness, which hasn't been aggravated by any other features, and the Tribunal's findings as to the level of insight and remediation that has taken place, which in and of themselves would reassure the public as to those two particular limbs of the public interest.

The Tribunal's determination on warning

380. The Tribunal has taken account of its earlier conclusions at the facts and impairment stages. It has also taken account of *Part D of Section three: MPT hearings of the Guidance for MPTS Tribunals* as to the purpose of warnings and the factors to be borne in mind when considering whether or not a warning is required.

381. The Tribunal considered whether it was necessary to issue Dr Chesters a warning. To decide if a warning is required the Tribunal will first consider if there has been a clear and specific departure from the professional standards. If so, provided the allegation fell just short of the Tribunal finding that the doctor's fitness to practise is impaired, the Tribunal will go on to consider the question that if the behaviour or poor performance was repeated, would it likely result in a finding that the doctor's fitness to practise is impaired? A warning will usually be required if the Tribunal reaches a view that it would.

382. The Tribunal considered whether there had been a clear and specific departure from the professional standards of a registered medical practitioner. The Tribunal determined that there had been such a departure.

383. The Tribunal had regard to its earlier findings that Dr Chesters' conduct amounted to misconduct but that his fitness to practise is not currently impaired. In reaching its conclusion the Tribunal bore in mind Dr Chesters' level of insight and his substantial and targeted remediation. The Tribunal reminded itself of its finding that Dr Chesters' conduct was at the lower end of the spectrum of seriousness but was nevertheless conduct that breached tenets of GMP. The Tribunal also reminded itself of its finding that there was some repeated behaviour relating to Ms B and Ms D, albeit the risk of repetition was low. The Tribunal gave weight to all of these factors whilst acknowledging that they do not excuse Dr Chesters' conduct and was satisfied that his behaviour fell just short of a finding that fitness to practice was impaired.

384. The Tribunal was satisfied that the misconduct found was a serious departure from the professional standards expected and, if repeated, would likely result in a finding that Dr Chesters' fitness to practise is impaired.

385. The Tribunal concluded that, in order to uphold professional standards and maintain public confidence in the medical profession, the conduct should be marked by a warning. It considered that the proven misconduct constituted a significant departure from professional standards which, whilst falling short of current impairment, required a warning.
Warning

Dr Chesters

The Tribunal found that between 6 and 7 July 2023, during his supervision of examinations for the Royal College of Surgeons of Edinburgh, Dr Chesters touched Ms B's waist with his hands to move her to different positions in the examination.

The Tribunal found that on 1 February 2024, whilst working with Ms D in a lecture forum at the Robinson College, Dr Chesters, on one or more occasion, placed his hands on her waist and/or shoulders to move her to different positions in the room and on one or more occasions, touched Ms D's t-shirt and/or uniform lapels.

The Tribunal found that on 7 March 2024, whilst working with Ms D during a lecture forum, Dr Chesters placed his hands on her waist to move her to different positions in the room.

This conduct represents a clear and specific departure from the professional standards expected of a doctor. The required standards are set out in Good medical practice and

associated guidance. In this case, paragraphs 48, 49 (b) and 52 of Good Medical Practice 2024 are particularly relevant.

> *48 You must treat colleagues with kindness, courtesy and respect*
>
> *49 To develop and maintain effective teamworking and interpersonal relationships you must:*
>
> *a …*
>
> *b communicate clearly, politely and considerately*
>
> *c …*
>
> *d …*
>
> …
>
> *53 You should be aware of how your behaviour may influence others within and outside the team.*

Whilst this failing in itself is not so serious as to require any restriction on Dr Chesters' registration, the circumstances are such that they fell just short of a finding of impaired fitness to practise. This behaviour does not meet with the standards required of a doctor. If repeated, the conduct would likely result in a conclusion that Dr Chesters' fitness to practise is impaired as it would fall below the expected professional standards. It risks bringing the profession into disrepute and it must not be repeated. It is necessary in response to issue this formal warning to place Dr Chesters on notice about their future conduct.

This warning will be published on the medical register in line with our publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy.'

386. There is no interim order to revoke.

387. That concludes this case.

ANNEX A – 23/01/2026
Rule 35 (4) Application - Anonymity of a witness

388. On 5 January 2026 (Day 3), Ms Jennie Ferrario, Counsel for the GMC, made an application under Rule 35(4) of the General Medical Council ('GMC') (Fitness to Practise) Rules 2004, as amended ('the Rules') that Ms A, Ms B, Ms C and Ms D be granted anonymity throughout proceedings.

Submissions on behalf of the GMC

389. Ms Ferrario, on behalf of the General Medical Council, made an application for anonymity in respect of four witnesses, referred to as Ms A, Ms B, Ms C and Ms D, who were medical students at the time of the alleged events, in relation to a senior doctor, Dr Chesters.

390. Ms Ferrario submitted that the allegations concern sexually motivated conduct and sexual harassment, including both verbal and physical conduct. She emphasised that the nature of the allegations and the status of the witnesses as medical students at the material time form important context for the application.

391. Ms Ferrario submitted that Ms A has expressed concern about the consequences of having her name publicly associated with the case. She is worried about the potential impact on her career progression and, for those reasons, has expressed a preference for anonymity.

392. In relation to the allegations, she submitted that Dr Chesters used his hands to touch Ms A, and that his conduct in 2022 made her feel uncomfortable. It is further alleged that Dr Chesters knew Ms A was a medical student and that his conduct amounted to an abuse of his senior position, constituted sexual harassment, and was sexually motivated.

393. Ms Ferrario referred to Ms B's telephone attendance note from November of the previous year. Ms B indicated that she anticipates applying for roles that may be linked with Dr Chesters and is concerned about the implications of having her name identified during the hearing. She is worried about how her association with the case may affect colleagues' perceptions of her and has therefore expressed a preference for anonymity.

394. She submitted that the allegation relating to Ms B includes conduct said to be sexually motivated and amounting to sexual harassment. She submitted that Dr Chesters repeatedly asked to meet her, asked for her telephone number, suggested arriving early for

examinations, and touched her waist in order to move her into different positions during an examination.

395. Ms Ferrario submitted that Ms C had expressed concern about having her name and status in the public domain. She described the incidents as personal and stated that she wished to keep her personal and professional life separate. She was concerned about how she might be perceived if identified publicly and, for those reasons, preferred her identity to remain private.

396. In relation to the allegations, Ms Ferrario noted that the conduct alleged includes both verbal and physical behaviour, she submitted that it is alleged that Dr Chesters walked up to Ms C until her back was against a wall.

397. Ms Ferrario submitted that the allegations relating to Ms D include both physical and verbal conduct, including inappropriate touching and inappropriate comments made by Dr Chesters. Ms D has also expressed a preference for her name not to be placed in the public domain.

398. Ms Ferrario acknowledged, and agreed with Mr Gillespie on behalf of Dr Chesters, that the starting point is the principle of open justice. She agreed that departure from that principle must be justified as necessary, either to maintain the proper administration of justice or to avoid harm to an individual, and that it is for the Tribunal to conduct a careful balancing exercise.

399. Ms Ferrario adopted the question articulated by Mr Gillespie, namely whether the reasons advanced by the witnesses for anonymisation, including their rights to a private life, make it necessary to depart from the principle of open justice in this case.

400. She conceded that it cannot be right that anonymity should automatically be granted in every case involving allegations made by junior individuals against a more senior practitioner. Each case must be determined on its own facts. However, she submitted that this case is highly fact-specific.

401. In this case, there are four complainants who were medical students at the time, allegations of a pattern of behaviour by a senior doctor, and legitimate and clearly articulated reasons given by each witness for wishing to remain anonymous. Those reasons include concerns about career progression, reputation within a relatively small professional

community, and future professional interactions with Dr Chesters, who is described as a well-known practitioner

402. Ms Ferrario further submitted that the witnesses repeatedly described feeling "uncomfortable" and "awkward" at the time of the alleged conduct. She submitted that they had thought carefully about coming forward and that they appeared to be stoical complainants. This, she suggested, may explain the limited detail provided in some early GMC telephone conversations and is a matter the Tribunal may properly take into account.

403. Accordingly, Ms Ferrario submitted that the GMC seeks:

- an anonymity order in respect of witnesses Ms A, Ms B, Ms C and Ms D; and
- that the anonymity order previously imposed by the Tribunal on 18 December, in relation to Ms D, be continued on a permanent basis, such that the witnesses are referred to during the hearing and in any subsequent determination only by the designations used in the allegations.

Submissions on behalf of Dr Chesters

404. Mr Gillespie, on behalf of Dr Chesters, addressed the Tribunal on the question:

> *Do the reasons advanced by an individual witness for anonymisation, including reliance on their right to a private life, make it necessary to depart from the principle of open justice?*

405. Mr Gillespie submitted that "necessary" is a very high threshold, given the fundamental importance of the principle of open justice. He emphasised that regulatory proceedings are ordinarily conducted in public, and that departure from this principle must be justified by more than preference or generalised concern.

406. He submitted that he therefore placed particular emphasis on the language used by the witnesses, such as "preferable", and on what he characterised as the vague nature of the concerns expressed, particularly in relation to witnesses A, B and C.

407. Mr Gillespie made clear that the Doctor does not oppose the application for anonymity in respect of Witness D, who has already given evidence. The reason for this concession is that Witness D's account includes allegations which, if made in the criminal context even at the stage of complaint alone would attract lifelong anonymity, for example

allegations involving physical sexual contact such as placing a hand under clothing and touching skin. Mr Gillespie submitted that this is a relevant factor which the Tribunal is entitled to take into account.

408. Accordingly, he invited the Tribunal to draw a clear distinction between Witness D and witnesses A, B and C, whose allegations, he submitted, are materially different.

409. Mr Gillespie submitted that the common feature in the accounts of witnesses A, B and C is that they say they felt "uncomfortable". While acknowledging that the Tribunal is not making findings of fact at this stage, he submitted that the factual matrix remains relevant when assessing whether anonymity is necessary.

410. Mr Gillespie submitted that Witness A alleges that she was touched by the Doctor. The Doctor accepts that he may have touched her in the course of the examination, given the nature of the test being performed. Mr Gillespie invited the Tribunal to consider the documentary bundle, which sets out the procedure undertaken. He reminded the Tribunal that Witness A was effectively acting as a simulated patient, that there was a potential hip injury being assessed, and that although she referred to comments which made her uncomfortable, she provided no detail as to what those comments were. He submitted that the allegation alone, in the absent of something more, is insufficient to justify anonymisation.

411. In relation to Witness B, Mr Gillespie referred to allegations concerning requests to meet and to physical contact involving moving her by the waist. He noted the Doctor's account that any requests to meet were for legitimate purposes, namely to go through the examination script. He submitted that these allegations are of a different order from those made by Witness D and do not meet the necessity threshold.

412. Mr Gillespie submitted that Witness C's case is different again. As he understood it, the allegations are not said to be sexually motivated but rather amount to discrimination relating to sex, including comments relating to appearance or role-play in the examination context. He submitted that remarks such as whether she needed to attend a lavatory, or comments about appearing abused (as characterised by the witness), are not necessarily sexual in nature. Again, he emphasised that the Tribunal is not determining facts at this stage, but that these matters form part of the context when assessing necessity.

413. Mr Gillespie submitted that what each of witnesses A, B and C ultimately expresses is that they would feel more comfortable giving evidence anonymously. However, he emphasised that this is not an application for special measures, such as screens or other

protections designed to assist a witness in giving evidence; those matters have already been conceded.

414. Rather, the Tribunal must decide whether it is necessary to depart from open justice itself. He submitted that preference, comfort, or unevidenced concern is insufficient to meet that test.

415. He further submitted that if the GMC's position were correct, any medical student or junior doctor alleging misconduct by a senior doctor could assert concern about career consequences and thereby obtain anonymity. In his submission, that cannot be the correct approach. Each case must be examined rigorously, and necessity must be demonstrated.

416. Mr Gillespie invited the Tribunal, as Ms Ferrario had done, to consider the individual records of the witnesses' telephone conversations with the GMC. He cautioned against inferring stoicism from witnesses whom the Tribunal has not yet seen or heard, submitting that such inference would be speculative.

417. He invited the Tribunal to apply the correct legal yardstick: whether, based on what can properly be gleaned from the evidence currently available, it is necessary to anonymise witnesses A, B and C in derogation from the principle of open justice.

418. In conclusion, Mr Gillespie submitted that:

- anonymity is properly conceded in respect of Witness D;
- the threshold of necessity has not been met in respect of Witnesses A, B and C; and
- the Tribunal should therefore refuse the application for anonymity for witnesses A, B and C, or at least scrutinise it with particular care in accordance with the principle of open justice.

The Relevant Legal Principles

419. The Legally Qualified Chair (LQC) drew attention to relevant legal principles, and Rule 35(4) of the Rules which states:

> *'The Committee or Tribunal may, upon the application of a party, agree that the identity of a witness should not be revealed in public.'*

420. In determining the application for anonymisation, the Legal Qualified Chair referred the Tribunal to the relevant MPTS Circular and guidance, which confirms that anonymity at MPTS hearings is not automatic. The guidance notes, that where individuals are alleged victims of sexual offences, anonymity is more likely to be appropriate, as such witnesses may properly be regarded as vulnerable. The LQC emphasised that this guidance does not create a presumption in favour of anonymity, but is a factor to which the Tribunal may properly have regard when exercising its discretion in a fact-specific and proportionate manner

421. The vulnerability provisions are set out in Rule 36 of the Rules in respect of 'vulnerable witnesses' and have already been determined, as indicated by a case manager.

422. The Legal Qualified Chair reminded the Tribunal that, pursuant to Rule 35, the question of whether to grant anonymity is a matter for the Tribunal's discretion.
The LQC advised that anonymity constitutes a departure from the principle of open justice, which is a fundamental feature of disciplinary proceedings. There is a general public interest in the identities of those involved in such proceedings being known.

423. The Tribunal was directed to the decision in Yassin v The General Medical Council [2015] EWHC 2955 (Admin), in which the High Court observed that:

> *"Anonymity constitutes a departure from the principle of open justice … there is a general interest in the public being able to know the identities of those who have been subject to disciplinary proceedings."*

424. The LQC further advised that, although anonymity departs from the principle of open justice, such a departure may be justified if it is necessary, either in the interests of the proper administration of justice or to protect other legitimate interests. In that regard, the Tribunal was directed to Dixon v North Bristol NHS Trust [2022] EWHC 1871 (QB), in which Mr Justice Nicklin stated:

> *"Derogation from open justice can be justified as necessary on two principal grounds: maintenance of the administration of justice (for instance a claim for breach of confidence); or harm to other legitimate interests, for instance where identification of a party or witness would interfere with their Convention rights. In such cases the court should assess the engaged rights and, if appropriate, perform a balancing exercise.*

425. The Legal Qualified Chair advised the Tribunal that it must consider the relevant Rules, guidance and case law, and exercise its discretion in deciding whether anonymity should be granted.

426. The Tribunal was further advised that applications for anonymity are case-specific and must be determined on a witness-by-witness basis, rather than as a single, collective application.

427. The LQC further advised that the Tribunal is required to carry out a balancing exercise, having regard to the principle of open justice and the interests of justice and fairness to Dr Chesters.

Tribunal's Decision

428. The Tribunal noted that the allegations made by Witnesses A, B and D include allegations of sexually motivated conduct, including physical contact, said to amount to sexual harassment and sexual misconduct.

429. It was not disputed by the Defence that these witnesses are vulnerable, given the nature of the allegations. The Tribunal accepted that vulnerability arises by the very nature of the allegations, which involve alleged sexual misconduct by a more senior doctor towards medical students.

430. The Tribunal further accepted that identification of Witnesses A, B and D would give rise to a real risk of harm to their private lives, including distress and adverse professional consequences. The Tribunal considered that, in cases involving allegations of sexual misconduct and physical contact, anonymisation is often necessary to protect witnesses and to ensure confidence in the regulatory process.

431. While the Tribunal noted that there was no evidence from the GMC that anonymisation would improve the quality of oral evidence, the Tribunal concluded that, in cases of alleged sexual misconduct, anonymisation is not dependent on such evidence. The Tribunal was satisfied that anonymity was necessary and proportionate to protect the legitimate interests of these witnesses and to maintain the proper administration of justice.

432. Accordingly, the Tribunal determined that anonymity should be granted in respect of Witnesses A, B and D.

433. The Tribunal considered the application for anonymisation in respect of Witness C.

434. The Tribunal noted that the allegations relating to Witness C do not involve allegations relating to sexual assault.

435. The Tribunal further noted that the reasons advanced in support of anonymisation for Witness C focused primarily on preference, concerns about professional perception, and a desire to keep personal and professional life separate. While these concerns were understandable, the Tribunal was not satisfied that they amounted to a real and specific risk of harm sufficient to justify a departure from open justice.

436. The Tribunal therefore concluded that anonymisation in respect of Witness C was not necessary within the meaning of Rule 34 and that the balance fell in favour of maintaining the principle of open justice.

437. Accordingly, the Tribunal determined that anonymity should not be granted in respect of Witness C.

438. The Tribunal is satisfied that this decision is proportionate, fair, and consistent with the principles of open justice, while appropriately protecting vulnerable witnesses where necessary.

ANNEX B – 23/01/2026

Application on admissibility of witness evidence

439. Following Dr E's evidence, Mr Gillespie, on behalf of Dr Chesters, made an application pursuant to Rule 34(1) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules') that part of Ms E's oral evidence should be ruled inadmissible.

Submissions

On behalf of Dr Chesters

440. It was submitted that this was a crucial case so far as Dr Chesters was concerned, with potentially career-altering consequences, and that any step taken by the Tribunal must therefore be carefully and conscientiously considered.

441. It was submitted that one matter considered was whether an application should be made inviting the Tribunal to recuse itself. However, he submitted that the Defence had confidence in the ability of a professional disciplinary panel to put out of its mind material that is inadmissible or irrelevant.

442. It was submitted that there had been a considerable amount of discussion between the parties, during which the various ramifications had been carefully considered. Mr Gillespie submitted that the Defence position was that, provided the Tribunal was satisfied that it could disregard irrelevant material and confine itself strictly to admissible and relevant evidence, no application for recusal would be pursued, and the Defence would simply ask that the hearing continue the following morning.

On behalf of the GMC

443. Ms Ferrario submitted that the GMC did not object to the application in principle being made by Mr Gillespie, namely that the Tribunal should disregard the evidence of Dr E insofar as it related to instances she mentioned in which Dr Chesters had made her feel uncomfortable.

444. She submitted that, provided the Tribunal expressly stated that it would disregard that specific evidence, including Dr E's demeanour when giving it, there would be no application for recusal. She submitted that, in those circumstances, the GMC had no objection to, and took no issue with, the proposed approach.

445. She submitted that, if the Tribunal was satisfied that it could properly put that evidence out of its mind and was prepared to say so, the GMC would likewise not be inviting the Tribunal to recuse itself. She emphasised, however, that the decision was entirely a matter for the Tribunal.

The Tribunal's decision

446. The Tribunal noted that both parties submitted that no reliance should be placed upon Dr E's body language or presentation, and that no weight should be given to inadmissible material. Both parties further submitted that, provided the Tribunal could confirm this position and was satisfied that it could disregard the material referred to, there would be no application for recusal.

447. The Tribunal is satisfied that it can and will give that assurance to all parties. It confirms that it will not place any reliance on Dr E's body language or presentation and will disregard the inadmissible material. The Tribunal has carefully considered the submissions made and is satisfied that the proceedings can continue fairly and in accordance with the principles of relevance and admissibility.

ANNEX C – 23/01/2026
Application under Rule 17(2)(g)

448. On day 6 of the hearing, 12 January 2026, following the conclusion of the GMC case, Mr Christopher Gillespie, Counsel, on behalf of Dr Chesters, made an application pursuant to Rule 17(2)(g) of the Rules. Rule 17(2)(g) states:

> *'the practitioner may make submissions as to whether sufficient evidence has been adduced to find some or all of the facts proved and whether the hearing should proceed no further as a result, and the Medical Practitioners Tribunal shall consider any such submissions and announce its decision as to whether they should be upheld'.*

Submissions

449. Both parties submitted written representations to the Tribunal and these are not reproduced here save to note that Mr Gillespie's submission was that there was no case to answer in relation to Allegation 6(a)(ii), (b)(i) and (b)(ii), and (c) insofar as those allegations related to Allegations 1, 2 and 3, concerning Witness A, Witness B and Ms C respectively. He made no submissions in relation to Allegation 6 insofar as it related to Allegations 4 and 5 concerning Witness D.

Further Defence Submissions in Response to the GMC's

450. Mr Gillespie further submitted that the Tribunal should have regard to paragraph 86 of *El Karout*, and he referred the Tribunal to that authority. He submitted that this case was clearly distinguishable from *El Karout, Ogbonna and Thornycroft.* In those cases, the Tribunal was able to identify the witnesses, understand the substance of their accounts, and assess whether those accounts related to matters personally experienced by them. By contrast, in the present case, Mr Gillespie submitted that the Tribunal did not know who the third parties were, nor what precisely they had said. At most, there was a general account that some

individuals had suggested that similar matters may have happened to them, and others had referred to Dr Chesters having a "reputation".

451. He submitted that it was entirely unclear whether those accounts were based on personal experience or hearsay. He emphasised the inherent difficulty with rumour, namely that it can be circular and self-perpetuating, giving the false appearance of multiple independent accounts when there may in fact be a single source.

452. Mr Gillespie submitted that none of the safeguards or features present in *El Karout*, *Ogbonna* or *Thornycroft* applied in this case, as the alleged third-party accounts were wholly anonymous and unspecified.

453. Mr Gillespie submitted that Dr Chesters had been placed in an invidious position, required to respond to accounts from unidentified individuals, which were vague, incapable of being tested, and could not be challenged through cross-examination.

454. He submitted that, in all the circumstances, such accounts could have no probative value and could not properly be relied upon to support the allegations against Dr Chesters. Whilst there may be limited relevance in establishing that allegations were circulating at the time the witnesses made their complaints, these accounts could not properly be elevated to admissible evidence from which adverse findings could be drawn. He submitted that it would be wholly unfair to permit such material to influence the Tribunal's assessment.

455. Accordingly, Mr Gillespie submitted that any suggestion that anonymous third-party accounts could be used to bolster the evidence of the four witnesses should be rejected outright, even at the stage of determining whether there was a case to answer.

456. He further submitted that the evidence of the witnesses had been contaminated. He rejected any suggestion that their evidence was wholly independent, noting that Witnesses A, C and D had discussed matters together prior to making complaints and that Witness A came forward after becoming aware of allegations made by others.

457. He submitted that all the witnesses accepted that they had heard stories about Dr Chesters prior to the events in question. In those circumstances, the concept of coincidence could not properly apply.

458. Mr Gillespie submitted that this was not a case involving four witnesses from different locations with no prior knowledge of one another, such that coincidence might properly be relied upon.

Witness A

459. In relation to Witness A, Mr Gillespie reiterated that there remained a significant evidential gap as to what an appropriate examination or procedure would have involved.

460. In the absence of any independent evidence as to how the procedure should have been performed, Mr Gillespie submitted that the Tribunal was not in a position to conclude that anything inappropriate had occurred.

461. He submitted that propensity evidence could not fill this evidential gap, as propensity was a building block rather than a trump card and could not convert conduct that appeared innocent on its face into misconduct.

462. He further submitted that Witness A could not recall what had been said to make her uncomfortable and had not suggested that any comment was sexual in nature.

463. There was no contemporaneous account and no independent yardstick against which Dr Chesters' conduct could be assessed.

Witness B

464. In relation to Witness B, Mr Gillespie submitted that she was a last-minute replacement in a role normally undertaken by a consultant, reflecting the importance of the Fellowship examinations. In that context, he submitted that it was neither unreasonable nor sinister for Dr Chesters to suggest a rehearsal or run-through.

465. He submitted that the evidence did not suggest that Dr Chesters proposed meeting in an inappropriate location and that Witness B herself had agreed to attend early the following morning. He submitted that this approach was consistent with accepted practice and supported by evidence from Dr F.

466. In relation to the alleged touching, Mr Gillespie submitted that it occurred on no more than three occasions in a busy and time-pressured environment involving up to 36 candidates, with limited time between stations.

467. He submitted that such conduct could not properly be characterised as sinister or sexually motivated.

Witness C

468. Mr Gillespie submitted that harassment relating to sex meant treating someone differently because they were a man or a woman, and did not necessarily involve sexual conduct.

469. He submitted that Witness C's allegation was distinct in nature and could not attract any propensity relevance from allegations involving sexual motivation.

Conclusion

470. Mr Gillespie submitted that sexual motivation and sexual harassment could not be proven in respect of Witnesses A, B, and harassment related to sex in relation to Ms C.

471. For those reasons, he respectfully invited the Tribunal to uphold the submission of no case to answer in relation to all three witnesses.

GMC response to Mr Gillespie's submissions

472. In relation to the allegations involving Ms A, Ms B and Ms C, Ms Ferrario addressed the submissions made by Mr Gillespie, who contended that the case was not about corroboration but rather that there was no evidence capable of establishing sexual harassment, harassment related to sex, or abuse of position.

473. Ms Ferrario submitted that this characterisation was incorrect. She submitted that, on the GMC's case, there was evidence before the Tribunal which was capable of supporting each of the alleged heads of misconduct and which ought properly to be considered by the Tribunal at the conclusion of all the evidence.

474. Firstly, Ms Ferrario submitted that the GMC's case was that there was a pattern of conduct on the part of Dr Chesters during the relevant period. She submitted that Ms D was relevant to this pattern and featured appropriately in the GMC's response to the application.

475. Secondly, Ms Ferrario submitted that both Ms A and Ms D gave evidence that they had been warned by others about Dr Chesters' behaviour towards female medical students. The GMC's position was that the fact that more than one individual had been warned about Dr Chesters' behaviour was of probative value and was a matter the Tribunal was entitled to consider when assessing the totality of the evidence.

476. Ms Ferrario then addressed Mr Gillespie's submissions concerning hearsay. She referred the Tribunal to her written submissions, which addressed the evidence relating to the warnings given to Ms A and Ms D. Ms Ferrario submitted that the GMC had been open and transparent about the fact that Ms A and Ms D stated that they had been told by others about Dr Chesters' reputation when working with female medical students. This evidence formed part of their witness statements and was adopted by them in their oral evidence before the Tribunal.

477. She submitted that the GMC had not sought to adduce evidence as to the truth of the contents of those warnings, nor had it sought to introduce detailed evidence about the individuals who provided them. Rather, the evidence was confined to the fact that such warnings and conversations had occurred.

478. Ms Ferrario submitted that Ms A and Ms D were not cross-examined on whether those warnings had been given, nor was it suggested to them that such conversations had not taken place. Accordingly, she submitted that it would be a matter for the Tribunal, in due course, to decide whether it accepted their evidence that these conversations occurred and, if so, what weight, if any, should be attached to them.

479. Ms Ferrario submitted that the hearsay issue was therefore limited in scope. She further submitted that the case of *El Karout*, relied upon by Mr Gillespie, was materially different on its facts and was of limited assistance to the Tribunal in the present case.

480. Turning to the allegation of abuse of position, Ms Ferrario submitted that the GMC's case relied upon matters fundamental to establishing an abuse of authority, including the imbalance of power, the alleged pattern of behaviour, the placing of hands in an invasive manner, and the making of inappropriate comments. It was for these reasons that Ms D featured in the GMC's submissions.

481. Ms Ferrario referred the Tribunal to the GMC guidance *Maintaining personal and professional boundaries*. She submitted that, at the conclusion of the evidence, the Tribunal would be invited to consider that guidance when assessing the alleged conduct, including any

sexual element and conduct towards colleagues. The Tribunal would be invited to measure the alleged behaviour towards Ms B and Ms D against that guidance.

482. Ms Ferrario also referred the Tribunal to the GMC guidance *Leadership and management* in relation to the abuse of authority allegation. She submitted that the case was not concerned with Dr Chesters' clinical competence but rather with professional standards, the appropriate exercise of authority, and acting as a role model to colleagues and junior staff.

483. In relation to the allegation of sexual harassment, Ms Ferrario referred the Tribunal back to the case of *Higgins*. She accepted that none of the witnesses had expressly stated that they believed Dr Chesters' conduct towards them was sexually inappropriate. Ms Ferrario submitted that *Higgins* was of particular importance because it confirmed that direct evidence of a sexual element was not required, and that the Tribunal was entitled to draw inferences from the totality of the evidence.

484. She invited the Tribunal to apply that reasoning to the present case and submitted that there was evidence from which a sexual element, and sexual motivation, could properly be explored once all the evidence had been heard. She submitted that this would be particularly so given the similarities between the allegations and the evidence of warnings and reputation.

485. In relation to sexual motivation, Ms Ferrario submitted that the GMC's case was that the alleged conduct was either for Dr Chesters' own sexual gratification or for the purpose of pursuing a sexual relationship. She submitted that this was another facet of the case which required the Tribunal to hear all the evidence before reaching a conclusion.

486. Turning to allegation 6(c), Ms Ferrario submitted that she did not agree with the framing of the issue proposed by Mr Gillespie. She submitted that the correct question, in accordance with the Equality Act 2010, was not whether the comments could only have been made to a woman, but whether the comments were made and whether they were made partly because Ms C was a woman.

487. Ms Ferrario submitted that the fact that similar comments might theoretically have been made to a man was not determinative. The question for the Tribunal, in due course, would be whether it was more likely than not that the comments were made because Ms C was female. She referred to comments concerning matters such as toileting and nappies as being more closely associated with women.

488. In relation to cross-admissibility, Ms Ferrario submitted that the Tribunal would ultimately be required to assess the evidence on the balance of probabilities and to consider whether coincidence could be rebutted by the existence of a pattern of conduct involving four individual medical students.

489. She confirmed that the GMC was not relying on propensity but on the second limb identified in *PSA v GMC* [2025], namely that the similarities between the allegations rendered coincidence unlikely.

490. Ms Ferrario accepted that contamination could undermine reliance on coincidence, but submitted that there was no evidence of contamination in this case. She submitted that the evidence demonstrated that the students discussed their concerns, reported them appropriately, and that those discussions were openly recorded and transcribed.

491. In conclusion, Ms Ferrario submitted that the case before the Tribunal was multifaceted and involved complex issues of abuse of authority, discrimination, cross-admissibility, pattern of conduct, and evidence of warnings and reputation. She submitted that the Tribunal must consider the totality of the evidence rather than assessing allegations in isolation.

492. Ms Ferrario submitted that it would be premature for the Tribunal to form a preferred view of the evidence at this stage. The only fair approach, she submitted, was for the Tribunal to hear all the evidence before reaching its conclusions.

Mr Gillespie's Further Defence Submissions

493. Mr Gillespie submitted that the authorities relied upon by the GMC offered no new elucidation of the law. He submitted that those cases were fact-specific examples of how particular tribunals had dealt with particular factual circumstances, and that every case must be determined on its own facts.

494. He submitted that, properly analysed, this was an appropriate case for the Tribunal to uphold the no case to answer submission. He reminded the Tribunal that the correct question was not whether the case *would* ultimately be proved, but whether the Tribunal could, properly directing itself in law and on the evidence currently before it, find the case proved.

495. Mr Gillespie submitted that, as a matter of law and fact, the evidence before the Tribunal was incapable of meeting that threshold.

496. Mr Gillespie noted that no submissions were made in respect of allegations 1 to 3, and that the Defence had accepted that the Tribunal should take the evidence at its highest in relation to those allegations. He submitted that the Defence submissions were directed entirely to allegation 6 and related matters.

497. He submitted that the allegation concerning misuse of position or seniority could only follow if sexual misconduct or sexual harassment were first established. Absent to a finding that the underlying conduct was inappropriate in that sense, there could be no misuse of position.

498. Mr Gillespie submitted that the GMC's reliance on an alleged pattern of conduct was misconceived. While he accepted that the GMC relied on allegations involving witnesses A, B, C and D as constituting a pattern, he submitted that the additional reliance on warnings allegedly given by unidentified third parties did not add probative value.

499. Mr Gillespie submitted that, unlike in *El Karout*, the alleged third-party accounts in this case were wholly anonymous and wholly unspecified. There were no witness statements, no identified sources, and no detail as to what was said. He submitted that it was impossible for the Tribunal to act upon such material.

500. Turning to *Higgins*, Mr Gillespie referred the Tribunal to paragraph 17 of that judgment. He submitted that the context of that passage concerned the avoidance of myths about how victims of sexual misconduct ought to behave, rather than a relaxation of the requirement for a proper evidential basis from which reasonable inferences could be drawn.

501. He accepted that lay witnesses could not be expected to frame their evidence in the language of the Equality Act. However, he submitted that the Tribunal must still analyse the evidence in a clear-sighted and disciplined manner, rather than conflating disparate allegations.

502. Mr Gillespie submitted that while more than one possible inference might arise from the evidence, there remained a baseline of reasonableness. He submitted that an inference that was unrealistic or unsupported by fact or logic could not properly be drawn.

503. He submitted that the Tribunal could not reason that, because one allegation involving Witness D was not challenged at this stage, any interaction Dr Chesters had with any other female student must therefore have been motivated by a sexual or improper purpose. Each allegation had to be assessed individually and in its factual context.

504. Addressing the GMC's reformulation of the test for harassment related to sex, Mr Gillespie submitted that the question ultimately remained whether the comments were made because the individual was a woman. He submitted that this required close analysis of the nature and context of the comments themselves.

505. Mr Gillespie submitted that even on the GMC's reformulated question, the evidence did not support an inference that the comments were made because the witness was a woman.

506. Turning to contamination, Mr Gillespie submitted that it was unrealistic to suggest there was no evidence of contamination. He submitted that the overlap in language used by witnesses, including the use of the term "handsy" by both Witness A and Witness D, suggested influence.

507. Mr Gillespie submitted that contamination did not require deliberate collusion. It was sufficient that accounts were given in a context where witnesses were aware of each other's concerns and allegations.

508. He submitted that the GMC's reliance on coincidence was therefore misconceived. The evidence demonstrated that the witnesses were not independent in the sense required to support such an argument.

509. Mr Gillespie submitted that this was an unusual case, in which witnesses accepted that there had been widespread discussion, that some spoke to each other before making complaints, that complaints were made in a shared setting, and that later complaints were made with knowledge of earlier ones.

510. In those circumstances, Mr Gillespie submitted that the Tribunal could properly discount, even at this stage, any reliance on coincidence or cross-admissibility. He submitted that, on the particular facts of this case, the likelihood of influence was high.

511. Accordingly, Mr Gillespie invited the Tribunal to uphold the no case to answer submission in respect of allegation 6 and all matters dependent upon it.

The Legal Advice and the Tribunal's Approach

512. The Tribunal had regard to Rule 17(2)(g) of the Rules:

> "The practitioner may make submissions as to whether sufficient evidence has been adduced to find some or all of the facts proved and whether the hearing should proceed no further as a result, and the Medical Practitioners Tribunal shall consider any such submissions and announce its decision as to whether they should be upheld".

513. It reminded itself that, at this stage, its purpose was not to make findings of fact but to determine whether sufficient evidence, taken at its highest, had been presented by the GMC such that a Tribunal, correctly directed as to the law, could properly find the relevant paragraphs proved to the civil standard.

514. The Tribunal considered the submissions of both parties. It also took account of all of the evidence presented to date, both oral and documentary, in reaching its decision.

515. The Tribunal had particular regard to the case of *R v Galbraith [1981] 1 WLR 1039*, which sets out that:

> (1) If there is no evidence that the crime alleged has been committed by the defendant, there is no difficulty. The judge will of course stop the case.
>
> (2) The difficulty arises where there is some evidence, but it is of a tenuous character; for example, because of inherent weakness or vagueness, or because it is inconsistent with other evidence.
>
> (a) Where the judge comes to the conclusion that the prosecution evidence, taken at its highest, is such that a jury properly directed could not properly convict upon it, it is his duty, upon a submission being made, to stop the case.
>
> (b) Where, however, the prosecution evidence is such that its strength or weakness depends on the view to be taken of a witness's reliability, or other matters which are generally speaking within the province of the jury and where on one possible view of the facts there is evidence upon which a jury could properly

come to the conclusion that the defendant is guilty, then the judge should allow the matter to be tried by the jury..'

516. Dealing with rumour / gossip / hearsay, the Tribunal had particular regard to *El Karout v NMC [2019] EWHC 28 (Admin), NMC v Ogbonna 2010 EWCA Civ 1216 and Thorneycroft v NMC 2014 EWHC 1565.* In relation to evidence and reminded that hearsay evidence may be admissible, the Tribunal must approach it with care and caution. In assessing hearsay, Tribunal's should consider the source and reliability of the evidence, whether it is corroborated by other material and whether Dr Chesters has had a fair opportunity to challenge or respond to it.

517. Both parties addressed the Tribunal about cross admissibility. The Tribunal reminded itself the mere fact that there are a number of allegations, and a number of complainants, does not prove anything. The Tribunal needs to be satisfied that there has been no collusion, innocent or otherwise, between Ms A, Ms B, Ms C or Ms D in relation to their evidence, or potential for their evidence to have been influenced or affected sub-consciously through sharing of information.

518. In assisting with this point, the Tribunal had regard to *PSA v GMC and Anor [2025] EWHC 318*, which has two limbs. The two primary grounds on which evidence may be cross-admissible are where it may establish propensity to commit that kind of conduct and/or where it may rebut coincidence. The Tribunal noted that Ms Ferrario submitted that the GMC do not rely on the propensity limb but on the second limb only.

519. The Tribunal considered whether the evidence in question is capable of being cross admitted. If it is so satisfied, it would be permissible for the Tribunal to consider the degree of similarity of some of the paragraphs of the Allegation and the evidence in relation to Dr Chesters' behaviour against each of them and whether his alleged actions are mere coincidence. Again, the Tribunal noted that this is not a fact finding exercise at this stage.

520. When considering sexual motivation, the Tribunal had regard to *Sait v General Medical Council [2019] EWHC 3279 (Admin), Basson v GMC [2018] EWHC 505 (Admin) and Arunkalaivanan v GMC [2014] EWHC 873 (Admin)*. The Tribunal reminded itself that it is not undertaking a fact finding exercise but an exercise to determine, whether when evidence is taken at its highest, the Tribunal could find allegation 6 proven or whether even at its highest, sexual motivation could not be found proven.

The Tribunal's Decision

521. The Tribunal carefully considered the evidence, not to make findings of fact, but to consider whether, taking the GMC's case at its highest, there is sufficient evidence on which a properly directed Tribunal could find the relevant facts proved. The Tribunal assessed whether there was sufficient evidence in relation to the alleged facts and how they related to allegations of sexual motivation, sexual harassment as defined by section 26(2) of The Equality Act 2010, harassment related to sex as defined by section 26 (1) of The Equality Act 2010 and abuse of a more senior position.

Paragraph 1a and 1b

522. The Tribunal considered the Rule 17(2)(g) application insofar as it related to paragraph 1a & 1b concerning Ms A.

523. The Tribunal was satisfied that there is evidence capable of establishing that, between 28 and 30 June 2022, during supervision of examinations for the RCSEd, Dr Chesters:

- used his hands to touch Ms A's hip and/or groin area (paragraph 1(a)); and
- positioned his body unnecessarily close to Ms A's body (paragraph 1(b))

and that this conduct could be found to constitute sexual harassment and / or was sexually motivated.

524. The Tribunal noted that Ms A was a medical student with no prior experience of the hip examination being demonstrated. The Tribunal accepted that Ms A was not able to articulate precisely how the examination ought to have been performed. However, the Tribunal reminded itself that a lack of technical expertise on the part of a witness does not, of itself, prevent a Tribunal from assessing the nature, context, and impact of physical contact alleged.

525. The Tribunal noted Ms A's evidence that during the demonstration Dr Chesters used his hands to touch her hip and/or groin area on one or more occasions and positioned his body close to hers. The Tribunal further noted Ms A's account that, notwithstanding her limited experience, she felt that "something was off" about the interaction

526. The Tribunal accepted that Ms A's evidence was capable, when taken at its highest, of establishing that physical contact occurred in an area proximate to the groin and that close physical proximity was maintained during the demonstration. The Tribunal considered that

such evidence, if accepted, was capable of amounting to sexual harassment or sexually motivated behaviour.

527. The Tribunal further considered that the context in which the conduct occurred was of particular relevance. Dr Chesters was acting in a senior supervisory role, and Ms A was a junior medical student subject to his authority. The Tribunal was satisfied that there was evidence capable of supporting an allegation of abuse of a position of seniority.

528. The Tribunal was satisfied that there was sufficient evidence upon which a properly directed Tribunal could find that the alleged conduct had a sexual element and could amount to sexual harassment and / or be sexually motivated, having regard to the nature of the touching alleged, the proximity described and the imbalance of power during the interaction.

529. The Tribunal emphasised that it was not making findings of fact at this stage. Rather, the Tribunal considered that the weight to be attached to Ms A's account, the credibility and reliability of her evidence, and whether the conduct was clinically justified or sexually motivated are matters which require further exploration through the hearing of all the evidence, including the evidence of Dr Chesters.

530. In those circumstances, the Tribunal concluded that there was sufficient evidence in respect of allegation 1(a) and (b) such that a reasonable Tribunal, properly directed, could find the facts proved in respect of allegation 6 a ii, 6 b i and ii, on the balance of probabilities.

531. Accordingly, the Tribunal determined that there is a case to answer in respect of allegation 1 concerning Ms A, and the Rule 17(2)(g) application is refused in relation to this paragraph.

Paragraph 2 a (i)(ii), b, c and d

532. The Tribunal was satisfied that there is evidence capable of establishing that, between 6 and 7 July 2023, Dr Chesters:

- invited Ms B to meet him that evening to practise (paragraph 2(a)(i)) and, despite Ms B declining, continued to repeat the request (paragraph 2(a)(ii));
- asked to exchange telephone numbers with Ms B (paragraph 2(b));
- suggested that he and Ms B arrive early on the following day to practise (paragraph 2(c)); and

- touched Ms B's waist with his hands to move her to different positions during the examination (paragraph 2(d)

and that this conduct could be found to constitute sexual harassment and / or was sexually motivated.

533. The Tribunal considered that such conduct, occurring in the context of a senior consultant supervising a medical student during an examination setting, is behaviour which should be properly considered by the Tribunal. The combination of repeated requests, proposals for private meetings, and inappropriate touching reinforces the potential for the conduct to constitute sexual harassment and / or for sexual motivation to be found proven.

534. A reasonable Tribunal could infer from this conduct that it was sexually motivated and/or constituted sexual harassment. Further, given Dr Chesters' position of authority and the clear imbalance of seniority, the conduct is capable of amounting to an abuse of his senior position.

535. Accordingly, the Tribunal concluded that there is a case to answer in respect of paragraphs 2(a)–(d). The Tribunal noted that further evidence is required to determine the precise facts and context, but at this stage, the threshold for a case to answer is met.

Paragraph 3 a(i)-(iii), 3b (i)(ii) and 3d

536. The Tribunal was satisfied that there is evidence capable of establishing that, on 25 January 2024, during supervision of examinations for the RCSEd, Dr Chesters made comments to Ms C regarding her use of the toilet and her appearance, including:

- references to pacing her water intake and having "spare nappies if needed" or words to that effect (paragraph 3(a)(i));
- suggesting that Ms C looked like someone who would abuse her baby, or would have a partner who would abuse her baby (paragraph 3(b)(i)–(ii); and
- commenting "so the students will have clothes on underneath, unless you know they want to go naked," or words to that effect (paragraph 3(d).

and that this conduct could be found to constitute harassment related to sex.

537. The Tribunal noted Ms C's evidence that she "tried not to take offence" to the comments and having regard to the context of the alleged behaviour and the nature of the

comments. The Tribunal considered that these comments, taken together, are capable of amounting to unwanted conduct. Having regard to the nature of the remarks, their focus on Ms C as a female, and the examination context, a reasonable Tribunal could infer that the conduct was motivated, at least in part, by Ms C's sex. The comments were capable of creating a hostile, degrading, or offensive environment and therefore fall within the scope of harassment related to sex under Section 26(1) of the Equality Act 2010.

538. Accordingly, the Tribunal concluded that there is a case to answer in respect of this interaction. While further evidence is required to determine the precise facts and context, the threshold for a case to answer is met.

Paragraph 3(c)

539. In relation to paragraph 3(c), the Tribunal considered the allegation that Dr Chesters walked up to Ms C until her back was against the wall, thereby restricting her personal space.

540. The Tribunal was satisfied that there is evidence capable of establishing that this conduct occurred as alleged. Having regard to the context of the interaction, the Tribunal concluded that a reasonable Tribunal could infer that this conduct was related to Ms C's sex.

541. The Tribunal further concluded that such conduct is capable of having the effect of violating Ms C's dignity and of creating an intimidating and hostile environment.

542. Accordingly, the Tribunal determined that there is sufficient evidence upon which a reasonable Tribunal could find that the conduct constituted harassment related to sex, as defined in section 26(1) of the Equality Act 2010. The Rule 17(2)(g) application is therefore refused in respect of paragraph 3(c).

543. In conclusion, the Tribunal considers that, on the evidence heard so far, there is a case to answer in respect of the allegations involving Ms A, Ms B, and Ms C. However, the Tribunal notes that further evidence is required to make a final determination on the facts and context of these interactions.

544. The Tribunal therefore refused the application and directs that the hearing should proceed to allow the full evidence to be heard and considered in its entirety.