

**PUBLIC RECORD**

Dates: 04/09/2024 - 05/09/2024

Medical Practitioner's name: Dr Huw GLOVER  
GMC reference number: 3295007  
Primary medical qualification: MB BS 1988 University of London

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	Ms Margaret Obi
Lay Tribunal Member:	Mr John Kelly
Medical Tribunal Member:	Dr Nagarajah Theva

Tribunal Clerk:	Ms Hinna Safdar
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**Attendance and Representation:**

Medical Practitioner:	Not present, not represented
GMC Representative:	Ms Kathryn Hughes, 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.

**Overarching Objective**

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

## Determination on Facts - 05/09/2024

### Background

1. Dr Glover qualified as a doctor in 1988. At the time of the events Dr Glover was practising as a GP Partner at the Featherstone Family Health Centre. Dr Glover also worked as a GP Trainer at the West Midlands Deanery and GP Tutor at Keele Medical School.
2. On 29 August 2019, an undercover Police officer was deployed as part of an online investigation carried out by the Metropolitan Police into the use of the internet by people with a sexual interest in children. The Police officer was deployed via the messenger service 'XXX' and joined a group called 'XXX'. The group consisted of another 43 members. At 12.19pm the officer received a private message from a person with the username 'XXX' and the profile name 'XXX'. It transpired that this person was Dr Glover.
3. Dr Glover claimed to be a 44 year old female from the Midlands married to a 46 year old husband called Dave, with three children aged 15, 12 and 8. The profile picture of 'XXX' was of a garden furniture set.
4. During the online chat Dr Glover showed an interest in the undercover officer's children and asked their ages. Dr Glover suggested that 6 and 9 are "*good ages*" and expressed a sexual interest in children. Dr Glover was asked whether he had ever 'shared' his children before and he confirmed that he had and went on to suggest that he lived within a sexually open family which included being nude together. Dr Glover as 'XXX' claimed that she and her husband had both engaged in oral sex with their older children. 'XXX' was then asked if she would share their daughter. She indicated a willingness to share her daughter for the purposes of oral sex and asked if the undercover officer was interested in seeing his daughter with other kids. 'XXX' suggested that they could get together and let it happen.
5. On 3 September 2019, Dr Glover was arrested at his home address for the offence of publishing an obscene article, contrary to Section 1 of the Obscene Publications Act. Dr Glover's house was searched, and a mobile phone was seized. Dr Glover's work address at the GP Practice was also searched and a mobile phone and tablet were seized. The mobile phone from Dr Glover's house was examined but the XXX application was not found. However, traces of this application were found on the SD card of this handset. An image identical to the XXX profile image of garden furniture was also found on this handset.
6. The initial concerns were raised with the GMC on 6 September 2019 by NHS England.

## The Outcome of Applications Made during the Facts Stage

7. The Tribunal granted the GMC’s application, made pursuant to Rules 20, 40 and 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended (‘the Rules’), that service had been effected and to proceed in Dr Glover’s absence. The determination on service and proceeding in absence is set out in Annex A.

## The Allegation

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

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

1. On 1 August 2022 at Shrewsbury Crown Court, you were convicted of attempting to publish an obscene article.

**To be determined**

2. On 9 November 2023 you were sentenced to:

a. a 24-month community order;

**To be determined**

b. 35 rehabilitation activity requirement days (to include Maps for Change program);

**To be determined**

c. 80 hours’ unpaid work.

**To be determined**

## The Facts to be Determined

9. The Tribunal is required to determine whether Dr Glover was convicted of attempting to publish an obscene article at Shrewsbury Crown Court on 1 August 2022. In addition, whether on 9 November 2023 Dr Glover was sentenced to a 24-month community order, 35 rehabilitation activity requirement days (to include Maps for Change program) and 80 hours’ unpaid work.

## Documentary Evidence

10. The Tribunal had regard to the documentary evidence within the hearing bundle. This evidence included but was not limited to:

- Correspondence between the GMC and from NHS England & NHS Improvement - September 2019
- Correspondence to the GMC from West Mercia Police, between September 2019 and November 2023
- Email from Keele University - 18 October 2019
- Correspondence to the GMC from HEE West Midlands - December 2019
- Indictment - undated
- Pre-sentence report - 11 August 2022
- Sentencing remarks - 9 November 2023
- Certificate of Conviction - 29 February 2024

### The Tribunal's Approach

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

### The Tribunal's Analysis of the Evidence and Findings

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

13. The Tribunal heard no witness evidence and received no evidence from Dr Glover indicating that he is not the person subject to the conviction. The Tribunal that noted Rule 34(3) and to 34(5) of the Rules, provides as follows:

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

...

14. The Tribunal had regard to the Certificate of Conviction provided by Shrewsbury Crown Court, dated 29 February 2024. The document confirms the offence, and the date of conviction was 1 August 2022. It further confirmed that the sentence was imposed by the court on 9 November 2023. The Tribunal noted that the Certificate of Conviction also confirms that Dr Glover admitted that he attempted to publish an obscene article. The Tribunal is satisfied that the certificate of conviction satisfies Rule 34 (3).

15. The Tribunal concluded that Dr Glover was convicted of attempting to publish an obscene article and that the sentence imposed was a 24-month community order with a rehabilitation activity requirement and 80 hours' unpaid work.

16. The Tribunal was satisfied that the Certificate of Conviction satisfied Rule 34 (3), and that the conviction relates to Dr Glover.

17. Accordingly, the Tribunal found the allegation proved in its entirety.

#### The Tribunal's Overall Determination on the Facts

18. The Tribunal has determined the facts as follows:

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

1. On 1 August 2022 at Shrewsbury Crown Court, you were convicted of attempting to publish an obscene article.

**Determined and found proved**

2. On 9 November 2023 you were sentenced to:

a. a 24-month community order;

**Determined and found proved**

b. 35 rehabilitation activity requirement days (to include Maps for Change program);

**Determined and found proved**

c. 80 hours' unpaid work.

**Determined and found proved**

### Determination on Impairment - 05/09/2024

19. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Glover's fitness to practise is impaired by reason of his conviction.

### The Evidence

20. The Tribunal has taken into account all the evidence received during the facts stage of the hearing.

### Submissions

21. On behalf of the GMC, Ms Hughes submitted that Dr Glover has brought the profession into disrepute and breached a fundamental tenet of the profession. Ms Hughes submitted that a reasonable and informed member of the public would find Dr Glover's actions deeply concerning, as they undermine public confidence in the medical profession.

22. Ms Hughes further submitted that Dr Glover's conviction represents a significant departure from the standards outlined in Good Medical Practice 2013 ('GMP'), specifically those requiring doctors to act with honesty, integrity, and to follow the law. Ms Hughes emphasised that although Dr Glover's offence did not result in him being placed on the sex offenders register, it is sexual in nature and should be regarded as serious. Ms Hughes drew to the Tribunal's attention the sentencing remarks of His Honour Judge A, who emphasized the seriousness of the offending behaviour, and the potential harm Dr Glover's actions could have caused.

23. Ms Hughes acknowledged that Dr Glover's criminal conduct was an isolated incident. She also noted that he has no previous convictions, and no concerns had ever been raised by Dr Glover's colleagues. However, Ms Hughes submitted that these factors carry little weight given the overwhelming seriousness of the criminal offence. Ms Hughes also addressed the context, noting that while Dr Glover mentioned the possibility of early retirement and removing himself from the register, his assertions lack supporting evidence and should not influence the Tribunal's decision. Ms Hughes stressed that the risk of future harm remains a serious concern.

24. Ms Hughes submitted that Dr Glover has shown no remorse, provided no evidence of remediation, and demonstrated limited insight into his actions. Despite eventually pleading guilty, Dr Glover initially maintained a not guilty plea for over two years and subsequently

attempted to vacate his guilty plea. Ms Hughes invited the Tribunal to conclude that Dr Glover’s deletion of the offending material was not necessarily an expression of remorse and could equally be seen as an attempt to cover up his actions. Furthermore, Dr Glover’s failure to engage with these proceedings and his lack of cooperation further demonstrates a lack of insight and taking responsibility for his actions.

25. Ms Hughes invited the Tribunal to conclude that a finding of impairment is necessary to maintain professional standards and public confidence.

### The Relevant Legal Principles

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

27. The Tribunal must determine whether Dr Glover’s fitness to practise is impaired today taking into account Dr Glover’s 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.

28. The Tribunal must also consider whether Dr Glover has demonstrated insight into his actions. It bore in mind the definition of insight given at paragraph 76 in the case of *GMC v Sawati [2022] EWHC 283 (Admin)*:

*’76 As a general principle, insight – an acknowledgment and appreciation of a failing, its magnitude, and its consequences for others – is essential for that failing to be properly understood, addressed and eliminated for the future. Future risk – to patients or to public confidence in general – is a proper preoccupation of Tribunals. If a doctor’s performance or conduct is faulty, but they do not have insight into that, that can give good grounds for concern that they are unlikely to be able to address and remediate it, and hence that they pose a continuing risk.’*

### The Tribunal’s Determination on Impairment

29. The Tribunal reminded itself of the statutory overarching objective which is 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.

30. The Tribunal was of the view that Dr Glover acted in a proactive and predatory manner by setting up and using an online account. He believed that he was communicating with someone who shared a sexual interest in the abuse of children.

31. The serious nature of Dr Glover's behaviour is reflected by the length of the community order and the activities he is required undertake. Dr Glover was sentenced to 24-month community order, with a 35 rehabilitation activity requirement days (to include Maps for Change program) and 80 hours' unpaid work. Although there is no evidence that Dr Glover's conviction caused direct harm to children, his conviction had the potential to cause serious harm. In reaching this conclusion the Tribunal took into account the sentencing remarks of His Honour Judge A who stated:

*"One of the things that the internet does is to create forums in which people feel, quite unrealistically, that they can speak anonymously, and share their darkest thoughts with others. If what you thought was happening had been true, it had potential to do great harm to children, because the more there is mutually reinforcing discussion among a like-minded group, the greater the chance that the ideas or fantasies that are being discussed may come to be put into practice."*

32. The Tribunal had regard to the GMP (2013) paragraph 1 and 65 in particular which states:

*'1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*

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

33. The Tribunal determined that paragraphs 1 and 65 of GMP were engaged and that by virtue of Dr Glover's conviction he had departed significantly from the standards required of doctors, as set out in GMP. The Tribunal determined that Dr Glover brought the profession into disrepute and breached fundamental tenets of the profession, specifically relating to acting within the law. In considering whether Dr Glover's fitness to practise is currently impaired, the Tribunal balanced its assessment of his insight, remediation and the risk of repetition against the statutory overarching objective. It noted that Dr Glover made admissions during the criminal proceedings. However, the Tribunal concluded that there was



insufficient evidence that this was based on remorse or contrition. In reaching this conclusion the Tribunal noted that Dr Glover has provided no evidence of insight or remediation for the purpose of this hearing. In the absence of this, the Tribunal concluded that there remains a significant risk of his conduct being repeated.

34. The Tribunal determined that due to the very serious nature of the offences for which Dr Glover was sentenced, he does pose a real risk to public safety and that a finding of impairment is necessary to maintain the health, safety and well-being of the public.

35. Further, the Tribunal was satisfied that a reasonable and properly informed member of the public would be surprised and concerned if no finding of impairment were made. The Tribunal determined that public confidence in the profession and the regulator would be seriously undermined if a finding of impaired fitness to practise was not made. The Tribunal, therefore, concluded that a finding of impaired fitness to practise was required to declare and uphold proper standards of behaviour and to maintain public confidence in the profession.

36. The Tribunal has therefore determined that Dr Glover's fitness to practise is impaired by reason of his conviction.

#### **Determination on Sanction - 05/09/2024**

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

#### **The Evidence**

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

#### **Submissions**

39. On behalf of the GMC, Ms Hughes submitted that the appropriate sanction in this case is erasure. Ms Hughes submitted that the Tribunal has found that Dr Glover's conviction represents a significant departure from the standards expected of a doctor as outlined in *Good Medical Practice 2013 ('GMP')*.

40. Ms Hughes submitted that there are no mitigating factors in this case. However, she further submitted that Dr Glover eventually entered a guilty plea, but reminded the Tribunal that it found no evidence that this was due to remorse or contrition. Ms Hughes submitted that there has been no expression of regret or apology from Dr Glover. Ms Hughes invited the Tribunal to conclude that any mitigating factors would in any event be outweighed by the aggravating factors which include Dr Glover's lack of insight, the sexual nature of the offence, and the inappropriate behaviour towards children.

41. Ms Hughes submitted that the gravity of Dr Glover's conviction and his breach of public trust and safeguarding responsibilities, are such that erasure is the only proportionate sanction.

### **The Tribunal's Determination on Sanction**

42. In reaching its decision, the Tribunal took account of the SG and of the overarching objective as set out in the Medical Act 1983. The Tribunal was mindful not to give excessive weight to any one limb. Sanctions are not imposed to punish doctors, although they may have a punitive effect.

43. The Tribunal took a proportionate approach, balancing the interests of Dr Glover with the public interest. It bore in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor.

44. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal exercising its own judgement. It must consider the least restrictive sanction first and then, if necessary, consider the other sanctions, taking into account the evidence and submissions that have been read and heard.

45. The Tribunal first considered the mitigating and aggravating factors and addressed them within the context of the determination.

46. The Tribunal was not made aware of any other fitness to practise findings against Dr Glover. However, the Tribunal took the view that all registered doctors are expected to act within the law and adhere to high standards of personal and professional behaviour at all times. Therefore, the Tribunal concluded the absence of an adverse fitness to practise history did not amount to a mitigating factor. The Tribunal noted that Dr Glover pleaded guilty and that his offending behaviour occurred 5 years ago. Nevertheless, the Tribunal also concluded that these features do also not amount to mitigating factors as there was no evidence that the guilty plea was for reasons of remorse and contrition. In reaching this conclusion the

Tribunal took into account the serious nature of Dr Glover’s conviction and its long-term adverse impact on trust and confidence in the medical profession as a whole. The Tribunal concluded that there are no mitigating factors in this case.

47. In considering the aggravating factors, the Tribunal noted that there has been no apology or expression of regret from Dr Glover. It acknowledged that Dr Glover made an admission during the criminal proceedings, but no explanation has been put forward to explain his actions or to demonstrate an understanding of the wide-ranging impact of his behaviour on the public and his profession. The Tribunal concluded that there is no evidence of insight, remorse or attempts at remediation by Dr Glover. It also determined sub-paragraphs of 55 and 56 of the SG are engaged:

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

*a ...*

*e sexual misconduct (see paragraphs 149–150)*

*f sexual offences and/or child sex abuse materials (see paragraphs 151–159)*

*g ...*

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

*a ...*

*d misconduct involving violence or offences of a sexual nature (see paragraphs 149–150)*

*e ...*

48. The Tribunal attached significant weight to the nature and seriousness of Dr Glover’s conviction and his lack of insight and took these aggravating factors into account in determining what, if any, sanction should be imposed.

## **No Action**

49. The Tribunal first considered whether to conclude Dr Glover’s case by taking no action.

50. The Tribunal determined that in view of the nature and gravity of Dr Glover’s conviction, to take no action on his registration would not satisfy the statutory overarching objective to protect the public, maintain public confidence and uphold the reputation of the

profession. The Tribunal concluded that there were no exceptional circumstances to justify taking no action in this case.

### Conditions

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

52. The Tribunal noted that it would be unusual to address attitudinal failings by imposing conditions. Dr Glover's conviction demonstrates serious offending involving sexually explicit conversation in respect of children. Although such behaviour may be capable of remediation, doing so requires willingness to be self-critical and to address underlying behavioural traits. There was no evidence before the Tribunal that the Registrant is able or willing to take active steps to remedy the behaviour which led to his convictions. Therefore, the Tribunal concluded that it would not be possible to formulate appropriate conditions that would be workable, measurable, or proportionate.

53. In any event, the Tribunal concluded that given the nature and gravity of Dr Glover's conviction conditions would be insufficient to meet the public interest and maintain proper professional standards of conduct for members of the profession. Rather than uphold and promote trust and confidence, conditional registration in this case would significantly undermine the overarching objectives.

### Suspension

54. The Tribunal then went on to consider whether imposing a period of suspension on Dr Glover's registration would be appropriate and proportionate.

55. The Tribunal had regard to the paragraphs 92, 93 and 97 of the SG which outline factors which would indicate suspension might be appropriate. It considered the following paragraphs and sub-paragraphs to be relevant:

*92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the Tribunal*

*considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*

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

*97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

*a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.*

*...*

*e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.*

*f No evidence of repetition of similar behaviour since incident.*

*g The Tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.*

56. In relation to 97(a) The Tribunal considered that the conviction and Dr Glover's underlying conduct was so serious that it is fundamentally incompatible with continued registration. It determined that a period of suspension would not be sufficient to adequately address the seriousness of Dr Glover's conviction or uphold the statutory overarching objective.

57. In relation to 97(e) the Tribunal considered that remediation is very difficult after a conviction such as this and, there is no evidence that remediation would be successful due to Dr Glover's failure to engage.

58. In relation to 97(f) and (g), the Tribunal was not satisfied that Dr Glover has any insight and as a consequence concluded that there was a significant risk of the behaviour being repeated.

59. For these reasons, the Tribunal determined that suspension would not be proportionate, would not protect the public and would not address the public's trust and confidence in the medical profession.

## Erasure

60. The Tribunal took into account paragraphs 109, 150, 153 and 154 of the SG and determined that these paragraphs are engaged:

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

*a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.*

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

...

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

...

*150 Sexual misconduct seriously undermines public trust in the profession. The misconduct is particularly serious where there is an abuse of the special position of trust a doctor occupies, or where a doctor has been required to register as a sex offender. More serious action, such as erasure, is likely to be appropriate in such cases.*

*153 While the courts distinguish between degrees of seriousness, any conviction for child sex abuse materials against a registered doctor is a matter of grave concern because it involves such a fundamental breach of the public's trust in doctors and inevitably brings the profession into disrepute. It is therefore highly likely that, in these cases, the only proportionate sanction will be erasure...*

*154 The Tribunal should be aware that any conviction relating to child sex abuse materials will lead to registration as a sex offender and possible inclusion on the Children's Barred List by the Disclosure and Barring Service under the Safeguarding Vulnerable Groups Act 2006 (as amended).<sup>33</sup> The Council of the GMC has made it clear that no doctor registered as a sex offender should have unrestricted registration. The Tribunal will therefore need to make sure that, in cases where it imposes a period of suspension or conditions, the case is reviewed before the end of this period to consider whether a further period is appropriate.*

61. In determining that erasure was the most appropriate and proportionate sanction, the Tribunal had regard to the fact that Dr Glover was convicted of attempting to publish an obscene article and was sentenced to a 24-month community order with rehabilitation and unpaid work requirements.

62. The Tribunal reminded itself of its findings that although there is no evidence of direct harm, Dr Glover’s criminal conduct had the potential to cause significant harm to children. This raises a significant concern about Dr Glover’s attitude and the risk he poses to patients under his care and the wider public. Dr Glover’s conviction is a particularly serious departure from the standards of GMP and is fundamentally incompatible with being a registered doctor. He undermined and breached the trust and confidence patients, colleagues and the public are entitled to expect from a member of the medical profession. The conviction inevitably brought the profession into disrepute. The Tribunal considered that members of the public would find the behaviour which underlies his conviction deplorable and morally reprehensible.

63. The Tribunal determined the only appropriate and proportionate sanction in this case was one of erasure. Erasure is the only sanction which will be sufficient to promote and maintain public confidence in the medical profession and promote and maintain proper professional standards and conduct for members of the profession.

64. The Tribunal therefore directed that Dr Glover’s name be erased from the Medical Register.

#### **Determination on Immediate Order - 05/09/2024**

65. Having determined that Dr Glover’s name be erased from the Medical Register, the Tribunal considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

#### **Submissions**

66. On behalf of the GMC, Ms Hughes submitted that an immediate order of suspension was necessary in order to protect members of the public and otherwise in the public interest. She drew the Tribunal’s attention to paragraphs 172 and 173 of the SG.

67. Ms Hughes submitted that this is a serious conviction, and the Tribunal has identified that there is a risk of repetition, lack of insight and remediation. She submitted that Dr Glover has not been practising since 2019 and therefore an immediate interim order would cause no prejudice to him or any patients. She submitted that an immediate order would be necessary to ensure protection and maintain confidence in the profession.

## The Tribunal's Determination

68. In reaching its decision, the Tribunal exercised its own judgement and taken account of the principle of proportionality. The Tribunal bore in mind that it may impose an immediate order where it is satisfied that it is necessary for the protection of members of the public or is otherwise in the public interest or is in the best interests of the practitioner. It also considered the guidance given in paragraphs 172 and 173 of the SG relating to immediate orders:

*172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.*

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

69. The Tribunal determined that in light of the seriousness of its findings, and in the particular circumstances of this case, an immediate order of suspension is necessary in order to protect the public and maintain public confidence in the medical profession.

70. This means that Dr Glover'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.

71. The Interim Order currently imposed on Dr Glover's registration will be revoked when the immediate order takes effect.

72. That concludes the case.



ANNEX A – 05/09/2024

**Service and proceeding in absence**

73. Dr Glover is neither present nor represented at this Medical Practitioners Tribunal ('MPT'). The Tribunal therefore considered whether notice of this hearing has been properly served in accordance with Rules 20 and 40 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004 ('the Rules') and paragraph 8 of Schedule 4 to the Medical Act 1983.

74. Ms Kathryn Hughes, GMC Counsel, submitted that in accordance with Rule 31, a tribunal may proceed with a hearing if the practitioner is neither present nor represented, provided that all reasonable efforts have been made to serve notice of the hearing on the practitioner.

75. Ms Hughes referred the Tribunal to the relevant proof of service documents, which included but was not limited to:

- Screenshot of Dr Glover's GMC registered email address;
- Email to Dr Glover containing the GMC's Rule 34(9) information letter and draft hearing bundle, dated 30 July 2024;
- Email from Dr Glover confirming receipt of the GMC's information letter and draft hearing bundle;
- Email to Dr Glover containing the MPTS Notice of Hearing, dated 30 July 2024;
- Email from Dr Glover confirming receipt of the MPTS Notice of Hearing, dated 23 May 2024.

76. Ms Hughes submitted that the Notice of Hearing had been sent to Dr Glover's registered email address on 30 July 2024, and he had previously agreed to receive documents via email. The notice met all the necessary requirements of Rule 15, including the date, time and venue of the hearing, Dr Glover's right to attend the hearing and the power of the Tribunal to proceed in his absence. The proof of service documents confirm that Dr Glover acknowledged receipt of the Notice of Hearing shortly after it had been sent, indicating that he was aware of the hearing. Additionally, a Rule 34(9) letter had also been sent to Dr Glover on the same day (30 July 2024), which he also acknowledged.

77. Ms Hughes further submitted that Dr Glover was contacted shortly before the hearing and stated that he would not be attending. In these circumstances, Ms Hughes invited the Tribunal to conclude that Dr Glover had voluntarily chosen not to engage with these proceedings, and therefore, the hearing should proceed in his absence.

Service

78. The Tribunal accepted the submissions made by Ms Hughes. The Tribunal was satisfied that all reasonable steps had been taken to serve the Notice of Hearing on Dr Glover and that it had been properly served in accordance with the Rules.

Proceeding in Absence

79. The Tribunal went on to consider whether to proceed with this hearing in Dr Glover's absence, in accordance with Rule 31 of the Rules. The Tribunal bore in mind that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

80. In reaching its decision, the Tribunal considered the submissions made on behalf of the GMC and the evidence before it, as set out above.

81. The Tribunal noted that the GMC made several attempts to involve Dr Glover via various correspondence. The information provided made it clear that Dr Glover did not wish to participate and had consistently refused to engage with his regulator. The Tribunal concluded that Dr Glover's absence was a deliberate and voluntary waiver of his right to attend the hearing. There had been no application to adjourn and no indication from Dr Glover that he would be willing to attend on an alternative date and therefore re-listing this hearing would serve no useful purpose. The Tribunal noted that there may be some disadvantage to Dr Glover in not being able to give evidence or make oral submissions. However, the Tribunal was satisfied that he had been given the opportunity to attend and to submit any documents upon which he intended to rely but chose not to engage in the regulatory process.

82. In any event, the Tribunal concluded that any disadvantage to Dr Glover is significantly outweighed by the public interest in ensuring that the serious allegations in this case are considered and determined as expeditiously as possible.

83. Having considered all the circumstances, the Tribunal determined that it was fair and reasonable to proceed in Dr Glover's absence in accordance with Rule 31 of the Rules.