PUBLIC RECORD

Date: 18/06/2026

Doctor:	Dr Cian HUGHES
GMC reference number:	7280579
Primary medical qualification:	MB ChB 2012 University of Bristol

Type of case	**Outcome on impairment**
Review - Misconduct	Not impaired

Summary of outcome

Suspension to expire

Tribunal:

Legally Qualified Chair	Mr Juleun Lim
Lay Tribunal Member:	Mr Matthew Fiander
Registrant Tribunal Member:	Dr Shehleen Khan

Tribunal Clerk:	Mr Larry Millea

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Rebecca Harris KC, instructed by Weightmans LLP
GMC Representative:	Ms Colette Renton, Counsel

Attendance of Press / Public

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

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection 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 Impairment - 18/06/2026

1. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Hughes's fitness to practise is impaired by reason of misconduct.

2. This is the first review of Dr Hughes' case.

Background

3. Dr Hughes qualified in 2012 at the University of Bristol. At the time of the events which are the subject of the hearing Dr Hughes was a fourth-year student at the University of Bristol. Following qualification, Dr Hughes completed his Foundation training and worked in a number of hospitals in London as a middle grade doctor between 2015 and 2022. He currently works in the field of medical technology developing applications of Artificial Intelligence in the area of patient care.

4. The facts found proved at Dr Hughes' Medical Practitioners Tribunal ('MPT') hearing which took place in January and June 2025 ('the 2025 Tribunal') can be summarised as that on or around 10 March 2011 Dr Hughes, then a medical student, observed a procedure on Patient A (a minor) at Bristol Royal Hospital for Children. After Patient A's discharge in April 2011, Dr Hughes sent messages to Patient A between 2011 and November 2013 which were inappropriate in that the messages were not part of Patient A's medical care and he sent the messages directly to Patient A and no one else. It was also found that from December 2013 Dr Hughes used his professional position to pursue an improper emotional relationship with Patient A in that he sent messages to her which were inappropriate in that: he was aware that Patient A had developed personal feelings for him from December 2013, the messages were not part of Patient A's medical care, he sent the messages directly to Patient A and no

one else and the nature of the messages became personal and more frequent. The messages Dr Hughes sent to Patient A from 12 October 2014 were with the intention of pursuing a sexual relationship with Patient A and were sexually motivated. Further, Dr Hughes entered into a sexual relationship with Patient A in that, on one or more occasions from October 2014 he kissed Patient A, from February 2015 engaged in sexual activity with Patient A, and from 29 May 2015 he engaged in sexual intercourse with Patient A. It was also found that Dr Hughes knew that Patient A was vulnerable at all material times by virtue of her age prior to turning 18, and her mental state.

5. Patient A made a complaint to the Police in June 2020 and was interviewed in relation to the matter on 4 January 2021. The initial concerns were raised with the GMC shortly thereafter. The police investigation was discontinued with no charges against Dr Hughes.

6. The 2025 Tribunal concluded that Dr Hughes' conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to serious misconduct and that given the serious nature of its findings it was necessary to mark the misconduct with a finding of impaired fitness to practise in order to maintain public confidence in the profession and uphold proper professional standards.

7. The 2025 Tribunal concluded that this was not a case where the misconduct was '*fundamentally incompatible with continued registration*' and that erasure would be a disproportionate response. The 2025 Tribunal considered that it was also in the public interest to allow an otherwise good and experienced doctor to remain on the register. It determined that a 12-month period of suspension would be an appropriate and proportionate sanction balancing Dr Hughes' interests with those of the public.

8. The 2025 Tribunal indicated that, at the review hearing, the reviewing Tribunal would be assisted by any evidence from Dr Hughes, including:

- Further reflection;
- Evidence that he has maintained his medical skills and knowledge;
- Any other information that he considers would assist the reviewing tribunal.

The Evidence

9. The Tribunal has taken into account all the documentary evidence provided on behalf of Dr Hughes including:

- Dr Hughes' written reflections, dated 16 May 2026;
- Dr Hughes' reflections provided to the 2025 Tribunal following the findings of misconduct and impairment, dated 17 May 2025;
- Letter from Trinity College Dublin - academic registry: Healthcare Innovation postgraduate programme, dated 10 October 2025;
- A number of Continuous Professional Development ('CPD') certificates, various dates;
- A number of articles and writings for the Tribunal's information.

Submissions

On behalf of the GMC

10. On behalf of the GMC, Ms Renton submitted that the only new information provided to the Tribunal has been provided by Dr Hughes and that it is the Tribunal's role to assess this information and determine if there is any evidence of insight and whether Dr Hughes' knowledge and skills are up to date.

11. Ms Renton noted that an apology had been given by Dr Hughes, via his lawyers, to the Tribunal although the GMC was informed that this had not been directly made to Patient A. She submitted that it is a matter for the Tribunal to assess the weight to attach to any apology and whether it considers the apology to be genuine or performative, and ultimately, whether any of this information means that the risk to public protection as assessed by the 2025 Tribunal has changed.

12. Ms Renton submitted that the Tribunal should determine whether there is a current and ongoing risk to public protection requiring further restrictive action and, in particular, what parts of public protection does that pertain to, and submitted that the determination of the 2025 Tribunal was that this was a matter of public confidence.

13. Ms Renton submitted that the GMC was neutral as to whether Dr Hughes' fitness to practise remains impaired and that the Tribunal was best placed to consider whether there had been any material change and what action, if any, should be taken.

On behalf of Dr Hughes

14. On behalf of Dr Hughes, Ms Harris provided written submissions to the Tribunal, which she supplemented with oral submissions.

15. Ms Harris submitted that Dr Hughes' fitness to practise is no longer impaired by reason of his misconduct and that Dr Hughes continues to acknowledge, accept responsibility and above all apologise for the very serious nature of his conduct in respect of Patient A and is fully aware of how *"finely balanced"* the 2025 Tribunal considered this case to be.

16. Ms Harris submitted that Dr Hughes has reflected further following the 2025 Tribunal and has continued to work hard to remedy his misconduct, noting that the GMC did not suggest that his fitness to practise is currently impaired and submitting that it was now appropriate to allow him to return to the Medical Register.

17. Ms Harris submitted that there has never been any suggestion that Dr Hughes posed, or poses, an ongoing risk to patient safety or public wellbeing and that the 2025 Tribunal found specifically that Dr Hughes had remediated to the extent that was in his power, and that the risk of repetition of the misconduct was low. She submitted that the 2025 Tribunal's determination set out that Dr Hughes had shown a real sustained commitment to remediation and development and that his actions were not the cynical, last minute, actions, stating in its impairment determination that:

> *"64. The Tribunal first considered whether this was misconduct which was remediable. The Tribunal bore in mind that sexual misconduct is more difficult to remediate, but not impossible. It took into account Ms Harris' submission that Dr Hughes' junior position and inexperience should be accounted for when considering whether the conduct is remediable.*
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> *65. The Tribunal noted that Dr Hughes has undertaken a range of courses on professional boundaries and medical ethics. The Tribunal also noted that these courses were undertaken over the last four years and had not been done solely in anticipation of this hearing. The Tribunal found that the courses were targeted and appropriate to the issues raised in the case.*
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> *66. The Tribunal then considered the reflections which Dr Hughes has produced as a result of the courses he has undertaken. The Tribunal found that Dr Hughes has made full*

and appropriate reflections on his actions, including on how he would manage a similar situation in the future…."

18. Ms Harris submitted that Dr Hughes has continued to demonstrate genuine efforts to remediate and undertake reparation for his past misconduct and that the impact of such efforts is to reduce any remaining risk in his case. She submitted that any risk is reduced further by the nature of his employment and absence of any professional concerns: there have been no adverse findings against Dr Hughes in any forum or jurisdiction, no new allegations, and no further concerns since the 2025 Tribunal.

19. Ms Harris submitted that Dr Hughes has returned to full time work and is a leader in the field of medical informatics, where he develops the technology and does not act as a clinician, and with his current employer seeks to deliver a virtual care platform which uses AI to establish first line contact with a patient, taking a history and asking pertinent questions, before linking that patient to an appropriate clinician. She submitted that Dr Hughes' written reflections make clear that he also draws on the issues that arose in this case to develop technology that may detect and prevent patient/clinician interactions that fall short of what is expected, stating:

"I have taken a particular interest in the role that technology can play to ensure that doctors deliver high quality care, and the role that AI can play to monitor communications between doctors and their patients to detect messages that fall short of our care or communication standards. I hope that through my scientific work to develop technologies like these I can also contribute to the improvement of care quality and to the prevention of avoidable harm to patients."

20. She submitted that it is to Dr Hughes' credit that he continues to use his considerable skill in health informatics not only to improve the patient experience generally, but also to create the sort of safeguards that will protect against others' misconduct.

21. Ms Harris submitted that there can be no doubt that Dr Hughes has kept his medical knowledge and skills up to date and that in addition to the clinical knowledge required to develop systems for his current employer, in the last year Dr Hughes has completed a range of relevant CPD, as provided to the Tribunal.

22. Ms Harris submitted that Dr Hughes' response to the previous Tribunal's findings has been exemplary, that he has set about a focused programme of self-improvement, reflected

further on his misconduct and has developed his already full reflections. Moreover, she submitted, Dr Hughes has undertaken targeted learning and taken time to reflect on that learning. She submitted that Dr Hughes has responded responsibly and constructively to the 2025 Tribunal's findings and has done exactly what was asked of him and more.

23. Ms Harris submitted that for all these reasons the risk to public protection has changed substantially, such that restrictive action is no longer required and that Dr Hughes' fitness to practise is no longer impaired. She submitted that the risk identified to public protection by the 2025 Tribunal was based on the second and third limbs of the overarching principle, namely the need to maintain public confidence in the profession and the need to uphold standards of behaviour and that this risk has now been suitably addressed by the period of suspension imposed by the 2025 Tribunal such that there is no current or ongoing risk to any part of public protection.

The Relevant Legal Principles

24. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.

25. This Tribunal must determine whether Dr Hughes' fitness to practise is impaired today, taking into account his 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.

26. The Tribunal considered the issue of impairment in accordance with the Tribunal Circular dated 24 November 2025: *"Guidance for review hearings starting on or after 24 November 2025"* ('Tribunal Circular').

27. The Tribunal used the following four questions set out in the Tribunal Circular to inform its assessment of whether Dr Hughes poses any current and ongoing risk to public protection, requiring restrictive action in response:

i. What was the last assessment of current and ongoing risk to public protection resulting in the doctor's fitness to practise being found impaired? (Looking back at the previous Tribunal's findings).

ii. What has happened since the last assessment of risk and what impact does this have?
iii. How has the doctor responded to the previous Tribunal's findings?
iv. Has the risk to public protection requiring restrictive action in response changed and if so, how?

The Tribunal's Determination on Impairment

28. The Tribunal considered whether Dr Hughes' fitness to practise is currently impaired by reason of his misconduct.

<u>What was the last assessment of current and ongoing risk to public protection resulting in the doctor's fitness to practise being found impaired?</u>

29. The Tribunal considered the findings of the 2025 Tribunal and had particular regard to the following paragraphs of the 2025 Tribunal's impairment determination:

> *64. The Tribunal first considered whether this was misconduct which was remediable. The Tribunal bore in mind that sexual misconduct is more difficult to remediate, but not impossible. It took into account Ms Harris' submission that Dr Hughes' junior position and inexperience should be accounted for when considering whether the conduct is remediable.*
>
> *65. The Tribunal noted that Dr Hughes has undertaken a range of courses on professional boundaries and medical ethics. The Tribunal also noted that these courses were undertaken over the last four years and had not been done solely in anticipation of this hearing. The Tribunal found that the courses were targeted and appropriate to the issues raised in the case.*
>
> *66. The Tribunal then considered the reflections which Dr Hughes has produced as a result of the courses he has undertaken. The Tribunal found that Dr Hughes has made full and appropriate reflections on his actions, including on how he would manage a similar situation in the future. The Tribunal noted his reflective statement, in which he stated:*
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> > *'On reflection, it is clear to me that I was more open to the possibility of a relationship at that time given my personal circumstances – being young and*

newly qualified in a new city, an ill friend, professional pressure from training and exams, being single and alone over the Christmas period following the loss of my grandmother. This is a significant contrast to my position today, married, living near extended family and friends, and with an established job. These current circumstances along with my overall maturity as a person today further increase my confidence that I am not at risk of this scenario ever happening again.

Receiving this complaint has been a very traumatic personal experience that has caused me to deeply reflect on my behaviours. I recognise that I can never know whether [Patient A] was truthful to me about her feelings during our relationship, and that those feelings changed over the years that have passed influenced by conversations with others; or if indeed her feelings were always as she expresses them now. But in either case I feel deeply personally responsible and sorry for how she feels about our relationship today.

…

[XXX]

In summary, I am confident that through both my experience gained through years of practice and my focused continuing professional development following this complaint I am well equipped today should I ever find myself in a similar situation. And should I do so, I know that I would not face it alone, but would be supported by colleagues and mentors. I believe myself to now be very well educated around the potential for any position of trust, even that of the trust placed in a student, to be abused either intentionally or accidentally. As a consequence I feel very well equipped to avoid any situation where there is a risk of this.'

67. The Tribunal found that Dr Hughes' reflections showed learning from both his own experience and from the CPD he has participated in. The Tribunal was mindful that while his reflections focused on his actions as a medical student when he met Patient A, this initial relationship opened the door to further communication and it was appropriate that Dr Hughes had reflected on this at length. The Tribunal noted that Dr Hughes' evidence of his insight and reflection focused mainly on boundary violations and how to prevent these and only to a limited degree on how he would respond to

having feelings of attraction towards a patient. However, it was mindful that the sexual attraction between Dr Hughes and Patient A developed in the context of an ongoing relationship. The Tribunal found that Dr Hughes has shown significant insight into his misconduct, that he has learnt from that situation and would be able to prevent the initial boundary violation in the future.

68. The Tribunal was mindful that it is difficult to remediate the damage which has been done to public confidence in the profession by Dr Hughes' actions, and while he has undertaken personal remediation, such matters are inherently difficult to remediate. However, the Tribunal was satisfied that, by his learning and reflections, Dr Hughes remediated to the extent which is in his power.

69. The Tribunal then considered the risk of repetition in the future. The Tribunal bore in mind that more than ten years have passed since the relationship ended and there has been no suggestion that Dr Hughes has engaged in any similar behaviour, nor had he done so before this. The Tribunal further found that over that period Dr Hughes has matured significantly and has gained experience in his practice as evidenced from the testimonials. The Tribunal, as set out above, found that Dr Hughes now has the skills to avoid such boundary violations in the future and was more aware than most of inappropriate personal contact with patients. Finally, the Tribunal found that these proceedings, which have lasted several years, will have been a chastening experience for Dr Hughes and he will want to avoid being in this position again.

..

71. In conclusion, the Tribunal was mindful of Dr Hughes' previous approach to the guidelines, however it found that his significant remediation, well developed insight and experience of these proceedings mean that the risk of repetition of the misconduct is low.

72. The Tribunal then turned to the test as set out in the case of Grant. The Tribunal found that Dr Hughes has, in the past, brought the profession into disrepute. The Tribunal found that although the misconduct occurred more than ten years ago, it was of such an unacceptable and serious nature that members of the profession and the public would be shocked and concerned.

73. The Tribunal further found that Dr Hughes has breached a fundamental tenet of the profession. As set out above, Dr Hughes' misconduct was a serious departure from the guidelines in place at the time. Furthermore, the Tribunal found that Dr Hughes' misconduct had breached the fundamental tenet that patients must be able to trust their doctors and have confidence that they will not use their professional position to instigate a personal relationship, especially with regard to young and vulnerable people whom they met as paediatric patients.

74. The Tribunal took into account the submission which Ms Harris made that there is not always a need to make a finding of impairment to mark the public interest. The Tribunal took into account the specific factors which Ms Harris had drawn to its attention which differentiate this case from other more serious cases of sexual misconduct. The Tribunal noted the opinion of Mr Justice Sales in the case of Yeong v GMC [2009] EWHC 1923 and considered that the situation described was relevant to the current case:

> *'Where a medical practitioner violates such a fundamental rule governing the doctor/patient relationship as the rule prohibiting a doctor from engaging in a sexual relationship with a patient, his fitness to practise may be impaired if the public is left with the impression that no steps have been taken by the GMC to bring forcibly to his attention the profound unacceptability of his behaviour and the importance of the rule he has violated; that, where a panel considered that fitness to practise was impaired for such reasons, the efforts made by the practitioner to address his problems and to reduce the risk of such misconduct in the future might be of far less significance than in other cases, such as those involving clinical errors or incompetence; and that, since the reasons given by the panel in the present case were primarily based on its view that the case called out for a finding of impairment…so as to reaffirm the proper standards of behaviour in respect of relations between medical practitioners and patients, its reasoning that remedial action taken by the doctor did not adequately address that concern could not be faulted.'*

75. The Tribunal took into account the specific facts of this case, but found that, nevertheless, the serious nature of its findings means that it is necessary to mark the misconduct with a finding of impaired fitness to practise, otherwise public confidence in the profession and the upholding of proper professional standards would be undermined.

76. The Tribunal therefore found that Dr Hughes' fitness to practise is impaired.

30. The 2025 Tribunal determined that the public interest could be met by the imposition of the maximum period of suspension it could impose of 12 months.

What has happened since the last assessment of risk and what impact does this have?

31. The Tribunal noted the fact that there have not been any adverse findings against Dr Hughes in any forum or jurisdiction, no new allegations and no further concerns since the MPT proceedings that concluded in 2025 and the work that Dr Hughes has conducted during the intervening period, as stated within Dr Hughes' written reflections, which involves developing AI technology.

32. The Tribunal also noted the 2025 Tribunal determination at paragraph 68 (see above), particularly the determination that "...*the Tribunal was satisfied that, by his learning and reflections, Dr Hughes remediated to the extent which is in his power".* The Tribunal is content that that remains the position.

33. The Tribunal further noted, and is satisfied, that Dr Hughes has kept his medical knowledge and skills up to date based on the CPD Dr Hughes has completed.

How has the doctor responded to the previous tribunal's findings?

34. The Tribunal considered that Dr Hughes response and reflections since the 2025 Tribunal were consistent and continued to demonstrate genuine remorse, insight and remediation in relation to his misconduct, and there was no evidence to undermine the finding of the 2025 Tribunal that Dr Hughes' *"significant remediation, well developed insight and experience of these proceedings mean that the risk of repetition of the misconduct is low."*

35. The Tribunal considered the submission made on behalf of the GMC that it should consider whether Dr Hughes' apologies were genuine or 'performative'. The Tribunal noted that the 2025 Tribunal considered that a mitigating factor was that *"Dr Hughes has made sincere apologies to those involved in his misconduct "* and therefore found that Dr Hughes' apology was genuine. The Tribunal found Dr Hughes' apologies, based on the determination of the previous Tribunal and Dr Hughes' written reflections prepared for this hearing, to be

sincere and genuine expressions of remorse which were not merely performative, noting that at the 2025 Tribunal Ms Renton submitted that *"the GMC accept that Dr Hughes has offered a heartfelt apology to Patient A in his evidence for the impact of his conduct on her."*

36. The Tribunal also accepted the rationale given on Dr Hughes' behalf that it would have been wholly inappropriate to contact Patient A directly to apologise in the circumstances.

Has the risk to public protection requiring restrictive action in response changed and if so, how?

37. The Tribunal considered the finding of the 2025 Tribunal, as set out above, that the risk to public protection identified in this case could be satisfactorily addressed by the imposition of a 12-month period of suspension, which would mark the seriousness of its findings, maintain public confidence and uphold proper professional standards.

38. The Tribunal determined that the public confidence in the profession and proper professional standards will have been maintained and upheld by the 2025 Tribunal's finding of impairment and imposition of the maximum period of suspension. The Tribunal is satisfied that this sanction will have sufficiently demonstrated that the profession will not tolerate such misconduct.

39. In the circumstances and in light of the 2025 Tribunal's findings, the Tribunal determined that the three limbs of public protection, in particular the need to maintain public confidence and uphold standards for members of the profession, would not be undermined were a finding of current impairment not made.

40. This Tribunal has therefore determined that Dr Hughes' fitness to practise is not impaired by reason of misconduct.

41. The Tribunal also determined that the current order of suspension be left to expire, as the 12-month period is deemed necessary in order to fulfil the obligation to uphold public protection.

42. This concludes the case.