PUBLIC RECORD

Dates: 03/08/2026 – 05/08/2026

Doctor:	Dr Gregory MANSON
GMC reference number:	3647903
Primary medical qualification:	MB BCh 1992 University of the Witwatersrand

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Jonathan Storey
Lay Tribunal Member:	Mrs Jane Johnson
Registrant Tribunal Member:	Dr Deborah Brooke

Tribunal Clerk:	Alex Currie

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Ian Brook, 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 Facts – 04/08/2026

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

2. Throughout its 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. In doing so the Tribunal has considered each of the three elements of public protection: the protection, promotion and maintenance of the health, safety and well-being of the public; the promotion and maintenance of public confidence in the medical profession; and the promotion and maintenance of proper professional standards and conduct for members of that profession.

Background

3. This case relates to the conviction by Dr Manson for a number of sexual offences.

4. Dr Manson completed his General Practitioner training in 1998. At the time of the conduct for which he was convicted, Dr Manson was working as a General Practitioner at the Cossington House Surgery in Canterbury, where he remained until 2017.

5. The General Medical Council (GMC) allege that on 3 July 2025 Dr Manson was convicted, after a trial by jury, of 16 counts of sexual assault and indecent assault against nine different males of various ages during various consultations between 1999 until their discovery in 2017. It is further alleged that, following his conviction, Dr Manson was

sentenced to seven years' imprisonment and became subject to indefinite notification requirements. The GMC allege that, as a result, his fitness to practise is impaired.

The outcome of applications made during the facts stage

6. The Tribunal granted the GMC's application, made pursuant to Rule 31, that the hearing should proceed in Dr Manson's absence. The Tribunal's full decision in relation to that application is included at Annex A.

7. The Tribunal also granted the GMC's application, made pursuant to Rule 17(6), to amend the Allegation due to an error within the Certificate of Conviction on which basis the GMC had prepared it. The Tribunal's full decision on the application is included at Annex B.

The Allegation and the doctor's response

8. The Allegation (as amended) against Dr Manson was as follows:

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

1. On 3 July 2025 at Canterbury Crown Court, after trial, you were convicted of:

    a. on one or more occasion between 3 October 2001 and 30 April 2004, you indecently assaulted a man aged 16 or over [Patient A] by touching his testicles, contrary to section 15(1) of and Schedule 2 to the Sexual Offences Act 1956; To be determined

    b. on one or more occasion between 14 January 2000 and 13 January 2003, you indecently assaulted a boy aged 13-15 years [Patient B] by touching his penis and testicles, contrary to section 15(1) of and Schedule 2 to the Sexual Offences Act 1956; To be determined

    c. on one or more occasion between 14 January 2003 and 30 April 2004, you indecently assaulted a man aged 16 or over [Patient B] by touching his penis and testicles, contrary to section 15(1) of and Schedule 2 to the Sexual Offences Act 1956; To be determined

    d. on 19 November 1999, you indecently assaulted a man aged 16 or over [Patient C] in that you ~~brushed his penis and testicles with your~~

~~hands~~ removed Patient C's underwear, contrary to section 15(1) of and Schedule 2 to the Sexual Offences Act 1956; Amended under Rule 17(6) To be determined

e. between 6 December 2009 and 17 December 2009, you intentionally touched the penis of a man aged 16 or over [Patient D] and retracted his foreskin, the circumstances being that the touching was sexual, Patient D did not consent to it, and you did not reasonably believe that Patient D consented, contrary to section 3 of the Sexual Offences Act 2003; To be determined

f. on 8 October 2013, you intentionally touched the penis of a man aged 16 or over [Patient D] and retracted his foreskin, the circumstances being that the touching was sexual, Patient D did not consent to it, and you did not reasonably believe that Patient D consented, contrary to section 3 of the Sexual Offences Act 2003; To be determined

g. on 17 March 2014 , you intentionally touched the penis of a man aged 16 or over, [Patient D] and retracted his foreskin, the circumstances being that the touching was sexual, Patient D did not consent to it, and you did not reasonably believe that Patient D consented, contrary to section 3 of the Sexual Offences Act 2003; To be determined

h. on 11 September 2017, you intentionally touched the penis of a man aged 16 or over [Patient D] and retracted his foreskin, the circumstances being that the touching was sexual, Patient D did not consent to it, and you did not reasonably believe that Patient D consented, contrary to section 3 of the Sexual Offences Act 2003; To be determined

i. on 1 September 2014, you intentionally touched the testicles of a man aged 16 or over [Patient E], the circumstances being that the touching was sexual, Patient E did not consent to it, and you did not reasonably believe that Patient E consented, contrary to section 3 of the Sexual Offences Act 2003; To be determined

j. on 17 November 2012, you intentionally touched the testicles of a man aged 16 or over [Patient F], the circumstances being that the touching was

sexual, Patient F did not consent to it, and you did not reasonably believe that Patient F consented, contrary to section 3 of the Sexual Offences Act 2003; To be determined

k. on 17 November 2014, you intentionally touched the testicles of a man aged 16 or over [Patient F], the circumstances being that the touching was sexual, Patient F did not consent to it, and you did not reasonably believe that Patient F consented, contrary to section 3 of the Sexual Offences Act 2003; To be determined

l. between 2 February 2015 and 7 July 2015, you intentionally touched the testicles of a man aged 16 or over [Patient F], the circumstances being that the touching was sexual, Patient F did not consent to it, and you did not reasonably believe that Patient F consented, contrary to section 3 of the Sexual Offences Act 2003; To be determined

m. on 28 January 2013, you intentionally touched the testicles of a man aged 16 or over [Patient G], the circumstances being that the touching was sexual, Patient G did not consent to it, and you did not reasonably believe that Patient G consented, contrary to section 3 of the Sexual Offences Act 2003; To be determined

n. on 14 March 2014, you intentionally touched the penis of a man aged 16 or over, [Patient H], the circumstances being that the touching was sexual, Patient H did not consent to it, and you did not reasonably believe that Patient H consented, contrary to section 3 of the Sexual Offences Act 2003; To be determined

o. on 11 July 2016, you intentionally touched the penis of a man aged 16 or over, [Patient I] and retracted his foreskin, the circumstances being that the touching was sexual, Patient I did not consent to it, and you did not reasonably believe that Patient I consented, contrary to section 3 of the Sexual Offences Act 2003; To be determined

p. on 27 March 2017, you intentionally touched the penis of a man aged 16 or over, [Patient I] and retracted his foreskin, the circumstances being that the touching was sexual, Patient I did not consent to it, and you did not

reasonably believe that Patient I consented, contrary to section 3 of the Sexual Offences Act 2003. To be determined

2. On 4 July 2025 you were sentenced to seven years imprisonment. To be determined

3. As a result of the conviction, set out in paragraph 1, and sentence, set out in paragraph 2, you became subject to indefinite notification requirements pursuant to sections 80 and 82 of the Sexual Offences Act 2003. 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

9. Dr Manson was neither present nor represented at the hearing. In an email to the GMC/MPTS dated 22 July 2026, Ms J ("XXX") of the MDU made it clear that Dr Manson maintained his innocence of the offences. He is serving a custodial sentence and did not dispute any aspect of the GMC's allegations and recognised that he would be erased as a result of these proceedings. In her covering email, Ms J explained that "Going forward the MDU will be withdrawing assistance to Dr Manson in relation to this matter", but that she had been asked to communicate any decision by the Tribunal to him.

Documentary evidence

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

- Original Certificate of Conviction, undated (a signed copy of which, dated 11 July 2025, was provided to the Tribunal during the hearing)
- Email from Canterbury Crown Court to the GMC attaching information from Common Platform, dated 9 February 2026
- Judge's Sentencing Remarks, undated
- Witness statements from Patients A – I, various dates
- Record of Taped Interview of Patient I, 3 February 2018
- Proof of Service bundle

The Tribunal's approach

11. In reaching its decision on the facts, the Tribunal was advised by the Legally Qualified Chair (LQC) to apply the civil standard of proof. This meant that the Tribunal was required to decide whether, on the balance of probabilities, the GMC was able to prove it was more likely than not that the matters alleged occurred. The burden of proof rested with the GMC and it was for the GMC to prove the case that it was presenting against the doctor. There was no burden on the doctor to prove or disprove anything.

12. The LQC also drew the Tribunal's attention to Rule 34(3), which states that *'production of a certificate purporting to be under the hand of a competent officer of a court in the UK, that a person has been convicted of a criminal offence, shall be conclusive evidence of the offence committed'*.

The Tribunal's analysis of the evidence and findings

Paragraph 1

13. The Tribunal reviewed the Certificate of Conviction with which it was presented and was satisfied that it amounted, as a matter of law, to conclusive proof of the offences contained within it (namely those set out in paragraph 1(a) to (p) of the Allegation).

14. The Tribunal noted, however, Mr Brook's submissions that the conviction referred to in paragraph 1(d) of the Allegation – in relation to what was, in the Crown Court, Count 8 – was incorrectly recorded in the Certificate of Conviction in two respects: first, in that the date provided in the particulars was 8 November 1999; and second, that the offence in question involved Dr Manson "brushing penis and testicles". The Tribunal's attention was drawn to an excerpt of the indictment in which the correct date for Count 8 (19 November 1999) was specified, and the correct particulars were recorded as "Second consultation relating to epigastric pain – removing underwear". The Tribunal noted the indication within Ms J's letter that these errors were agreed between the parties and was satisfied that Dr Manson's conviction in relation to Count 8, set out in paragraph 1(d) of the Allegation, was for an offence that occurred on 19 November 1999 and involved removing underwear, as stated in paragraph 1(d) of the Allegation (as amended).

15. The Tribunal therefore found paragraph 1(a) to (p) of the Allegation proved.

Paragraph 2

16. The Tribunal was also satisfied on the balance of probabilities that on 4 July 2025 Dr Manson was sentenced to seven years' imprisonment. This was plain from the Certificate of Conviction, from the Judge's sentencing remarks, and from Ms J's letter on behalf of Dr Manson.

17. The Tribunal therefore found paragraph 2 of the Allegation proved.

Paragraph 3

18. Finally, the Tribunal considered the GMC's allegation that, as a result of the conviction set out in paragraph 1, and sentence, set out in paragraph 2, Dr Manson became subject to indefinite notification requirements pursuant to sections 80 and 82 of the Sexual Offences Act 2003. This was also plain from the Certificate of Conviction and was also acknowledged by Ms J on Dr Manson's behalf in her letter dated 22 July 2026.

19. The Tribunal therefore found paragraph 3 of the Allegation proved.

Sentencing remarks

20. The Tribunal noted and accepted, as an accurate factual summary of the overall circumstances and impact of Dr Manson's offending, the following excerpt from the Judge's sentencing remarks:

"Gregory Manson, yesterday you were convicted by a jury of 16 counts of sexual assault against 9 different men. The offending spanned from 1999 until its discovery in 2017. It was only discovered after one of your patients, Patient I, reported you because you left him feeling upset, violated and embarrassed. Given that you only completed your GP training in 1998, this tells me that for almost the entirety of your medical career you periodically and opportunistically abused male patients. Sometimes you did so when patients were registering at the surgery and were ostensibly feeling well but more often those patients were coming to see you at times when they were vulnerable due to physical and/or mental health difficulties.

Some of these men did not, at the time feel like they were being abused. Others felt vague discomfort, one (as I have said) felt that violated [sic] and two sought to avoid seeing you because they found the experience troubling.

Others, despite your abuse, were taken in by your façade of being a patient focused and risk adverse GP and actively asked to see you and looked to you for further help, providing you with confidential information which you have subsequently deployed during the construction and presentation of the flimsy and utterly false defences that you devised for each sexual assault.

It is also right to reflect that the [sic] because each of the examinations was conducted in a 'medical fashion', these men did not know that you were touching them for your own sexual purposes at the time. However, despite that it must not be forgotten that, however, these men felt at the time – your actions victimised them. I turn here to Patient B's victim Personal Statement:

> *"When I said back then that it hadn't impacted me, I believed that. But time changes things. And with reflection, with space, I've come to see I was wrong.*
>
> *It has impacted me — deeply and enduringly.*
>
> *Looking back at my teenage years, it's clear how much trust I placed in the medical system. I didn't shy away from doctors. I believed in them. I turned to them. My medical history from those years is surprisingly long, and I think that speaks volumes. I believed the GP was a place where help happened.*
>
> *Since leaving home at 18 for university and life, I've pretty much never visited the doctor /NHS.*
>
> *Not for check-ups, not for illnesses, not even to have that supposed cyst on my testicle re-examined. I've carried the discomfort and uncertainty of that for years. And why? Because you taught me that help isn't always safe. That authority can betray. That trust can be dangerous. You shattered something fundamental in me — the belief that asking for help won't hurt you.""*

21. In his sentencing remarks the Judge noted that Dr Manson's offending occurred in relation to various patients, some of whom were particularly vulnerable and including on one

occasion a child (Patient B), during consultations in relation to a wide range of issues including seizures, abdominal discomfort, an upset stomach, anxiety and depression, iron deficiency, a cold, and thyroid issues. The Judge stated that:

"the modus operandi deployed by [Dr Manson] *was to camouflage* [his] *sexual abuse in the context of medical examinations".*

22. The Judge also stated the following:

"The abuse of trust here is immense. People trusted you with access to their bodies and you abused that trust for your own sexual gratification. The ease with which you were able to construct detailed, false defences in relation to each of these consultations exemplifies the level of trust afforded to you. Put simply you were able to construct a false defence in order to justify your sexual abuse because that is something that is easy to do when you are a GP. The access you have to people's bodies; the imbalance of power and knowledge and the fact that very often the people before you come to you because they need your help all serve to demonstrate why the 'doctor/patient' relationship is built on trust.

Because that relationship is so important in our society General Practitioners are trusted and respected members of the community. Your exploitative actions betrayed that. They betrayed not only your patients but also the wider medical profession."

The Tribunal's overall determination on the facts

23. The Tribunal therefore determined the facts as follows:

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

1. On 3 July 2025 at Canterbury Crown Court, after trial, you were convicted of:

    a. on one or more occasion between 3 October 2001 and 30 April 2004, you indecently assaulted a man aged 16 or over [Patient A] by touching his testicles, contrary to section 15(1) of and Schedule 2 to the Sexual Offences Act 1956; **Determined and found proved**

    b. on one or more occasion between 14 January 2000 and 13 January 2003, you indecently assaulted a boy aged 13-15 years [Patient B] by touching his penis and

testicles, contrary to section 15(1) of and Schedule 2 to the Sexual Offences Act 1956; Determined and found proved

c. on one or more occasion between 14 January 2003 and 30 April 2004, you indecently assaulted a man aged 16 or over [Patient B] by touching his penis and testicles, contrary to section 15(1) of and Schedule 2 to the Sexual Offences Act 1956; Determined and found proved

d. on 19 November 1999, you indecently assaulted a man aged 16 or over [Patient C] in that you ~~brushed his penis and testicles with your hands~~ removed Patient C's underwear, contrary to section 15(1) of and Schedule 2 to the Sexual Offences Act 1956; Amended under Rule 17(6) Determined and found proved

e. between 6 December 2009 and 17 December 2009, you intentionally touched the penis of a man aged 16 or over [Patient D] and retracted his foreskin, the circumstances being that the touching was sexual, Patient D did not consent to it, and you did not reasonably believe that Patient D consented, contrary to section 3 of the Sexual Offences Act 2003; Determined and found proved

f. on 8 October 2013, you intentionally touched the penis of a man aged 16 or over [Patient D] and retracted his foreskin, the circumstances being that the touching was sexual, Patient D did not consent to it, and you did not reasonably believe that Patient D consented, contrary to section 3 of the Sexual Offences Act 2003; Determined and found proved

g. on 17 March 2014 , you intentionally touched the penis of a man aged 16 or over, [Patient D] and retracted his foreskin, the circumstances being that the touching was sexual, Patient D did not consent to it, and you did not reasonably believe that Patient D consented, contrary to section 3 of the Sexual Offences Act 2003; Determined and found proved

h. on 11 September 2017, you intentionally touched the penis of a man aged 16 or over [Patient D] and retracted his foreskin, the circumstances being that the touching was sexual, Patient D did not consent to it, and you did not reasonably believe that Patient D consented, contrary to section 3 of the Sexual Offences Act 2003; Determined and found proved

i. on 1 September 2014, you intentionally touched the testicles of a man aged 16 or over [Patient E], the circumstances being that the touching was sexual, Patient E did not consent to it, and you did not reasonably believe that Patient E consented, contrary to section 3 of the Sexual Offences Act 2003; Determined and found proved

j. on 17 November 2012, you intentionally touched the testicles of a man aged 16 or over [Patient F], the circumstances being that the touching was sexual, Patient F did not consent to it, and you did not reasonably believe that Patient F consented, contrary to section 3 of the Sexual Offences Act 2003; Determined and found proved

k. on 17 November 2014, you intentionally touched the testicles of a man aged 16 or over [Patient F], the circumstances being that the touching was sexual, Patient F did not consent to it, and you did not reasonably believe that Patient F consented, contrary to section 3 of the Sexual Offences Act 2003; Determined and found proved

l. between 2 February 2015 and 7 July 2015, you intentionally touched the testicles of a man aged 16 or over [Patient F], the circumstances being that the touching was sexual, Patient F did not consent to it, and you did not reasonably believe that Patient F consented, contrary to section 3 of the Sexual Offences Act 2003; Determined and found proved

m. on 28 January 2013, you intentionally touched the testicles of a man aged 16 or over [Patient G], the circumstances being that the touching was sexual, Patient G did not consent to it, and you did not reasonably believe that Patient G consented, contrary to section 3 of the Sexual Offences Act 2003; Determined and found proved

n. on 14 March 2014, you intentionally touched the penis of a man aged 16 or over, [Patient H], the circumstances being that the touching was sexual, Patient H did not consent to it, and you did not reasonably believe that Patient H consented, contrary to section 3 of the Sexual Offences Act 2003; Determined and found proved

o. on 11 July 2016, you intentionally touched the penis of a man aged 16 or over, [Patient I] and retracted his foreskin, the circumstances being that the touching was sexual, Patient I did not consent to it, and you did not reasonably believe that Patient I consented, contrary to section 3 of the Sexual Offences Act 2003; **Determined and found proved**

p. on 27 March 2017, you intentionally touched the penis of a man aged 16 or over, [Patient I] and retracted his foreskin, the circumstances being that the touching was sexual, Patient I did not consent to it, and you did not reasonably believe that Patient I consented, contrary to section 3 of the Sexual Offences Act 2003. **Determined and found proved**

2. On 4 July 2025 you were sentenced to seven years imprisonment. **Determined and found proved**

3. As a result of the conviction, set out in paragraph 1, and sentence, set out in paragraph 2, you became subject to indefinite notification requirements pursuant to sections 80 and 82 of the Sexual Offences Act 2003. **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 – 05/08/2026

1. Having made its findings of fact, the Tribunal then had to decide (in accordance with Rule 17(2)(l)) whether, on the basis of the facts which it had found proved, Dr Manson's fitness to practise was impaired as at the date of the hearing.

Submissions

2. On behalf of the GMC Mr Brook, Counsel, submitted that Dr Manson's case was a case of impairment by reason of conviction pursuant to Section 35C(2)(c) of the Medical Act 1983.

3. Mr Brook submitted that allegations involving both sexual assault and criminal convictions that lead to notification requirements normally fall at the higher end of the

spectrum of seriousness. Mr Brook referred to paragraph 31 of *'Guidance for MPTS Tribunals – Guidance Introduction – Case Type 1: sexual misconduct'* to support this submission.

4. Mr Brook submitted that there were other factors that further increased the level of seriousness in this case. Specifically:

- Dr Manson's behaviour was repeated against multiple individuals over an extensive period.
- Some of the individuals were deemed to be vulnerable by nature of their physical and mental illness. One patient was a child at the time the abuse occurred.
- Dr Manson's behaviour was predatory as he took advantage of an opportunity to exploit a situation.
- Dr Manson abused his professional position by misusing his position of power.
- Dr Manson had demonstrated a reckless disregard for professional standards.

5. Mr Brook submitted that there was no evidence of any contextual factors relating to Dr Manson's XXX, personal circumstances or workplace that might mitigate or explain his offending. Mr Brook accepted that, as Dr Manson was currently serving a seven-year prison sentence, this did limit any current risk.

6. Mr Brook submitted that, before Ms J's email dated 22 July 2026, Dr Manson had not responded to the allegations via a defence statement. At his criminal trial, however, Dr Manson maintained that he had not committed the offences alleged, and that remained his position as at the time of the present hearing (as was explained in the 22 July 2026 email from Ms J). In Mr Brook's submission this indicated that Dr Manson did not have insight into his behaviour. Mr Brook submitted that the risk of repetition that he posed therefore remained high.

7. Mr Brook submitted that after consideration of the factors above Dr Manson posed a high level of risk to all three limbs of public protection.

The relevant legal principles

8. The LQC reminded the Tribunal that there was no burden or standard of proof at this stage of the proceedings and that the decision of impairment was a matter for the Tribunal's judgment alone. The Tribunal would only make a finding of impairment where there was a legal basis for doing so and where a decision was reached that the doctor posed a current

and ongoing risk to one or more of the three aspects of public protection (namely 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) which required restrictive action in response.

9. To assess whether Dr Manson posed any current and ongoing risk to public protection which may require restrictive action in response, the LQC advised the Tribunal to consider:

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

10. The Tribunal noted Section 35C(2) of the Medical Act 1983, the *MPTS Guidance for Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e))* and the *Introduction to the MPTS Guidance*, specifically the sections relating to sexual misconduct and criminal conviction cases.

11. The Tribunal reminded itself that it should not attempt to punish Dr Manson for a second time through this process but rather should have regard to the circumstances of the case and how they related to each limb of the overarching objective and the wider public interest. The Tribunal noted that they should not seek to go behind the conclusions of the criminal court. The Tribunal finally reminded itself to provide reasons for its decision.

The Tribunal's determination on impairment

Conviction

Step 2a: Is there a legal basis for considering impairment?

12. The Tribunal noted paragraphs 9 and 10 from the Guidance in deciding whether there was a legal basis for considering impairment in Dr Manson's case:

9. *'An MPT must be satisfied that there is a legal basis for considering whether a doctor's fitness to practise is impaired, meaning that there is a current and ongoing risk to public protection. The table below explains the grounds of impairment that apply to*

taking regulatory action in respect of doctors.

10. A finding of impairment can only be made by an MPT where the facts found proved engage at least one of these grounds of impairment and the doctor is assessed to pose a current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response.'

13. The Tribunal had regard to the description of the ground of impairment for convictions in the Guidance:

'A conviction or caution in the British Islands for a criminal offence, or a conviction elsewhere for an offence which, if committed in England or Wales, would constitute a criminal offence can indicate that a doctor poses a current and ongoing risk to public protection.'

14. In this case the Tribunal had found proved that Dr Manson received a conviction from the Crown Court sitting at Canterbury on 3 July 2025. The Tribunal therefore found that there was a legal basis for considering impairment in Dr Manson's case.

Step 2b: Where on the spectrum of seriousness does the allegation lie?

15. The Tribunal noted paragraph 31 of the Guidance which states:

31. 'Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:

- *sexual assault, indecency or sexual harassment …*
- *a criminal conviction or other court sanction resulting in a custodial sentence (whether immediate or suspended) …*
- *a criminal conviction, caution or other disposal that has resulted in a doctor being required to register on the sex offenders register'*

16. Three of the factors listed within the Guidance as suggesting a higher level of seriousness were present in this case: Dr Manson was convicted of sexual assault (and indecent assault), received a custodial sentence, and was required to register on the sex offenders register. The Tribunal was therefore of the view that Dr Manson's conduct was at the higher end of the spectrum of seriousness.

17. The Tribunal then referred to paragraph 34 of the Guidance in assessing if there were any features which may increase the seriousness of the allegations:

> *34. 'In all cases, there may be specific features about the allegation and departure from the professional standards which may increase its seriousness. These features may be seen in any type of case and where present may increase where on the spectrum of seriousness the allegation lies.'*

18. The Tribunal considered Mr Brook's submissions relating to factors that increased the level of seriousness. It agreed with Mr Brook's submissions that:

i. Dr Manson's behaviour was repeated, with multiple victims over a long period of time,
ii. Some of the patients were especially vulnerable (Patient B was a child at the time; others were especially vulnerable due to their physical and mental health),
iii. Dr Manson demonstrated predatory behaviour in that he took advantage of opportunities to exploit numerous people and situations,
iv. Dr Manson abused his position of trust as a doctor through his misuse of his patients' bodies for his own purposes,
v. Dr Manson's behaviour involved a reckless disregard for professional standards in that he must have known that what he was doing was wrong and yet persisted in it.

19. In the light of these factors the Tribunal considered the seriousness of the allegation found proved against Dr Manson to be at the highest end of the spectrum. The starting point for assessing current and ongoing risk to public protection was therefore high.

<u>Step 2c: What is the impact of any relevant context known about Dr Manson and/or their working environment?</u>

20. Paragraph 45 of the MPTS Guidance (*MPT Hearings > Part B: Stage two - Impairment*) states that there are three types of relevant context: working environment, role and experience, and personal context. The impact that evidence of relevant context has on the assessment of risk to public protection will depend on the nature of the allegation and individual circumstances of the case. The Tribunal reminded itself that relevant context can be negative or positive and can therefore increase or decrease the level of risk.

21. The Tribunal noted that evidence of relevant context that may decrease the level of risk to public protection posed by a doctor will usually carry less weight in cases that fall at the higher end of the spectrum of seriousness. This is because the risk to public protection arising from allegations at the higher end of the spectrum of seriousness is generally more difficult to mitigate and address.

22. The Tribunal found that there was no relevant context that the Tribunal could take into account in this case.

23. The Tribunal also noted the Judge's sentencing remarks regarding XXX:

'I accept the submissions from your counsel that you experience [XXX]*. However, these* [XXX] *have come about since your arrest (or to put it another way – since you were caught) and so they cannot reduce your culpability.'*

24. As the Tribunal had no evidence before it as to any relevant context, it considered that its assessment of risk was unaffected and that the current and ongoing risk posed by Dr Manson remained high.

Step 2d: How has Dr Manson responded to the allegations?

25. The Tribunal reviewed the available evidence to consider how Dr Manson had responded to the allegations. Dr Manson's position was that he did not accept the wrongdoing of which he was convicted but did accept the fact of his conviction and that it was likely that his name would be erased from the register as a result.

26. The Tribunal acknowledged that it was Dr Manson's right to maintain his innocence in relation to the matters of which he was convicted, but considered that, as a result, there was no evidence of any insight or remediation that would indicate that his offending behaviour had been addressed. The Tribunal therefore concluded that there remained a significant risk of repetition.

27. The Tribunal further considered whether Dr Manson had kept his knowledge and skills up to date. The Tribunal noted that Dr Manson had expressed via Ms J in her letter dated 22 July 2026 that he had no intention to return to medicine:

'Even without the GMC process, and NHSE removing him from the performers list, Dr Manson has not had an intention to return to the practise of medicine for many years now. Erasure effectively codifies that intention and he welcomes the end of this chapter of his life.'

28. It was clear to the Tribunal from this letter that Dr Manson had not kept his knowledge and skills up to date. Indeed, he had indicated through his representative that "for many years" he had had no intention of returning to his medical career.

29. The Tribunal therefore found that Dr Manson's response to the allegation had no impact on the level of risk he posed to public protection, which remained high.

Step 2e: Tribunal's decision as to whether Dr Manson poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

30. The Tribunal reviewed its conclusions at Steps 2(a) to (d) above. It found that Dr Manson's conviction fell at the highest end of the spectrum of seriousness. The Tribunal considered the lack of contextual factors and Dr Manson's response to the allegation and concluded that these considerations had no impact on the current and ongoing risk which he presented to public protection. The risk he posed could, therefore, only be assessed as high.

31. The Tribunal had regard to the General Introduction section of the Guidance, and specifically the section headed '*Case type 8: criminal convictions, cautions, court sanctions and determinations by another body responsible for the regulation of a health or social care profession*'. Paragraph 238 of the General Introduction sets out how the three parts of public protection might be engaged in a conviction case.

32. The Tribunal considered that all three parts of public protection were engaged in the current case:

Protecting, promoting and maintaining the health, safety and wellbeing of the public (patient safety)

33. The Tribunal was satisfied that Dr Manson's offences caused and risked harm to the patients he assaulted, and that – in the absence of any evidence of insight or remediation - there was a significant risk of repetition. Accordingly, the Tribunal considered that he posed a

current and ongoing risk to the health, safety and wellbeing of the public and that a finding of impairment was required on patient safety grounds.

Promoting and maintaining public confidence in the profession (public confidence)

34. As to the second aspect of public protection, namely public confidence in the profession, the Tribunal was in no doubt that Dr Manson's conviction brought the medical profession into disrepute. By his criminal conduct Dr Manson breached fundamental tenets of the medical profession, including the requirements to act within the law and to not abuse his position. The Tribunal considered that the public would be justifiably appalled by a doctor being convicted of these offences and by the conduct underlying them, namely that of a doctor using medical examinations to sexually assault his patients. The Tribunal had no doubt that Dr Manson's conviction was of such a serious nature that a finding of impairment was necessary to maintain public confidence in the profession.

Promoting and maintaining professional standards and conduct (upholding professional standards)

35. As to the third aspect of public protection, namely upholding professional standards, the Tribunal was satisfied that Dr Manson's conviction for serious criminal offences represented a significant departure from the standards of conduct expected of medical practitioners. The Tribunal considered that a finding of impairment was therefore required to send a clear signal to Dr Manson, the profession, and the public that his offending behaviour was unacceptable.

36. In all the circumstances, the Tribunal concluded that the current and ongoing risk posed by Dr Manson to public protection was high and that a finding of impairment was necessary, by reference to all three aspects of public protection.

37. The Tribunal therefore determined that Dr Manson's fitness to practise was impaired by reason of his conviction.

Determination on Sanction - 05/08/2026

1. This determination was handed down in public.

2. Having determined that Dr Manson's fitness to practise was impaired, as of today's date, by reason of conviction, the Tribunal then had to decide, in accordance with Rule 17(2)(n) of the Rules, the appropriate sanction, if any, to impose.

The evidence

3. The Tribunal reviewed its findings at the facts and impairment stages and took into account evidence received during the earlier stages of the hearing where it was relevant to reaching a decision on sanction.

Submissions

4. On behalf of the GMC, Mr Brook submitted that the decision as to the appropriate sanction was a matter for the Tribunal exercising its own independent judgement. Mr Brook referred the Tribunal to the sanctions banding at paragraph 62 in the Guidance. Mr Brook submitted that for both relevant case types of 'sexual misconduct' and 'conviction' the sanctions banding suggested a sanction between 12 months suspension to erasure for cases that present a higher risk to public protection.

5. Mr Brook referred the Tribunal to paragraphs 45 and 57 of the Guidance to provide details to the Tribunal about situations when suspension or erasure would be a proportionate response:

> *45. Suspension may be proportionate in cases where some, or all, of the following factors are present:*
>
> *a. conditions are not appropriate, measurable and/or workable*
>
> *b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or*
>
> *c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.*
>
> *57. Erasure may be the proportionate response where:*
>
> *a. conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*

b. *the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
c. *the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
d. *the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.*

6. Mr Brook submitted that suspension would not be appropriate in this case as the seriousness of the facts found proved meant that the effect of Dr Manson continuing to hold registration would undermine public confidence in the profession.

7. Mr Brook submitted that all the victims in this case were registered patients at Dr Manson's GP surgery and were vulnerable due to their physical and mental health, with one patient being a child at the relevant time. Mr Brook submitted that Dr Manson had disputed all the allegations he faced at trial, contending that the examinations he performed were not sexually motivated.

8. Mr Brook submitted that Dr Manson's convictions for sexual offences involving multiple patients, for which he received a custodial sentence coupled with indefinite notification requirements, represented a serious and significant departure from the standards of *Good Medical Practice*. Mr Brook submitted that those actions were incompatible with Dr Manson's continued registration.

9. Mr Brook referred the Tribunal to paragraph 73 of the Guidance Introduction in relation to 'Case type 1: sexual misconduct':

> *73. 'Because the level of current and ongoing risk to public protection will generally be medium or high, this will require consideration of suspension or erasure. In cases where sexual misconduct is found to be sexually motivated, the inherent seriousness is likely to be high and make any outcome short of erasure inappropriate'*

10. Mr Brook submitted that patients must have confidence in doctors to behave professionally towards them, especially during consultations and where a doctor needs to

undertake an intimate examination. Mr Brook submitted that sexual misconduct arising from within a doctor's professional practice would result in a breakdown of trust and undermine public confidence.

11. Mr Brook submitted that sexual misconduct resulting in a criminal conviction, including where the doctor had been required to register as a sex offender, further demonstrated that the only appropriate sanction in this case would be erasure to ensure that public confidence in the profession was maintained.

12. No submissions were made on Dr Manson's behalf. Mr Brook referred the Tribunal to the email from Ms J on 22 July 2026 to the GMC/MPTS setting out Dr Manson's position on sanction:

> *Dr Manson accepts the allegations as drafted (and amended) as a result. Dr Manson does however maintain his innocence in respect of the particulars of these offences and had his appeal been successful he would be mounting a full challenge to the GMC's case. As it was not Dr Manson does not seek to dispute any aspect of the GMC's allegations and recognises that he will be erased by virtue of these proceedings.*

The Tribunal's determination on sanction

13. In making its decision on sanction, the Tribunal reviewed its decision in relation to the facts and in relation to the issue of impairment and considered the level of current and ongoing risk the doctor posed to public protection. It referred to the sanctions banding(s) for Case Type 1: Sexual Misconduct and Case Type 8: Convictions as set out in Part C of the Guidance for MPT hearings. It also referred to the general guidance on Outcomes available to the MPT at the sanction stage as set out in Part C of the Guidance for MPT hearings.

14. The Tribunal reminded itself of the need to consider the level of current and ongoing risk which it found at the impairment stage and to carefully assess which, if any, sanction was proportionate to protect the public interest. The Tribunal had regard to the overarching objective and asked itself what was required but no more than necessary to achieve public protection. In making its determination the Tribunal considered the least restrictive sanction first, before moving on to consider the other available sanctions in ascending order of severity.

15. The Tribunal's decision as to the appropriate sanction, if any, was a matter for the Tribunal's own independent judgment. Whilst the Tribunal was required to consider the interests of the doctor, case law has made it clear that the need to protect the public always outweighs the interests of any individual medical professional and while restrictive action is not put in place to punish or discipline a doctor, a sanction may have a punitive effect.

16. The Tribunal reminded itself of the serious nature of Dr Manson's conviction, its findings that conduct was at the high end on the spectrum of seriousness and that the risk he poses to public protection was high. It also reminded itself that all three limbs of public protection were engaged in this case.

17. The Tribunal had regard to paragraphs 73 (in relation to Sexual misconduct) and 255 (in relation to convictions) of the introduction section of the Guidance of MPTS Tribunals, which states:

> *73. 'Because the level of current and ongoing risk to public protection will generally be medium or high, this will require consideration of suspension or erasure. In cases where sexual misconduct is found to be sexually motivated, the inherent seriousness is likely to be high and make any outcome short of erasure inappropriate.'*
>
> *'255. When considering length of sanction, the tribunal should bear in mind that where a doctor has been convicted of a serious criminal offence resulting in an immediate or suspended custodial sentence, the impact on public protection means they should not be permitted to hold unrestricted practise until they have completed their sentence. Similarly, no doctor registered as a sex offender should be able to hold unrestricted registration.'*

18. The Tribunal also bore in mind that the sanction banding in the Guidance identifies a sanction in the range from suspension for 12 months to erasure as being appropriate where there is a higher level of risk to public protection in sexual misconduct and/or conviction cases.

19. The Tribunal considered all the available sanctions, beginning with the least restrictive. Throughout its deliberations it had regard to the relevant paragraphs of the Guidance.

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 take no action. Given the findings against Dr Manson relate to a conviction for sexual assault against multiple patients, over a significant period of time, the Tribunal considered that taking no action would not be an appropriate or proportionate response and would fail to maintain public safety, maintain public confidence, and uphold professional standards.

Conditions

21. The Tribunal next considered whether to impose conditions on Dr Manson's registration. It bore in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

22. The Tribunal considered that the sanctions banding for this case type did not indicate that conditions would be sufficient to meet the level of risk to public protection.

23. In any event, the Tribunal was of the view that there were no conditions which could be implemented that would be sufficient to protect the public when considering all three limbs of public protection. In the Tribunal's view an order of conditions would also not be proportionate or appropriate to address the seriousness of Dr Manson's offending.

24. In all of the circumstances, the Tribunal concluded that a period of conditional registration would not be an appropriate or proportionate sanction and would not satisfy the public interest.

Suspension

25. The Tribunal then went on to consider whether imposing a period of suspension on Dr Manson's registration would be appropriate and proportionate. It noted that the sanction banding suggested that a sanction of 12 months' suspension may be an appropriate outcome (albeit towards the lower end of the possible range of sanctions).

26. The Tribunal noted paragraph 45 of the relevant section of the Guidance, which states:

'45 Suspension may be proportionate in cases where some, or all, of the following factors are present:

(a) conditions are not appropriate, measurable and/or workable
(b) the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or
(c) the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.'

27. The Tribunal reminded itself that the objective of imposing a period of suspension would be to manage the current and ongoing risk to public protection with the ultimate aim of Dr Manson's being able to safely return to unrestricted practice in the future.

28. The Tribunal was mindful that it had no evidence before it demonstrating that Dr Manson had insight or had completed any remediation, and that Ms J (on his behalf) had indicated his longstanding intention not to return to medical practice. The Tribunal also reminded itself of its finding at the impairment stage that there was a high risk of repetition in this case.

29. Overall, the Tribunal was not satisfied that Dr Manson would, following a period of suspension, be able to safely return to unrestricted practice in the future.

30. The Tribunal further reminded itself that there were significant patient safety concerns in this case as Dr Manson had sexually assaulted numerous patients while acting in his capacity as a General Practitioner. The Tribunal could have no confidence that such behaviour would be unlikely to be repeated, especially in the light of the Tribunal's conclusions on impairment. It was therefore satisfied that a period of suspension would not provide adequate protection to the public. In the light of the seriousness of the matters proved the Tribunal was also satisfied that a period of suspension would not maintain public confidence in the profession and would not be sufficient to uphold proper professional standards.

Erasure

31. The Tribunal therefore went on to consider whether the sanction of erasure was appropriate and proportionate.

32. The Tribunal noted paragraphs 55, 56 and 57 of the relevant section of the Guidance, which provide:

> *55 'Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.'*
>
> *56 'Erasure takes away a doctor's registration which means they are no longer entitled to practise in the UK at all, or anywhere else where they are required to hold GMC registration. It is used to protect the public in the most serious cases. It also has a deterrent effect as it sends a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.'*
>
> *57 'Erasure may be the proportionate response where:*
>
> *(a) conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
> *(b) the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
> *(c) the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
> *(d) the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'*

57(a) conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public

33. The Tribunal had already considered conditions and suspension and had determined that conditions would not be appropriate, measurable or workable and that suspension would not be sufficient to protect the public in Dr Manson's case.

57(b) the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place

34. The Tribunal reminded itself of its findings at the facts and impairment stage and found that there was evidence of Dr Manson causing harm to his patients. In the Tribunal's view the risk of the harm recurring could not be mitigated by conditions or suspension.

57(c) the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences

35. The Tribunal reminded itself that Dr Manson maintained his innocence in relation to the matters for which he was convicted. He was entitled to do so, of course, and the Tribunal did not consider his ongoing denial of responsibility as an aggravating factor. Nevertheless, in those circumstances, there was no evidence that Dr Manson had demonstrated any insight or remediation into his behaviour and its consequences beyond the view expressed by his representative that his conviction was such that erasure would be likely.

57(d) the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession

36. The Tribunal found that the seriousness of the facts found proved was such that allowing Dr Manson to remain on the register, even with a lengthy suspension, would present a high risk to public protection and would seriously undermine patient safety, public confidence in the profession and the maintenance of proper professional standards. Further, it was of the view that a reasonable member of the public, fully informed of the facts of this case, would be outraged if Dr Manson was allowed to remain on the medical register, in light

of his convictions for sexual assault in the course of his practice as a General Practitioner. His conduct was fundamentally incompatible with his continued registration.

37. Having regard to its findings as set out above, and given the circumstances of this case, the Tribunal determined to erase Dr Manson's name from the medical register. In the Tribunal's view, no lesser sanction was sufficient to protect the public.

Determination on Immediate Order – 05/08/2026

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

Submissions

2. On behalf of the GMC, Mr Brook submitted that bearing in mind the Tribunal's determinations on impairment and sanction, an immediate order was necessary in this case. He said that the risk to public protection was high and public confidence would be undermined if no immediate order were imposed.

3. Mr Brook submitted that, although Dr Manson has been sentenced to seven years in custody, he may be the beneficiary of the early release scheme. Notwithstanding the contents of Ms J's email dated 22 July 2026 relating to Dr Manson indicating that he has no wish to pursue medicine and the fact Dr Manson has not practised for a number of years, Mr Brook submitted that an immediate order was nevertheless necessary.

4. Mr Brook referred to paragraphs 84b and 84c of the Guidance:

> *84. 'It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*
>
> *a. the doctor poses a risk to patient safety*
>
> *b. the risk to one or more parts of public protection is high, and/or*
>
> *c. immediate action is needed to maintain public confidence in the medical profession.'*

5. Mr Brook submitted that, although the possibility of Dr Manson appealing the Tribunal's decision was remote based on indications he had provided via Ms J, an immediate order was sought to protect the position.

6. No submissions were made on Dr Manson's behalf.

The Tribunal's determination

7. The Tribunal referred to the relevant section of the Guidance, including:

> *79 'The MPT may impose an immediate order where 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. Where the MPT has imposed a sanction of conditions, it may impose an immediate order of conditions. Where the MPT has imposed a sanction of suspension or erasure, it may impose an immediate order of suspension.'*
>
> *84 'It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*
> *a. the doctor poses a risk to patient safety*
> *b. the risk to one or more parts of public protection is high, and/or*
> *c. immediate action is needed to maintain public confidence in the medical profession.'*

8. The Tribunal bore in mind its previous findings that the risk to public protection was high in this case and that all three elements of public protection were engaged.

9. The Tribunal considered that, given the conclusions it reached earlier in this determination that Dr Manson presented a high risk to public protection and a high risk of repetition, it would be inconsistent with those previous findings to not impose an immediate order. The Tribunal noted Mr Brook's submissions that Dr Manson may be subject to early release. The Tribunal agreed with the GMC's position that, in those circumstances, an immediate order was necessary to secure the position.

10. The Tribunal considered that paragraphs 79 and all points of paragraph 84 in the Guidance applied in this case.

11. The Tribunal determined that an immediate order was necessary and should be imposed.

12. This means that Dr Manson's 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.

13. The interim order currently in place on Dr Manson's registration will be revoked when the immediate order takes effect.

ANNEX A – Service and proceeding in absence – 04/08/2026

1. Dr Manson was neither present nor represented at this hearing.

2. Mr Ian Brook, Counsel, on behalf of the GMC, provided the Tribunal with documents regarding service of these proceedings on Dr Manson. These included a copy of the email with the Notice of Allegation that was sent to the MDU on 22 June 2026, a copy of the email from the MPTS to MDU Legal with the Notice of Hearing attached on 24 June 2026, an email from MDU Legal to MPTS/GMC Legal dated 22 July 2026 attaching written representations, and an email from MDU Legal confirming service of an amended Notice of Allegation on 23 July 2026.

3. In her written representations dated 22 July 2026, Ms J, Dr Manson's solicitor from the MDU, wrote:

"I write on behalf of Dr Manson whom I represent. Please consider this letter as Dr Manson's formal representations to the Tribunal. Dr Manson will not be in attendance, nor will he be represented. There is no practical way to facilitate a Teams call with the prison he is held at and whilst video conferences are available, they are not the equivalent of a hearing link, limited in time and rarely without technical problems. Dr Manson recognises this and is content the hearing proceeds in his absence as a result. Moreover, Dr Manson has no wish to waste Tribunal time in trying to facilitate his participation."

4. Ms J had further notified MPTS/GMC Legal in an email dated 22 July 2026 that the MDU would be withdrawing assistance to Dr Manson in relation to this matter, but that as Dr Manson was in the process of transferring prisons she would take receipt of any decisions as post could not be guaranteed to arrive to Dr Manson unless it was subject to legal privilege.

5. Mr Brook therefore invited the Tribunal to conclude that proper service had been effected in accordance with the Rules.

Tribunal's Decision

6. The Tribunal considered whether the relevant documents have been served in accordance with Rule 31 and Rule 40 of the Rules:

'31 Where the practitioner is neither present nor represented at a hearing, the Committee or Tribunal may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules.'

'40. (1) Any notice of hearing required to be served upon the practitioner under these Rules shall be served in accordance with paragraph 8 of Schedule 4 to the Act.'

7. The Tribunal also considered paragraph 8 schedule 4 of the Medical Act 1983, Rule 15 of the Rules, and MPTS Guidance under the heading '*absence of the doctor'.*

8. The Tribunal accepted Mr Brook's submission that the relevant documents had been served on Ms J on Dr Manson's behalf. The Tribunal noted that the service bundle was substantial and that notice of the hearing had been acknowledged by MDU on 26 June 2026. The Tribunal were satisfied that service had been properly effected and referred to the evidence in the proof of service bundle that Ms J had confirmed that Dr Manson would not be attending, confirming Dr Manson's non-attendance and that there was an expectation that the hearing would continue in his absence.

9. The Tribunal considered all the evidence before it and determined that Dr Manson was aware of the hearing and that notice of this hearing had been served in accordance with the Rules.

Proceeding in Dr Manson's absence

10. Mr Brook invited the Tribunal to proceed with the hearing in Dr Manson's absence pursuant to Rule 31. He submitted that the correspondence between both the GMC and the MPTS and Ms J at MDU, who had confirmed that Dr Manson would not be attending, amounted to clear evidence that he had waived his right to attend. Mr Brook submitted that it was in the public interest to proceed in the doctor's absence as an adjournment would not result in his attendance.

Tribunal's decision

11. In deciding whether to proceed with this hearing in Dr Manson's absence, the Tribunal carefully considered all of the information before it. In its deliberations, the Tribunal

had regard to the principles set out in *Adeogba v the GMC [2016] EWCA Civ 162* and the case of *R v Jones [2002] UKHL 5*.

12. The Tribunal found that there was substantial evidence of serious matters in Dr Manson's case and that it would be in the interests of Dr Manson, patients and the wider public for the hearing to proceed in Dr Manson's absence and reminded itself there is a procedural framework that ensures fairness to an absent and unrepresented doctor.

13. The Tribunal noted that Dr Manson had indicated an acceptance of the hearing proceeding in his absence and that there had been no application for an adjournment.

14. The Tribunal therefore determined that it would be both fair and in the public interest for this hearing to proceed without further delay. The Tribunal therefore exercised its discretion to proceed in Dr Manson's absence in accordance with Rule 31 of the Rules.

ANNEX B - Application to amend the allegation – 04/08/2026

1. Mr Brook submitted that there was an error within the Allegation relating to paragraph 1(d) and applied for it to be amended. Mr Brook submitted that there had been an error in the Certificate of Conviction provided by the Crown Court on which basis the GMC had drafted the Allegation.

2. Mr Brook explained that paragraph 1(d) of the Allegation – in relation to what was, in the Crown Court, Count 8 – was incorrectly recorded in the Certificate of Conviction in two respects, which subsequently fed through to the drafting of the Allegation: first, in that the date provided in the particulars was 8 November 1999; and second, that the offence in question involved Dr Manson "brushing penis and testicles". The Tribunal's attention was drawn to an excerpt of the indictment in which the correct date for Count 8 (19 November 1999) was specified, and the correct particulars were recorded as "Second consultation relating to epigastric pain – removing underwear".

3. Mr Brook further submitted that there was no objection from Ms J, on Dr Manson's behalf, to the proposed amendment to the allegation.

The Tribunal's decision

4. The Tribunal had regard to Rule 17(6) of the Rules which states:

(6) 'Where, at any time, it appears to the Medical Practitioners Tribunal that—

(a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and
(b) the amendment can be made without injustice,

it may, after hearing the parties, amend the allegation in appropriate terms.'

5. The amendment proposed by the GMC involved the correction of a simple factual error resulting from a mistake in the Certificate of Conviction, was agreed on Dr Manson's behalf, and did not make the case against him any more serious. The Tribunal, having considered the Rules, Mr Brook's submissions and Ms J's representations, determined that the amendment to the Allegation sought by the GMC could be made without injustice and therefore allowed the GMC's application.