

PUBLIC RECORD

Dates: 20/12/2023 - 21/12/2023

Medical Practitioner's name: Dr Andrew GROVES

GMC reference number: 3320855

Primary medical qualification: MB BS 1989 University of London

Type of case	Outcome on facts	Outcome on impairment
New - Conviction / Caution	Facts relevant to impairment found proved	Impaired

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Miss Samantha Gray
Lay Tribunal Member:	Mr John Elliott
Medical Tribunal Member:	Dr Shazad Amin
Tribunal Clerk:	Mr Larry Millea

Attendance and Representation:

Medical Practitioner:	Not present, not represented
GMC Representative:	Mr Peter Byrne, 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 - 20/12/2023

Background

1. Dr Groves qualified in 1989 and practised in Occupational Medicine. At the time of the events which are the subject of the hearing Dr Groves was practising as a Consultant in Occupational Medicine employed by the RAF at RAF Cranwell. He was an officer commanding the Recruitment and Selection Department of Occupational Medicine and held the rank of Wing Commander.
2. The allegation that has led to Dr Groves' hearing can be summarised as follows, on 14 April 2023, at Lincoln Crown Court, Dr Groves was convicted of two counts of attempting to incite a child to engage in sexual activity, and on 19 July 2023, Dr Groves was sentenced to 36 months' imprisonment and a Sexual Harm Prevention Order imposed for a period of 10 years or until further order.
3. On 20 December 2018, Lincolnshire Police officers arrested Dr Groves and subsequently seized a number of electronic devices from him, his place of work and his home address. He was interviewed under caution the same day but was released while the police interrogated the devices. He was re-arrested and interviewed on 24 July of 2019. Apart from confirming ownership and use of all the devices (save for one which he said was his wife's) he exercised his right to silence. Dr Groves was subsequently charged with these offences, pleaded not guilty and was convicted after trial at the Lincoln Crown Court on 14 April 2023. The facts of these convictions date back to 2005 and involved sexual communications with underage females aged between 13 and 15 years old.

The Outcome of Applications Made during the Facts Stage

4. The Tribunal accepted the GMC’s submissions, made pursuant to Rules 20 and 40 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (‘the Rules’), that notice of this hearing had properly been served on Dr Groves, and granted its application, made pursuant to Rule 31 of the Rules, that this hearing should proceed in his absence. The Tribunal’s full decision on these applications is included in Annex A.

The Allegation and the Doctor’s Response

5. The Allegation made against Dr Groves is as follows:

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

1. On 14 April 2023 at Lincoln Crown Court you were convicted of two counts of attempting to incite a child to engage in sexual activity contrary to Section 1(1) of the Criminal Attempts Act 1981. **To be determined**
2. On 19 July 2023 you were sentenced to:
 - a. 36 months’ imprisonment; **To be determined**
 - b. a Sexual Harm Prevention Order:
 - i. for a period of 10 years; or **To be determined**
 - ii. until further order. **To be determined**

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

The Admitted Facts

6. In correspondence between Dr Groves’ legal representative and the GMC dated 8 November 2023, his legal representative, Ms A, stated that he admits the entirety of the Allegation as follows:

“I confirm receipt of the final allegations. Dr Groves admits the allegations in full.

...

In the circumstances of this case, where he admits all the allegations in full and is currently a servicing prisoner...”

7. As Dr Groves’ legal representative was not present at the hearing to formally admit the Allegation in accordance with Rule 17(2)(e) of the Rules (and provided no documentary evidence or written submissions), the Tribunal went on to consider whether sufficient evidence had been adduced in order that it could find the Allegation proved.

Documentary Evidence

8. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:

- Documents obtained as part of the Royal Air Force’s investigation, various dates;
- Police documentation, various dates, including transcripts of messages (“chat logs”) between Dr Groves and the underage girls referred to above from 2005;
- Pre-sentence Report, dated 7 July 2023;
- Transcript of sentencing remarks, dated 19 July 2023;
- Certificate of Conviction, dated 19 July 2023, and:
- Indictment, dated 19 July 2023.

The Tribunal’s Approach

9. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Groves does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.

10. The Tribunal bore in mind Rules 34(3), (4) and (5) of the Rules, which state:

34...

(3) Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.

(4) Production of a certificate signed by an officer of a regulatory body that has made a determination about the fitness to practise of a person shall be conclusive evidence of the facts found proved in relation to that determination.

(5) The only evidence which may be adduced by the practitioner in rebuttal of a conviction or determination certified in the manner specified in paragraph (3) or (4) is evidence for the purposes of proving that he is not the person referred to in the certificate or extract.

The Tribunal's Analysis of the Evidence and Findings

11. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

Paragraph 1

12. The Tribunal had been provided with the Certificate of Conviction, dated 19 July 2023. This is conclusive proof which the Tribunal cannot go behind. The Tribunal also noted from the correspondence with Dr Groves' legal representative that Dr Grove admits the entirety of the Allegation.

13. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 2

14. As with paragraph 1 of the Allegation, the Tribunal had been provided with the Certificate of Conviction, dated 19 July 2023. This is conclusive proof which the Tribunal cannot go behind. The Tribunal also noted from the correspondence with Dr Groves' legal representative that Dr Grove admits the entirety of the Allegation.

15. Accordingly, the Tribunal found this paragraph of the Allegation proved.

The Tribunal's Overall Determination on the Facts

16. The Tribunal has determined the facts as follows:

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

1. On 14 April 2023 at Lincoln Crown Court you were convicted of two counts of attempting to incite a child to engage in sexual activity contrary to Section 1(1) of the Criminal Attempts Act 1981. **Determined and found proved**
2. On 19 July 2023 you were sentenced to:
 - a. 36 months' imprisonment; **Determined and found proved**
 - b. a Sexual Harm Prevention Order:
 - i. for a period of 10 years; or **Determined and found proved**
 - ii. until further order. **Determined and found proved**

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

Determination on Impairment - 21/12/2023

1. This determination will be handed down in private. However, as this case concerns Dr Groves' conviction a redacted version will be published at the close of the hearing.
2. 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 as set out before, Dr Groves' fitness to practise is impaired by reason of a conviction or caution for a criminal offence.

The Evidence

3. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary.

Submissions

4. On behalf of the GMC, Mr Byrne submitted that Dr Groves' fitness to practise is currently impaired.
5. Mr Byrne submitted that the Crown Court Judge took the view that the offending was grave, and so serious that it required the imposition of an immediate custodial sentence. He

submitted that the custodial sentence was significant in its length and that Dr Groves was found to have a residual sexual interest in children, refused to accept that, and accordingly a risk of harm to children persists.

6. Mr Byrne submitted that the Judge's comments were based on his assessment of the case as a whole including the professional opinion of the probation officer. He submitted that there is no evidence to suggest that since the sentencing hearing there has been any change in Dr Groves' approach and no evidence of insight. He submitted that even if remediation were possible in these particular circumstances, there is no evidence of remediation.

7. Mr Byrne submitted that Dr Groves' actions breached paragraph 65 of Good Medical Practice (2013) ('GMP'), as set out below.

65. You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.'

8. He further submitted that when considering Dame Janet Smith test for impairment, that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

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

Dr Groves' actions breached a fundamental tenet of the profession, namely probity, and brought the reputation of the medical profession into disrepute. He submitted that Dr Groves' actions undermined the second and third limbs of the statutory overarching objective, namely to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards of conduct for members of the profession.

9. Mr Byrne submitted that given the seriousness of Dr Groves' conviction, his lack of insight and the identified risk of repetition, the Tribunal should determine that his fitness to practise is currently impaired.

The Relevant Legal Principles

10. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.

11. The Tribunal must determine whether Dr Groves' fitness to practise is impaired today, taking into account Dr Groves' conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

12. Whilst there is no statutory definition of impairment, the Tribunal is assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as referenced above.

13. The Tribunal noted that in relation to insight and remediation the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin)* ruled that at the impairment stage, a tribunal ought to take account of evidence and/or submissions from both the doctor and the GMC that the doctor's failings and ask:

1. *Are the proven concerns about the doctor's behaviour, skills, performance or health remediable?*
2. *Have the concerns about the doctor's behaviour, skills, performance or health been remedied?*

The Tribunal's Determination on Impairment

14. The Tribunal first considered the seriousness of the conviction. It had regard to the fact that this was a criminal conviction that related to attempting to incite children between 13 and 15 years of age to engage in sexual activity. The Tribunal also noted the persistent and sustained nature of Dr Groves' activities, with communications taking place throughout the period of January 2005 to January 2006 with at least two children.

15. The Tribunal had regard to Good Medical Practice (2013) ('GMP') and considered that paragraph 65 was engaged in this case:

65. You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.'

16. The Tribunal accepted the submission of Mr Byrne that Dr Groves' actions breached of one of the fundamental tenets of the medical profession, namely probity, and has brought the medical profession into disrepute.

17. The Tribunal noted that the pre-sentencing report prepared by HM Prison and Probation Service dated 7 July 2023 stated in relation to "Risk Assessment" , "Likelihood of further offending" and "Risk of serious harm" that:

"Based on the seriousness of the current offences, despite their age, I would assess the defendant as a medium risk of further offending"; and "Mr Groves is assessed as a medium risk of serious sexual harm to children under the age of sixteen. The nature of the harm is to be physical and emotional through sexual communication and activity. There is no current evidence Mr Groves participated in any form of contact sexual offending with a child but there was intent indicated within the committal of the current offences which would have caused serious emotional and physical harm to that victim."

18. Furthermore, the report stated that:

"Whilst there are no contact sexual offences committed by the defendant, there are safeguarding concerns if he were to enter into a relationship with any person who had children or have any unsupervised contact with any child under the age of sixteen."

19. The Tribunal had particular regard to the Judge's sentencing remarks on 19 July 2023 when reaching its determination. It considered the below extracts to be particularly relevant:

"These sentencing remarks will take a while. I know that you will only want to know what the sentence is, but it is important that people should understand my thinking processes and I think it is important that people should remember the gravity of the offending."

The issue before the jury was whether the prosecution could make them sure that, when you indulged in the two internet conversations subject to this indictment, you believed that you were talking to underaged children, as opposed to like-minded adults involved in age related roleplay, and you were convicted. You are, therefore, convicted of communicating with these two children believing they were children and it is significant that the pre-sentence report shows that you still cannot reconcile yourself with your guilt.

...

*In respect of count 1... In your January conversations with her, you discussed sex parties, that her being under age is not a problem, and you say that they have had underage before. You say to her that she would be your first underage girl. You ask her when she will be 16. You begin to be persistent and, although she is appearing to show some sexual maturity, when you ask her to phone you she shows the naivety of her age by saying that she cannot phone you because, "I'll get about 50 million questions from my mum and dad." You ask if she has got school tomorrow. You speak of your role as her master. You apologise to her for asking her to phone you because you could see that it had upset her and that is an example of how manipulative you are. You pursue her. You ask her if she can get away from school at lunchtime. You tell her that you would love to see her private parts through the school fence at breaktime. **You are utterly corrupt** [Tribunal's emphasis]. You begin making plans for where and when you want to meet her. You tell her to put fingers into her vagina. You discuss getting her pregnant before she is 16. You ask her when she leaves school.*

...

On count 2, you asked her to touch herself and so it is category 2 harm. As to culpability, again an analysis of the entire chatlog assists in addressing the same questions with regard to planning and grooming, as well as, of course, the age differential. You tell her she looks very mature for a 14 year old and she tells you she is still at school. You tell her you would, "Love to gently educate you," and you show yourself to be very manipulative. You ask her deeply intimate questions. You ask her to touch her private parts...

...

In the final analysis, I do bear in mind that, until 2005, you were of good character but, from 2005 you are shown to have a sexual interest in children.

...

XXX You, I am told by Mr [B], knew you needed help but, as I discussed with him, you still did not plead guilty. Even though you were seeing XXX, you did not accept your guilt. You do not accept your guilt in your pre-sentence report. You still maintain your defence that you believed yourself to be communicating with like-minded perverted adults and I understand you still do.

...

There are two counts and I bear very much in mind the totality guideline and the fact that this offending was contemporaneous back in 2005. I hear loud and clear Mr [B]'s submission when he tells me that the best prospect for rehabilitation is the avoidance of immediate custody. That may well be right, but immediate custody is sometimes necessary to mark society's revulsion at certain offending and, given your ongoing refusal to accept your guilt and, therefore, the ongoing risk that you continue to present to children and given the gravity of the offending, my hope must be that punishment punctures your deluded self-belief and puts you on the road to rehabilitation.

20. The Tribunal considered that Dr Groves' actions were potentially remediable despite their seriousness, noting the comments of the Crown Court set out above in relation to XXX and "the road to rehabilitation".

21. The Tribunal noted that sentencing took place less than six months ago, and in the absence of any evidence or submissions from Dr Groves, attributed significant weight to the sentencing remarks. It bore in mind that Dr Groves denied the charges and, on the evidence before it, persisted with his claim that he believed he was communicating with adults posing as underage girls.

22. The Tribunal noted the reference in the pre-sentence probation report to Dr Groves XXX following his arrest. This could have formed the basis of meaningful reflection, but the Tribunal has not been given any evidence of how this progressed. The Tribunal also noted

from the sentencing remarks that Dr Groves' XXX. However, again it has not been provided with any evidence as to whether Dr Groves has XXX or has made any progress as a result. Therefore the Tribunal concluded that Dr Groves has not provided any substantial evidence that he has remediated his behaviour.

23. The Tribunal was of the opinion that Dr Groves' ongoing denial of his actions and guilt demonstrated a significant lack of insight into his behaviour. Accordingly, the Tribunal concluded that Dr Groves has minimal if any insight.

24. Given the lack of insight or remediation demonstrated in this case, and in light of the recommendations of the Probation Service in the pre-sentencing report and the Judge's sentencing remarks, the Tribunal concluded that a material risk of repetition remained.

25. The Tribunal considered the test set out by Dame Janet Smith and concluded that the second and third limbs were applicable in this case, namely that Dr Groves has in the past and/or is liable in the future to bring the medical profession into disrepute; and has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession.

26. The Tribunal was satisfied that all three limbs of the overarching objective would be undermined were a finding of impairment not made in the circumstances of this case, particularly given the seriousness and sexual nature of the offence and the ongoing risk of repetition.

27. The Tribunal has therefore determined that Dr Groves' fitness to practise is impaired by reason of a conviction for a criminal offence.

Determination on Sanction - 21/12/2023

1. Having determined that Dr Groves' fitness to practise is impaired by reason of his conviction, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

2. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

3. On behalf of the GMC, Mr Byrne submitted that the second and third limbs of the overarching objective are engaged and should be considered by the Tribunal in reaching its decision, referring the Tribunal to paragraph 17 of the Sanctions Guidance (November 2020) ('SG') which states:

17 Patients must be able to trust doctors with their lives and health, so doctors must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession (see paragraph 65 of Good medical practice). Although the tribunal should make sure the sanction it imposes is appropriate and proportionate, the reputation of the profession as a whole is more important than the interests of any individual doctor.

4. Mr Byrne submitted that the following are mitigating features in this case:

- the events that led to Dr Groves' conviction occurred in 2005 and he was not convicted until 2023, some 18 years after;
- there is no suggestion of criminal conduct prior to 2005 and no other convictions since, and;
- it was clear from the sentencing remarks of the Judge that Dr Groves had positive good character prior to his conviction with an exemplary military and medical career and had involved himself in charitable work (although that appears to be following his arrest).

Mr Byrne submitted that there is a significant caveat to Dr Groves' previous good character because, as the Judge observed, since 2005 Dr Groves had a sexual interest in children.

5. Mr Byrne submitted that the following are aggravating factors in this case:

- as recently as July this year the Judge confirmed that Dr Groves' sexual interest in children persists;
- Dr Groves' refusal to accept his guilt and maintenance of his defence that he believed he was communicating with like-minded, 'perverted' adults, and;
- the lack of insight or remediation demonstrated by Dr Groves.

Mr Byrne referred the Tribunal to the applicable paragraphs of the SG regarding aggravating features, particularly paragraphs 55(e) and (f) and 56(c) and (d) as set out below:

55 Aggravating factors that are likely to lead the tribunal to consider taking more serious action include:

...

e sexual misconduct

f sexual offences and/or child sex abuse materials

...

56 Tribunals are also likely to take more serious action where certain conduct arises in a doctor's personal life, such as (this list is not exhaustive):

...

c inappropriate behaviour towards children or vulnerable adults

d misconduct involving violence or offences of a sexual nature

...

6. Mr Byrne submitted that to take no action in this case would not be appropriate or proportionate given the nature of the criminal conviction and the imposition of an immediate custodial sentence. He further stated that there are no exceptional circumstances in this case which would justify taking no action. He submitted that in a case of impairment by reason of conviction, action is necessary with particular regard to promoting and maintaining public confidence in the medical profession and maintaining proper standards and conduct. He suggested that this was pertinent given the Tribunal's findings in relation to the seriousness of this conduct.

7. Mr Byrne submitted that for the same reasons, conditions would not be appropriate or proportionate. He submitted that it is difficult to conceive that conditions would address the concerns or be workable in the circumstances. He submitted that, in any event, conditions would not address the risk presented by Dr Groves to public confidence in the medical profession.

8. Mr Byrne submitted that suspension would be inappropriate. He stated that although suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour and befitting a registered doctor,

it would not be sufficient or proportionate in this case. He referred the Tribunal to paragraphs 92 and 93 of the SG, which provide:

92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).

93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions (see paragraphs 24–49).

9. Mr Byrne submitted that there is no substantial evidence of remediation, minimal, if any, insight, and a risk of repetition remains. He submitted that any acknowledgement of fault is limited because of Dr Groves' refusal to accept responsibility for his misconduct, and the more concerning finding that Dr Grove has a continued sexual interest in children.

10. Mr Byrne submitted that in light of all these factors, when considered in relation to the applicable paragraphs of the SG, erasure is the only appropriate and proportionate sanction in this case. Mr Byrne referred the Tribunal to paragraph 153 of the SG which states:

153 While the courts distinguish between degrees of seriousness, any conviction for child sex abuse materials against a registered doctor is a matter of grave concern because it involves such a fundamental breach of the public's trust in doctors and inevitably brings the profession into disrepute. It is therefore highly likely that, in these cases, the only proportionate sanction will be erasure. However, the tribunal should bear in mind paragraphs 20–23 and 61–111 of this guidance, which deal with the options available to it, and the issue of proportionality. If the tribunal decides to impose a sanction other than erasure, it is important that it fully explains the reasons and the thinking that has led it to impose this lesser sanction so that it is clear to those who have not heard the evidence in the case.

11. Mr Byrne submitted that Dr Groves' conduct is fundamentally incompatible with continued registration and that paragraphs 108 and 109(a), (b), (f) and (j) of the SG, as set out below, are applicable.

108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.

109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor

b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.

...

f Offences of a sexual nature, including involvement in child sex abuse materials.

...

j Persistent lack of insight into the seriousness of their actions or the consequences.

12. Mr Byrne submitted that Dr Groves demonstrated a deliberate or reckless disregard for the principles set out in GMP and that in light of the sexual nature of his offence and the lack of insight, erasure is necessary to maintain the high standards and good reputation of the profession. He submitted that there are different levels of seriousness when it comes to sexual misconduct, but that Dr Groves' conduct is certainly towards the top of any scale as he attempted to incite two separate children to engage in penetrative sexual activity.

13. Mr Byrne reminded the Tribunal of the Judge's sentencing remarks, as referenced within its impairment determination, where he states that it is important that people should remember the gravity of the offending, that Dr Groves is "utterly corrupt" and that he maintains a "deluded self-belief".

The Tribunal's Determination on Sanction

14. The Tribunal has taken into account the Sanctions Guidance (SG) and the departures from GMP that it has found.

15. In making its decision, the Tribunal had regard to the principle of proportionality, and it had weighed Dr Groves' interests with those of the public. Throughout its deliberations the Tribunal had borne in mind that the purpose of sanctions is not to punish a doctor, but to protect the public. It had also taken into account the overarching objective which is to protect the health, safety and wellbeing of the public, maintain public confidence in the profession, and promote and maintain proper professional standards and conduct for the members of the profession.

16. The Tribunal has also borne in mind that in deciding what sanction, if any, to impose, it should consider all the sanctions available, starting with the least restrictive and then consider each sanction in ascending order.

Aggravating & Mitigating Factors

17. In reaching its decision, the Tribunal first considered the aggravating and mitigating factors present in this case.

18. It considered the following features to be aggravating factors:

- Longstanding and continuing sexual interest in children;
- Evidence of grooming and predatory behaviour by Dr Groves within the "chat logs";
- Dr Groves' refusal to accept that he is guilty of the offence and maintaining his assertion that he believed he was communicating with other adults;
- The absence of insight and lack of remediation.

19. It considered the following features to be mitigating factors.

- Dr Groves' conviction occurred in 2005 and he was convicted in 2023, with no other criminal conduct presented to the Tribunal;
- Dr Groves' previous good character, as identified by the Judge in his sentencing remarks. However, the Tribunal noted that this previous good character was prior to 2005.

No action

20. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to conclude by taking no action.

21. The Tribunal considered that there were no exceptional circumstances in this case which could justify it taking no action. It was satisfied that to take no action would be neither appropriate nor proportionate given its earlier findings and would fail to uphold the statutory overarching objective.

Conditions

22. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Groves' registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

23. The Tribunal determined that given the extremely serious nature of Dr Groves' offending, and the risk of repetition, and considering the relevant paragraphs of the SG, conditions would not be appropriate or proportionate and would fail to uphold the overarching objective.

Suspension

24. The Tribunal then went on to consider whether to impose a period of suspension.

25. The Tribunal accepted the submission made by Mr Byrne regarding the applicable paragraphs of the SG, as set out above.

26. The Tribunal noted that the GMC did not seek to rely on the first limb of the overarching objective, namely to protect the health, safety and wellbeing of the public. However, as set out in its impairment determination, the Tribunal concluded that all three limbs were applicable in this case. The Tribunal deemed Dr Groves' behaviour to be of a predatory or grooming nature, seeking to exploit vulnerable children for his own sexual gratification. In reaching this conclusion, the Tribunal reminded itself of the Judge's sentencing remarks, as referenced in its impairment determination, where he stated that:

"Whilst there are no contact sexual offences committed by the defendant, there are safeguarding concerns if he were to enter into a relationship with any person who had children or have any unsupervised contact with any child under the age of sixteen."

27. The Tribunal was satisfied that on the basis of the evidence before it and its earlier findings, Dr Groves presents an ongoing risk to the health, safety and wellbeing of the public. Accordingly, it determined that paragraphs 55(d)(ii) and 109(e) of the SG, below, were applicable in addition to those paragraphs set out by Mr Byrne in his submissions above.

55 Aggravating factors that are likely to lead the tribunal to consider taking more serious action include:

...

d abuse of professional position, particularly where this involves:

...

ii predatory behaviour

109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

e Violation of a patient's rights/exploiting vulnerable people.

28. The Tribunal determined that in light of the extremely serious nature of Dr Groves' offending and the aggravating factors, any sanction less than erasure would fail to mark the gravity of the offence or uphold the overarching objective. In reaching this decision it had particular regard to paragraphs 108 and 153 of the SG as set out above.

29. The Tribunal also bore in mind paragraph 119 of the SG, which states:

119 As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.

30. The Tribunal noted that Dr Groves is serving a three-year custodial sentence and that the option of 12 months suspension available to it would lapse prior to the completion of his sentence. In addition, Dr Groves is subject to a Sexual Harm Prevention Order and

registration on the Sex Offender's Register for a period of 10 years or until further order, with the Judge indicating that this would be applicable for life.

Erasure

31. Having determined that any lower sanction would fail to address the serious nature of the offence, the aggravating features or uphold the overarching objective, the Tribunal determined that it would be appropriate and proportionate to erase Dr Groves' name from the Medical register.

Determination on Immediate Order - 21/12/2023

1. Having determined that Dr Groves' name be erased from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Groves' registration should be subject to an immediate order.

Submissions

2. On behalf of the GMC, Mr Byrne submitted that in accordance with paragraph 173 of the SG, as set out below, the General Medical Council would seek an immediate order in the circumstances of this case.

173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.

The Tribunal's Determination

3. The Tribunal has taken account of the relevant paragraphs of the SG, in particular paragraphs 173 as set out above, and 172 and 178 as set out below:

172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal

offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.

178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.

4. The Tribunal concluded that it would be inappropriate not to impose an immediate order in this case, given its finding of serious sexual offending committed against children. It also determined that this was appropriate in light of its earlier findings that there remained a risk of repetition and a risk to the public.
5. The Tribunal was mindful that Dr Groves is currently serving a three-year custodial sentence, and that although the likelihood of any possible appeal lasting longer than this was low, it would be entirely unacceptable for Dr Groves to be allowed to return to unrestricted practice should this occur.
6. The Tribunal also determined that public confidence in the profession would be undermined and that it would be failing to uphold the statutory overarching objective if an immediate order were not imposed in this case.
7. Accordingly, the Tribunal determined that an immediate order of suspension was required in the public interest.
8. This means that Dr Groves' registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.
9. The interim order will be revoked when the immediate order takes effect.

ANNEX A – 20/12/2023

Service and proceeding in absence

Service

1. Dr Groves was neither present nor represented at the hearing. The Tribunal considered whether notification of this hearing had been properly served upon Dr Groves.
2. Mr Peter Byrne, counsel on behalf of the GMC, submitted that the notice of this hearing was sent by the Medical Practitioners Tribunal Service in accordance with Rule 20(1)(a) of the Fitness to Practise Rules 2004 ('the Rules').
3. The Tribunal was provided with a service bundle, which contained:
 - Email correspondence from Dr Groves' legal representative, dated 31 July 2023;
 - Email from GMC to Dr Groves' legal representative enclosing Rule 34(9) letter, dated 8 November 2023;
 - Email correspondence between GMC and Dr Groves' legal representative regarding Rule 34(9) letter and hearing attendance, dated 8 November 2023;
 - Email correspondence between GMC and Dr Groves' legal representative regarding Dr Groves' attendance, dated 8-23 December 2023;
 - Email correspondence between MPTS and Dr Groves' legal representative enclosing notice of hearing, dated 8-10 November 2023, and;
 - Email correspondence between MPTS and Dr Groves' legal representative confirming Dr Groves will not be attending or represented at the MPT hearing.
4. Mr Byrne submitted that the service bundle adequately demonstrated that the relevant documents had been served upon Dr Groves for this hearing and that his legal representative had confirmed that he was aware of the date of the hearing and details of the Allegation.
5. Having considered all the evidence, the Tribunal determined that notice of this hearing had been served in accordance with Rule 40 of the Rules and paragraph 8 of Schedule 4 of the Medical Act 1983.

Proceeding in Absence

6. The Tribunal then went on to consider whether it would be appropriate to proceed with the hearing in Dr Grove's absence pursuant to Rule 31 of the Rules.

7. Mr Byrne invited the Tribunal to proceed with the hearing in Dr Groves' absence pursuant to Rule 31. He submitted that the correspondence between both the GMC and the MPTS, and Dr Groves' legal representative confirms that he would not be attending. Further, it confirmed that his legal representative would not be attending and that no evidence or submissions were being provided on his behalf.

8. Mr Byrne submitted that the Tribunal should determine that Dr Groves has voluntarily absented himself from these proceedings and that it would be in the interest of justice to proceed in the doctor's absence in this case.

Tribunal's Decision

9. In reaching its decision, the Tribunal considered that the Service Bundle contained clear communication from Dr Groves' legal representative that they had instructions to receive service on behalf of Dr Groves. His legal representative also made it clear that he would not be attending, represented or submitting documentation, and that he expects the Tribunal to proceed in his absence.

10. The Tribunal was satisfied that there has been no indication that any adjustments or an adjournment would change this and result in his attendance. The Tribunal concluded that Dr Groves has voluntarily absented himself from these proceedings, noting that he has had the benefit of legal advice and representation and that there is a summary of his views in relation to impairment within the probation report provided to the Tribunal.

11. In the circumstances, the Tribunal agreed with the submission of Mr Byrne that it would not be unfair to proceed with the hearing in Dr Groves' absence and that it was in the public interest for this hearing to proceed.

12. The Tribunal therefore determined to proceed in the absence of Dr Groves, in accordance with Rule 31.