PUBLIC RECORD

Dates: 27/01/2026 - 03/02/2026

Doctor:	Dr Ian HUDSON
GMC reference number:	2616869
Primary medical qualification:	MB BS 1982 University of London

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Miss Atiyah Malik
Lay Tribunal Member:	Ms Hermione McEwen
Registrant Tribunal Member:	Dr Obadah Ghannam

Tribunal Clerks:	Ms Maria Khan (27/01/26 – 29/01/26) Mr Joel Taylor – Garratt (30/01/26) Mr Michael Murphy (02/02/26 – 03/02/26)

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Ms Fiona Wise, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts/impairment - 30/01/2026

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), to sit in private when the matters under consideration or heard as evidence were deemed confidential. This determination will be handed down in private but as this case concerns Dr Hudson's alleged conviction and misconduct, a redacted version will be published at the close of the hearing.

Background

2. Dr Hudson qualified as a doctor in 1982 from the University of London. He relinquished his licence to practise in 2019 and has not worked in a clinical capacity since September 2019, although he remained on the Medical Register.

3. The allegations that have led to Dr Hudson's hearing can be summarised as follows. On 30 July 2024 at Chelmsford Magistrates' Court, Dr Hudson entered guilty pleas and was convicted of two counts of attempting to engage in sexual communication with a child. On 28 October 2024, Dr Hudson was sentenced to a custodial sentence of six months (suspended for 18 months), a requirement to register with the police for 10 years in accordance with the Sexual Offence Act 2003, and a Sexual Harm Prevention Order for five years.

4. It is further alleged that Dr Hudson failed to notify the GMC without delay that he had been convicted of a criminal offence.

Details of the conviction

5. On 8 August 2023, officers from Essex Police attended Dr Hudson's home address to execute a Section 8 warrant after receiving information that Dr Hudson had been engaging in sexual communications with who he believed to be a 12-year-old girl named E, and a 13-year-old girl called F, on chat applications. During the communications, Dr Hudson had requested

photos from both girls and some of the conversations had been sexual in nature. Multiple devices were seized, including two mobile phones confirmed by Dr Hudson as belonging to him.

6. The police investigation showed that between 28 June 2023 and 17 July 2023, Dr Hudson had been engaging in online conversations of a sexualized nature with two females who were in fact undercover police officers. They had informed Dr Hudson that they were 13-years-old and 12-years-old, respectively, and he had been in communication with them using the Kik Messenger application. Dr Hudson had initially met them both on Rando Chat, a free anonymous online chat application that does not have an age verification process, but the age range on the platform is 18 to 99. The undercover officers then provided Dr Hudson with their Kik Messenger ID and he contacted them through that site. It was during those conversations they made their respective ages clear to Dr Hudson, but he continued the conversations and asked questions of a sexualised nature.

7. Dr Hudson was interviewed by the police on 19 February 2024 at Chelmsford Police station and gave no comment to all questions. He was then charged by postal requisition on the 12 July 2024, with his first appearance at the Magistrates' Court being 30 July 2024, where he entered a guilty plea to each charge.

8. The particulars of the offences were:

> *"Between 28/06/2023 and 15/07/2023 [redacted] being a person aged 18 or over, for the purpose of obtaining sexual gratification, intentionally attempted to communicate with [F], a person under 16 who you did not reasonably believe to be 16 or over, the communication being sexual, namely asking about the child's 'bum' and 'boobs'"*
>
> and
>
> *"Between 05/07/2023 and 17/07/2023 [redacted] being a person aged 18 or over, for the purpose of obtaining sexual gratification, intentionally attempted to communicate with [E], a person under 16 who you did not reasonably believe to be 16 or over, the communication being sexual, namely asking about the child's 'boobs' and whether the child was having sex yet."*

9. Dr Hudson was sentenced on 28 October 2024 to three months imprisonment for each offence. The total custodial period was therefore six months, suspended for 18 months. Dr Hudson was also required to register with police under the Sexual Offences Act 2003, for a period of 10 years, and a Sexual Harm Prevention Order was made for a five-year period.

Misconduct

10. The GMC became aware of Dr Hudson's conviction when he submitted a Voluntary Erasure ('VE') form on 30 September 2024. In response to the question, *"Are you aware of any proceedings, acts or omissions on your part which might render you liable to be referred to the GMC for investigation or consideration of your fitness to practise"*, Dr Hudson answered, *"Yes"* and provided further information:

> *"Whilst ill with a new diagnosis of cancer in June/July 2023 I had two conversations of a sexual nature on an adult chat site with profiles that stated they were underage (actually undercover police officers). I have pleaded guilty to the charges and await sentencing. I have not worked in a medical capacity since Sept 2019, and have no contact with patients for many years. Anyway I wish to give up my registration because of age and retirement."*

11. As a result of this notification, the GMC contacted the relevant police force and established that Dr Hudson had been charged with two offences by way of postal requisition on 12 July 2024.

12. Prior to Dr Hudson submitting the VE application on 30 September 2024, he had not informed the GMC that he had been charged with the offences on 12 July 2024, nor that he was convicted on 30 July 2024. Therefore, as well as opening an investigation in respect of the conviction, an additional allegation in relation to his failure to inform the GMC was added to the investigation.

The Outcome of Applications made during the Facts Stage

13. On day 1 of the hearing, 27 January 2025, Dr Hudson made an application, pursuant to Rule 41 of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), for the entirety of the hearing to be held in private. The Tribunal refused the application. The Tribunal's full decision on the application is included at Annex A.

The Allegation and the Doctor's Response

14. The Allegation made against Dr Hudson is as follows:

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

1. On 30 July 2024 at Chelmsford Magistrates' Court you were convicted of two counts of attempting to engage in sexual communication with a child.
Admitted and found proved

2. On 28 October 2024 you were sentenced to:

    a. a requirement to register with the police in accordance with the Sexual Offences Act 2003 for ten years; **Admitted and found proved**

    b. a Sexual Harm Prevention Order for five years;
    Admitted and found proved

    c. a custodial sentence totalling six-months, suspended for 18 months.
    Admitted and found proved

3. You failed to notify the GMC without delay that you had been:

    a. charged with the criminal offences detailed in paragraph 1;
    Admitted and found proved

    b. convicted of the criminal offences detailed in paragraph 1.
    Admitted and found proved

And that by reason of the matters set out above your fitness to practise is impaired because of your:

a. conviction in respect of paragraph(s) 1 and 2; **To be determined**

b. misconduct in respect of paragraph 3. **To be determined**

The Admitted Facts

15. At the outset of these proceedings, Dr Hudson made admissions to the Allegation, as set out above, in its entirety, in accordance with Rule 17(2)(d) of the 'the Rules'. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

Determination on Impairment

16. The Tribunal went on to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which were admitted and found proved, as set out above, Dr Hudson's fitness to practise is impaired by reason of a conviction for a criminal offence, and misconduct.

Witness Evidence

17. The Tribunal received evidence on behalf of the GMC in the form of a witness statement dated 27 July 2025 from Ms A, Investigation Officer at the GMC. Ms A did not give oral evidence at the hearing.

18. Dr Hudson provided two witness statements dated October 2025 and 16 December 2025.

19. The Tribunal received evidence on behalf of Dr Hudson from the following witnesses who were not called to give oral evidence:

- Ms B, XXX. Her statement was dated 11 September 2024;
- Ms C, Dr Hudson's Probation Officer. Ms C provided a supporting letter dated 8 September 2025.

Documentary Evidence

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

GMC Evidence

- Transcript of police interview with Dr Hudson, dated 19 February 2024;
- Police Report MG5, dated 5 July 2024;
- Police witness statements MG11, various dates;
- VE application form, dated 30 September 2024;
- Emails between GMC and Essex Police, dated from 12-15 November 2024;
- Certificate of Conviction, dated 28 October 2024;
- Updated Certificate of Conviction with previously missing pages attached.

Dr Hudson's Evidence

- Dr Hudson's Rule 7 response, dated 10 April 2025;
- Letter from Dr D, XXX, dated 17 June 2024.

Submissions

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

21. Ms Fiona Wise, Counsel, on behalf of the GMC, first reminded the Tribunal that when considering impairment it must keep at the centre of its considerations the overarching objective found under Section 1 of the Medical Act 1983: to protect, promote and maintain the health, safety and wellbeing 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 the medical profession. Ms Wise submitted that in this case, the second and third limbs were engaged and a finding of impairment was necessary in order to uphold these two limbs.

22. Throughout her submissions, Ms Wise referred to the new *Guidance for MPTS Tribunals,* Section 3, "*MPT hearings*" ('Section 3 Guidance'), which came into effect on 24 November 2025.

23. Ms Wise submitted that paragraph 6 of the Section 3 Guidance states there has to be a legal basis for the Tribunal to assess whether a doctor's fitness practise is impaired. As both misconduct and a conviction were listed within the six legal bases, the Tribunal could be satisfied that there were legal bases in respect of grounds for a finding of impairment.

24. Ms Wise reminded the Tribunal what constituted misconduct, namely that it was about behaviour and could consist of acts and/or admissions arising in or outside of a doctor's working life. This included failing to act appropriately or demonstrating behaviour that falls short of what can reasonably be expected. To amount to misconduct, the behaviour needs to be a serious departure from professional standards as set out in *Good medical practice* ('GMP'). Referring to conviction, Ms Wise told the Tribunal that the Section 3 Guidance specifies, "*A conviction or caution in the British Islands for a criminal offence ….".* Ms Wise submitted that the Tribunal's decision on impairment was based on whether Dr Hudson posed a current ongoing risk to one or more of those three limbs of public protection.

25. Turning to the matter of where on the spectrum of seriousness the allegations lay, Ms Wise submitted that Dr Hudson's conduct had breached paragraphs 4, 81 and 99 of GMP (2024):

4 You must follow the law, our guidance on professional standards, and other regulations relevant to your work

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

99 You must tell us without delay if, anywhere in the world:

….

b you have been charged with a criminal offence in person or by post

c you have been found guilty of a criminal offence

26. Ms Wise submitted that the matter of Dr Hudson's conviction fell at the higher end of the spectrum of seriousness. This was a case where Dr Hudson had been convicted of an offence under the Sexual Offences Act 2003 involving minors and was sentenced to six months imprisonment, suspended for 18 months. He was also required to register on the sex offenders register for 10 years and made subject to a Sexual Harm Prevention Order for five years.

27. Ms Wise referred the Tribunal to paragraph 31 of the Section 3 Guidance which states that, *"a criminal conviction or other court sanction resulting in a custodial sentence, whether that's immediate or suspended",* will fall at the higher end of the spectrum of seriousness. Ms Wise submitted that paragraph 26 of the guidance was also relevant in relation to considering where on the spectrum of seriousness the allegations would fall. This states: *"certain types of behaviour represent such a serious departure from professional standards that they will usually fall at the higher end of the spectrum of seriousness. This is often because the departure from the professional standards … breaches the fundamental tenets of the profession such as failing to act with integrity and uphold the law"*

28. In relation to the misconduct allegation, Ms Wise submitted that the delay in informing the GMC of being charged with these offences and being convicted of these offences was aggravated by the serious nature of the offences themselves and the fact that Dr Hudson had to register with the police under the Sexual Offences Act for 10 years.

29. Ms Wise told the Tribunal it was accepted that Dr Hudson was not in medical practice at the time of being charged and convicted, and he did, in due course, notify the GMC when applying for VE. However, such a delay was not specified in the Section 3 Guidance, which provided many examples of those matters which would fall in low, medium or high seriousness. Ms Wise submitted that the nature of the offences meant the delay in disclosure also lay towards the higher end of seriousness.

30. Ms Wise referred the Tribunal to paragraph 38 of the Section 3 Guidance and submitted that, looking at the allegations overall, the matters had a high-end starting point regarding the risk posed to public protection.

31. Ms Wise then turned to the consideration of any relevant context known about Dr Hudson and whether this had any effect on the assessment of seriousness. She submitted that Dr Hudson's working environment was not relevant. In relation to role and experience, Ms Wise acknowledged that Dr Hudson had relinquished his licence to practise prior to the offences and had not worked in a patient facing capacity for a number of years, but submitted that these matters fell to be considered under maintaining public confidence in the profession and promoting proper standards and conduct. The final matter was personal context. Ms Wise acknowledged evidence regarding XXX at the time of the offending, but no evidence suggested the conviction was inextricably linked to XXX. Ms Wise submitted that the seriousness was not reduced from high.

32. Ms Wise referred the Tribunal to the paragraphs of the Section 3 Guidance that deal with a doctor's insight, steps taken to reduce the risk of repetition, keeping knowledge and skills up to date, and whether a doctor poses any current and ongoing risk to public protection (paragraphs 81-94). Ms Wise acknowledged that Dr Hudson admitted the allegations, described them as highly inappropriate and very wrong, apologised in his written response, and brought the matters to the GMC's attention. However, this was viewed in the context of delay and as part of an application for voluntary erasure, as opposed to the process of self-referral. The evidence regarding Dr Hudson's cancer diagnosis was considered to raise concern that it attempted to minimise and excuse actions rather than show true insight into the gravity of the offences and the inherent vulnerability of children.

33. Ms Wise drew the Tribunal's attention to paragraph 92 of the Section 3 Guidance, which states that while insight could decrease current and ongoing risk, where allegations fell at the higher end of the spectrum of seriousness the impact and weight of insight and remediation might be less. In relation to remediation, Ms Wise referred to paragraph 107 which required consideration of whether allegations were easily remediable, had been remedied, and were highly unlikely to be repeated. Ms Wise submitted that evidence from the probation officer showed Dr Hudson had engaged well with interventions. In his written evidence, Dr Hudson appeared remorseful and showed appropriate guilt. He had provided written evidence of undertaking modules with the Lucy Faithful Foundation and counselling, but aside from the probation officer's letter there was no further documentary evidence. It was submitted that such convictions were very difficult to remediate and that, notwithstanding remediation, the starting point and risk were not reduced.

34. Ms Wise directed the Tribunal to step 2E at paragraph 130 of the Section 3 Guidance, which requires a decision on whether a doctor poses any current and ongoing risk to public protection and a finding on impairment. Ms Wise submitted that the conviction fell at the higher end of the spectrum of seriousness and that the starting point for assessing risk was high. The allegations of misconduct, although not expressly specified within the Section 3 Guidance, were aggravated by the nature of the convictions and the period of delay, and undermined public trust in the profession and the standards expected. Ms Wise, in conclusion, submitted that members of the public would be concerned if Dr Hudson were permitted to practise unrestricted. The sentences imposed demonstrated the seriousness of the offences, including registration with the police for ten years and a Sexual Harm Prevention Order for five years. Ms Wise invited the Tribunal to find that Dr Hudson's fitness to practise was impaired by reason of both conviction and misconduct.

Dr Hudson

35. Dr Huson submitted that he had fully accepted the allegations and without wishing to minimise the importance of both allegations, he wished to put the conviction and delay in reporting into context and to explain the circumstances surrounding each.

36. Dr Hudson told the Tribunal that up until the conviction he had had a 40-year successful career, helping many thousands of people around the world with bringing forward new treatments and preventing ineffectual or unsafe treatments getting to patients. His career had been incident and complaint free and his medical competence had never been called into question.

37. Dr Hudson submitted that during a short period of time in 2023, between the end of June and middle of July, he had two conversations on a random chat site meant to be for adults and anonymous. Two profiles initially indicated they were over 18 and then stated they were underage female. Dr Hudson said the conversations were in part of a sexual nature and he should not have had them. This was quite wrong of him. Dr Hudson submitted that after a thorough police investigation he was charged on 12 July 2024, pleaded guilty on 30 July 2024, and was sentenced on 28 October 2024. Dr Hudson told the Tribunal that he was in close follow up with police and probation services. At no stage did he ever harm children, because fortunately they were undercover Police officers, nor were there any indecent images of children involved. Dr Hudson submitted that he recognised the importance of the conviction and expressed very deep regret and remorse. Any such conversations with children were highly inappropriate and clearly very wrong. His judgment and behaviour were very much at fault and it was atypical for him.

38. Dr Hudson told the Tribunal that at the time of the conversations, he had a serious illness with a new diagnosis of metastatic cancer. The events took place at a time of deep personal stress and anxiety and Dr Hudson was also concerned about XXX and there had been recent XXX bereavements. Dr Hudson submitted that he was on the chat site as a distraction from stresses and anxieties that he was not coping well with. Since then, he had found the last two and a half years extremely difficult emotionally and mentally, XXX.

39. Dr Hudson submitted that he had always strived to contribute to society in a positive and useful way and continued to do so where possible, including fundraising, volunteering on a patient panel, contributing to charities, and providing a patient perspective on research proposals and hospital design discussions.

40. Dr Hudson submitted that Ms B provided a personal reference for the court in 2024, commenting that this had been a very tough time for Dr Hudson XXX, that the conversations were a big mistake and an error in judgment at a very vulnerable time, that he bitterly regretted the actions, and that his listening skills, concentration and self-esteem were at a very low point.

41. Dr Hudson submitted that these events were not related in any way to his previous medical career. He had not harmed any patients, had not had a patient-facing role for over 35 years. Dr Hudson told the Tribunal he had not held a licence since 2019 and was not acting in a medical capacity at the time of the events.

42. Dr Hudson accepted that he failed to meet GMC expectations by delaying reporting for two and a half months and apologised for the delayed reporting. He submitted that he was XXX anxious, XXX and XXX at the time, but fully recognised the importance of immediate reporting and had learnt his lesson.

43. Dr Hudson submitted that he recognised that the conversations were entirely wrong. He had pleaded guilty, fully cooperated with the police and the GMC investigation, and felt extensive shame. He did not seek to excuse his behaviour.

44. Dr Hudson talked the Tribunal through the steps he had undertaken by way of remediation. These included modules with the Lucy Faithful Foundation, face-to-face counselling, online safeguarding modules, and extensive work with probation services. Dr Hudson submitted that he had engaged fully in all interventions, demonstrated good insight, and completed one-to-one interventions focused on change, emotional management, coping strategies, relationships and purpose.

45. Dr Hudson concluded by submitting that he fully recognised his guilt, the seriousness of the conviction and the delayed reporting. He believed he had done all he could in terms of remediation and wished to continue contributing usefully to society in a non-patient-facing role. He apologised for the delayed reporting and recognised the need for urgent reporting to the GMC.

The Relevant Legal Principles

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

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

48. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in the case of *CHRE v NMC and P Grant* [2011] EWHC 927 (Admin). In particular, the Tribunal considered whether its findings of fact showed that Dr Hudson's fitness to practise is impaired in the sense that he:

> *'a. Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> *b. Has in the past or is liable in the future to bring the medical profession into disrepute; and/or*
>
> *c. Has in the past breached or is liable to breach in the future one of the fundamental tenets of the medical profession; and/or*
>
> *d. (not applicable)'*

49. In approaching the decision on misconduct, the Tribunal will be mindful of the two-stage process to be adopted: first whether the facts found proved are sufficiently serious as to amount to misconduct and then whether as a result of that misconduct, the doctor's fitness to practise is currently impaired in that he poses a current and ongoing risk to public protection requiring restrictive action. The Tribunal will consider where on the spectrum of

seriousness the allegation lies, based on the facts it has already found proved, the impact of any relevant context known about Dr Hudson and his personal circumstances and how Dr Hudson has responded to the allegations

50. As the allegations fall under more than one ground for impairment, an assessment of current and ongoing risk to public protection must be made in respect of each of them.

51. Finally, the Tribunal was advised to have regard to the new *Guidance for MPTS Tribunals* which came into effect on 24 November 2025, and which is in four parts. The Tribunal's attention was drawn in particular to:

a) The Introduction section of that new guidance ('Introductory Guidance') and
b) Section 3 of that new guidance, "*MPT hearings*" ('Section 3 Guidance').

The Tribunal's Determination on Impairment

52. Throughout its deliberations, the Tribunal bore in mind the three limbs of public protection: to protect and promote the health, safety and wellbeing 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 the medical profession.

53. The Tribunal also had regard to the Introductory Guidance and the Section 3 Guidance.

Impairment by reason of a conviction

Step 2A: Legal basis for considering impairment?

54. The Tribunal noted paragraph 9 of the Section 3 Guidance, which states:

> ***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.*

55. The table referred to includes the following:

> *A conviction or caution in the British Islands for a criminal offence ….*

56. Accordingly, the Tribunal was satisfied that there was a legal basis for considering whether Dr Hudson's fitness to practise is impaired, namely a conviction.

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

57. The Tribunal took into account paragraph 31 of the Section 3 Guidance:

> ***31*** *Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:*
> ***….***
> *a criminal conviction, caution or other disposal that has resulted in a doctor being required to register on the sex offenders register*
> *….*

58. The Tribunal also had regard to the table of features that increase seriousness at paragraph 36:

> ***36*** *Features of the allegation that may increase seriousness include, but are not limited to:*
> *….*
> *The behaviour or poor performance was persistent or repeated*
> *….*

59. The Tribunal was of the view that Dr Hudson's behaviour was not a spontaneous or isolated lapse in judgment. It involved the creation of more than one account as well as movement between different applications to continue the chats, indicating forethought and planning rather than a one-off interaction. This pattern suggested an awareness of wrongdoing and an effort to conceal conduct, elevating the seriousness beyond impulsive or accidental behaviour.

60. The Tribunal found that Dr Hudson's behaviour demonstrated persistence and escalation. The actions were repeated rather than singular, involving deliberate steps such as joining different platforms, engaging in ongoing exchanges, and sharing images. Although the interactions did not occur over a long period, they involved continuous actions and a clear sequence of decisions, rather than a brief or casual encounter.

61. At a more serious level, the behaviour directly involved children who were known to be under the age of 18. Sexualised questions were asked with full knowledge that the individuals involved were children. The Tribunal found that the absence of proven actual

harm did not reduce the seriousness, given the inherent vulnerability of children and the recognised risk posed by such conduct. Two separate people were involved, reinforcing the pattern of behaviour rather than an isolated incident and, had they not been undercover Police officers, there would have been an ongoing risk to minors using those platforms.

62. In all the circumstances, the Tribunal found that Dr Hudson had demonstrated predatory behaviour that occurred outside of any professional context. The Tribunal concluded that, when assessed across a spectrum of seriousness, this conduct clearly lay at the higher end of that spectrum, reflecting deliberate, sustained, and exploitative behaviour toward vulnerable individuals.

63. The Tribunal noted paragraph 44 of the Section 3 Guidance and that the starting point for assessing current and ongoing risk to public protection was high:

> ***44*** *In all cases where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current and ongoing risk to public protection will be high. Evidence of relevant context known about the doctor and/or their working environment and evidence of how the doctor has responded to the concern that decrease risk, will usually have less impact and carry less weight. This is because the risk to public protection arising from allegations at the higher end of the spectrum of seriousness are generally more difficult to mitigate and address.*

Step 2C: Relevant context

64. The Tribunal considered if there was any relevant context, and if so, whether it affected its assessment that the case was at the high end of the spectrum of seriousness.

65. The Tribunal took into account Dr Hudson's written statements and submissions that at the time of the offending, he had been experiencing XXX personal difficulties and reported feeling stressed, stating that the behaviour had been used as a form of distraction. Although Dr Hudson had received a cancer diagnosis and said that his behaviour was "atypical", the seriousness of the conviction, including his placement on the register, outweighed any mitigating effect of those circumstances. While the situation was acknowledged as stressful and sad, it did not justify nor excuse his behaviour that was illegal or immoral. The conduct was found to have breached fundamental tenets of the medical profession placing the behaviour in a higher category of seriousness. As a medical professional, Dr Hudson would have had an awareness of the importance of safeguarding children. He also, through his professional position, could have access to children if he had returned to practise.

66. Accordingly, the Tribunal determined that there was no relevant contextual mitigation and that his XXX and personal circumstances had no material impact on the behaviour.

Step 2D: Doctor's response to the allegations

67. The Tribunal had regard to the letter from Dr Hudson's probation officer:

> *"Dr Hudson displays very good insight into his behaviour in relation to the offence, and has always been willing to engage in interventions to address his thinking and behaviour. Since the start of his order, Dr Hudson completed 1:1 interventions with me from a Probation toolkit (Maps for Change). These interventions are informed by evidence about why men commit sexual offences and what factors motivate and enable them to move on from their pasts to live offence-free futures. Maps for Change seeks to help individuals develop skills and strengths that they can use to increase their sense of purpose, improve their relationships with others and develop stronger pro-social connections in their communities.*
>
> *In addition to this, Dr Hudson agreed to be referred to a provider that supports people around emotional wellbeing, and he has completed over 10 sessions with a mental health practitioner. These sessions covered topics such as emotional management, coping strategies, effective relationships and goal setting.*
>
> *I can say that Dr Hudson always engages fully in all the sessions he takes part in, whether they are with myself or with the mental health practitioner, and he is appreciative of the support received.*
>
> *I also wanted to clarify that, despite Dr Hudson's offence targeted a child, my assessment is that via his profession he has never sought to harm children, nor attempted to use his profession to facilitate contact with them…."*

68. The Tribunal also took into account Dr Hudson's witness statement dated 16 December 2025 in which he wrote:

> *"I wish to express again my deep regret and remorse over the conversation that led to my guilty plea and conviction. I fully recognise that any such conversations with children (if these two conversations had been children) are highly inappropriate and clearly very wrong. I have apologised and wish to apologise again to those I have hurt by my actions. My judgement and behaviour were clearly at fault at this time and very atypical for me."*

69. The Tribunal noted Dr Hudson's cooperation with both the Court and regulatory processes, and did not doubt the genuineness of his apology and acknowledgment of the seriousness.

70. However, the Tribunal found that Dr Hudson's insight remained limited. He had not provided reflective material or certificates to demonstrate learning, and he had not self-referred to the GMC. While he had cooperated with the process, he had not clearly articulated how he would act differently in the future. Although Dr Hudson referred to taking steps to remediate following the conviction, he did not demonstrate concrete measures to prevent recurrence. Further, he continued to minimise the behaviour by placing emphasis on XXX mitigation, despite findings that the conduct was unrelated to his medical practice or XXX. Taken together, this showed that while insight was emerging in some areas, it was incomplete and insufficiently developed.

71. As to remediation and any steps taken to reduce the risk of repetition, the Tribunal found that while there was evidence that a level of insight was developing, significant gaps in remediation remained. The Tribunal acknowledged that Dr Hudson had taken steps to contribute positively to society. However, the specific nature and underlying causes of the conviction had not been adequately addressed. As a result, the remediation undertaken was considered incomplete and of limited relevance to the conviction itself.

72. The Tribunal took into account that Dr Hudson had complied with the requirements of his probation order, engaged with the MAPS programme, and participated in counselling. He also stated that he had completed relevant courses, including with the Lucy Faithful Foundation. However, there was limited documentary evidence to support this. Although these actions indicated that he had started the process of remediation, the Tribunal found the steps taken were not robust or comprehensive, and full remediation had not been demonstrated.

73. In light of the limited evidence, and the conclusions reached regarding insight and remediation, the Tribunal determined that there remained a significant risk of repetition of the wrongdoing. Having regard to the relevant guidance, the Tribunal was not satisfied that the offence was highly unlikely to be repeated. Ongoing safeguards were in place due to the nature of the offending behaviour, including long-term police involvement and registration requirements. Although some remediation was accepted, it had not resulted in a reduction of the level of risk, which was found to remain high.

Step 2E: Tribunal's decision as to whether Dr Hudson poses any current and ongoing risk to public protection and its finding on impairment

74. Based on its conclusions at Steps 2A–2D above, the Tribunal next had to determine whether Dr Hudson posed any current and ongoing risk to public protection and make a finding on impairment. As noted, the starting point for assessing current and ongoing risk to public protection was that it remained high.

75. The Tribunal took into account paragraph 134 of the Section 3 Guidance as well as paragraphs 38 and 42 of the Introductory Guidance:

> *134 In cases where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current and ongoing risk to public protection will be high. Evidence of relevant context that decreases risk and evidence of insight and remediation that decreases risk may have less impact and carry less weight because these types of allegations can be more difficult to remediate. Evidence of the doctor having kept their knowledge and skills up to date may also be less relevant. This should be considered by the MPT when they are reaching a view on risk and a conclusion that the doctor poses a current and ongoing risk to one of more of the three parts of public protection requiring restrictive action in response may be needed, particularly as the allegation is likely to engage public confidence.*
>
> *38 Doctors must follow the law and so behaviour that leads to a criminal conviction or caution can undermine public confidence, including some behaviours arising outside a doctor's professional practice. A doctor's behaviour can undermine the public's trust in the profession and impact on public confidence in the following circumstances:*
>
> - *where the specific nature of behaviour in a doctor's private life indicates a high level of seriousness*
> - *where the behaviour is such that the public would view it as a fundamental breach of trust, and/or*
> - *where it would make a member of the public or colleague question how the doctor would act in their professional capacity.*
>
> *42 If a doctor seriously departs from the professional standards, it can mean that they pose a risk to public protection.*

76. The Tribunal considered the impact of Dr Hudson's offending behaviour on public confidence and professional standards. He had not behaved within the law, and his actions did not justify trust in the medical profession. While he had engaged with the process, the ongoing risk related primarily to the second and third limbs: the reputation of the profession and public confidence. The first limb, relating to the nature of the conviction, concerned the safety of children. Although public protection was supported by the sentencing, the conduct had nonetheless departed from fundamental professional standards. The Tribunal noted that public confidence had been adversely impacted, and Dr Hudson's behaviour represented a clear departure from the standards expected of a doctor, whether licensed or not.

77. The Tribunal took into account its findings on insight, remediation, and the risk of repetition, and was of the opinion that the significant sentence imposed on Dr Hudson also reflected these risks. The Tribunal also considered that a member of the public, fully aware of the facts of the case, would be appalled by the offending behaviour. It concluded that the current and ongoing risk posed to public protection was high, and that a finding of impairment was necessary.

78. The Tribunal therefore determined that Dr Hudson's fitness to practise is impaired by reason of his conviction.

Impairment by reason of misconduct

Step 2A: Legal basis for considering impairment?

79. The Tribunal had regard to the table at paragraph 11 of the Section 3 Guidance, which states that misconduct is a ground for impairment: "*This is about behaviour. It could consist of acts and/or omissions arising in or outside of a doctor's working life and includes failing to act appropriately or demonstrating behaviour that falls short of what can reasonably be expected. To amount to misconduct, the behaviour will be a serious departure from the professional standards, as set out in Good medical practice.*"

80. The Tribunal took into account that Dr Hudson had strayed from the standards outlined in GMP regarding reporting, at paragraph 99 as set out in Ms Wise's submissions above. Accordingly, the Tribunal was satisfied that there was a legal basis for considering whether Dr Hudson's fitness to practise is impaired by reason of misconduct.

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

81. The Tribunal took into account paragraph 26 of the Section 3 Guidance:

> ***26*** *Certain types of behaviour or poor performance represent such a serious departure from the professional standards that they will usually fall at the higher end of the spectrum of seriousness. This is often because the departure from the professional standards amounts to an abuse of, or interference with an individual's dignity, and/or breaches the fundamental tenets of the professions such as failing to act with honesty, integrity and uphold the law.*

82. The Tribunal found that Dr Hudson's delay in reporting that he had been charged with the offences, and subsequently convicted, represented a clear departure from the standards of GMP. Although Dr Hudson told the Tribunal that he had forgotten to report on time and that it occurred on only one occasion, the Tribunal considered the omission to be serious. The purpose of reporting was to protect the public and maintain regulatory oversight, and the failure to report, regardless of whether he was in clinical practice at the time, impeded the GMC's ability to act appropriately in response to the charges and conviction for example by way of referral to an Interim Orders Tribunal.

83. The Tribunal also had regard to paragraph 44 of the Section 3 Guidance as set out above. Given the nature of the allegation, the risk to children, and the need to protect public interest and uphold professional standards, the Tribunal found the misconduct engaged all three limbs of public protection. On this basis, the Tribunal concluded that the misconduct lay at the high end of the spectrum of seriousness.

<u>Step 2C: Relevant context</u>

84. The Tribunal took account of XXX, including XXX and the stress of the police investigation, as well as his full acceptance of the reporting delay. At the time, he held no licence to practise and was not in active practice. The Tribunal was of the view that while these factors were relevant, they did not mitigate the seriousness of failing to report, nor did they reflect Dr Hudson's understanding of the impact on the public, his family, employer, or the regulator by not reporting the charges and conviction. The Tribunal concluded that, although Dr Hudson's XXX and stress were acknowledged, they did not lessen the significance of the misconduct.

<u>Step 2D: Doctor's response to the allegations</u>

85. The Tribunal had regard to Dr Hudson's Rule 7 response in relation to the failure to report, dated 10 April 2025:

> *"In mitigation, however, is that I was not working in a medical capacity at this time. Indeed I have not had a license to practice since September 2019, and have not had a patient facing role for over 35 years and at no time has any patient been put at risk.*
>
> *Also at this time, I was [XXX]*
>
> *I can only apologise if this delay is deemed of significance, however at the time and in the circumstances I did not perceive this as a significant delay as I was not practicing any form of medicine and [XXX]. I was also trying to deal with the court process emotionally and practically."*

86. The Tribunal also had regard to Dr Hudson's statements of October 2025 and December 2025, in which he acknowledged that he should have reported the matter and that he understood what had occurred. He accepted personal responsibility and recognised the steps he should have taken. However, the Tribunal found this insight to be limited and partial and formed the view that Dr Hudson saw the situation largely through a personal lens, focusing on his own stress, XXX, and the court case, rather than considering the impact of his behaviour on the public or the profession as a whole. He had not fully appreciated his responsibilities as a doctor or the seriousness of failing to report, downplaying the immediate importance of the standards he breached. Overall, while there was some developing awareness, it remained confined to his personal circumstances and did not extend to the broader professional or public context.

87. The Tribunal found that remediation was similarly partial. Dr Hudson had engaged in courses and probation-related programmes, and had started reflecting on his behaviour, but there was no evidence that he had considered the full impact on the public or the profession. He had not demonstrated an understanding of the risks inherent in failing to report, or explored the reasons for his previous online conduct. No reflective statement or additional evidence of learning, such as certificates of completion, were provided. In the Tribunal's view, he had not fully remedied the underlying issues to his conduct. While the Tribunal considered the conduct capable of remediation, at the time of this hearing it had not been achieved. The partial insight and partial remediation meant that, although he had engaged with the process, and was remorseful, there remained a risk of repetition.

<u>Step 2E: Tribunal's decision as to whether Dr Hudson poses any current and ongoing risk to public protection and its finding on impairment</u>

88. The Tribunal found that Dr Hudson had developed some insight, had unequivocally apologised, and accepted the allegation. He had learned from the experience and understood why he should have reported the matter, and XXX were relevant factors. However, reporting

was limited to a declaration on the VE form rather than a self-referral, and the delay in reporting was not mitigated by his circumstances. The Tribunal concluded that Dr Hudson did not fully demonstrate an understanding of the purpose of reporting or the impact on the public and the profession, showing only partial insight. Remediation was incomplete, and the residual risk of repetition related primarily to failing to give the regulator the opportunity to implement protective measures.

89. The Tribunal considered that all three limbs of public protection were engaged in this case. Dr Hudson's behaviour was a serious departure from standards expected and the Tribunal concluded that a finding of impairment is needed to uphold public confidence in the profession.

90. The Tribunal therefore determined that Dr Hudson's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 03/02/2026

1. Having determined that Dr Hudson's fitness to practise is impaired by reason of a conviction and misconduct, the Tribunal now has to decide, in accordance with Rule 17(2)(n) of the Rules, what action, if any, it should take with regard to Dr Hudson's registration.

The Evidence

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

Submissions

On behalf of the GMC

3. On behalf of the GMC, Ms Wise, Counsel, submitted that the issue of sanction was one for the Tribunal's judgement. She referred the Tribunal to the relevant section of the MPTS Guidance for Tribunals (2025) (the Guidance) including the sanctions bandings which set out guidance for convictions deemed to be at higher level of risk to public protection; in the range of suspension for 12 months up to erasure.

4. Ms Wise reminded the Tribunal of its findings at the impairment stage that Dr Hudson's conduct and conviction were at the upper end of the scale of seriousness and that

there was a risk of repetition. She said that any sanction must be proportionate and that the sanctions banding indicated that, based on the Tribunal's findings, the appropriate sanction would be between suspension for 12 months and erasure. She submitted that the appropriate sanction in this case was one of erasure.

5. Ms Wise submitted that there were no exceptional circumstances in this case to justify taking no action and that an order of conditions would be neither appropriate, workable nor proportionate to the seriousness of Dr Hudson's actions.

6. Ms Wise further submitted that suspension should not be considered given the findings of the Tribunal at the impairment stage; that the level of risk was high with only limited insight and remediation was limited and incomplete. On the basis of this, Ms Wise stated the Tribunal could not conclude that the behaviours were highly unlikely to be repeated.

7. Ms Wise submitted that the following paragraph of the Guidance indicated that erasure was appropriate in this case:

> *57. Erasure may be the proportionate response where:*
>
> *…*
>
> *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.*

8. Ms Wise submitted that the seriousness of Dr Hudson's conviction meant that any sanction less than erasure would seriously harm public confidence in the profession and the GMC invited the Tribunal to erase Dr Hudson's name from the Medical Register.

Dr Hudson

9. Dr Hudson submitted that it was incorrect to say that he lacked insight and had not remediated. He said that he had good insight into his actions and had done as much work to remediate as he could think of.

10. Dr Hudson told the Tribunal that his work had, since the late 1980s been in the development of treatments and was not patient facing. He said that he had significant experience and expertise. He submitted that he still had a lot to offer for the benefit of wider society and could do so without risking the public.

11. Dr Hudson submitted that an appropriate sanction could be one that restricted him to non-patient facing roles and that prevented him from working with children in a medical capacity. He submitted that this would not put the public at risk but would allow him to continue doing work that benefits society. He told the Tribunal that there were elements of his work that required him to be on the Medical Register despite having no contact with patients.

The Relevant Legal Principles

12. The Tribunal was reminded that the decision as to the appropriate sanction to impose, if any, was a matter for its independent judgement.

13. The Tribunal was referred to the relevant sections of the MPTS Guidance.

14. The Tribunal was asked to bear in mind that the purpose of a sanction is the protection of the public and not to be punitive, albeit that a sanction may have a punitive effect on the doctor.

15. The Tribunal reminded itself that, in determining whether to impose a sanction and if so, which, it should have regard to the principle of proportionality and should start by considering the least restrictive option. Sanctions should also be proportionate to address the level of current and ongoing risk which the doctor poses.

16. The Tribunal was advised that the reputation of the medical profession as a whole is more important than the interests of an individual doctor as set out in the case of *Bolton v Law Society [1993] EWCA Civ 32*.

17. The Tribunal should have regard to the case of the *Council for the Regulation of Healthcare Professionals v General Dental Council and Fleischmann* [2005] EWHC 87 which states;

> *'…as a general principle, where a practitioner has been convicted of a serious criminal offence or offences he should not be permitted to resume his practice until he has satisfactorily completed his sentence. Only circumstances which plainly justify a different course should permit otherwise. Such circumstances could arise in connection with a period of disqualification from driving or time allowed by the court for the payment of a fine. The rationale for the principle is not that it can serve to punish the*

practitioner whilst serving his sentence, but that good standing in a profession must be earned if the reputation of the profession is to be maintained'.

The Tribunal's Determination on Sanction

18. In reaching its decision on sanction, the Tribunal had regard to the overarching objective in section 1 of the Medical Act 1983, the Guidance Introduction and Section 3 of the Guidance. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect and that the need to protect the public always outweighs the interests of any individual medical professional.

19. In making its decision on sanction, the Tribunal has reviewed its decision on facts and impairment and has considered the level of current and ongoing risk the doctor poses to public protection. It has referred to the sanctions banding(s) for the case type of *'Convictions, cautions, misconduct arising from breach of court sanctions and determinations by other regulatory bodies'* as set out in Section 3, Part C of the Guidance. It has also considered the impact of any specific sanction type on Dr Hudson. The Tribunal noted that no professional references or testimonials have been provided.

20. In its deliberations, the Tribunal noted that it has already determined the risk to public protection in this case to be high and that the sanctions banding for this at paragraph 62 indicates that *'Suspension 12 months to Erasure'* would be the appropriate banding range. This was because the case involved a criminal conviction in which the Tribunal had, at the impairment stage, assessed the level of risk posed to public protection to be high. It took the view that no significant evidence has been submitted to lessen the level of risk to public protection from high in this case.

21. The Tribunal determined that it should consider sanctions in ascending order of severity in relation to Dr Hudson's conviction and consider what is the least restrictive sanction which would be sufficient and proportionate to protect the public. It was mindful of Dr Hudson's submission that he has done as much work to remediate as he could think of but did not consider this to impact its view that the facts found proved in this case indicate a high risk to public protection.

No action

22. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to conclude by taking no action. In doing so it had regard to paragraph 13 of the Guidance which states:

> *'Where a doctor's fitness to practise is impaired, it will usually be necessary for the MPT to restrict the doctor's registration to achieve public protection. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare'*

23. The Tribunal determined that due to the seriousness of the facts found proved in this case, and that there were no exceptional circumstances, it had no grounds to justify taking no action and that doing so would not be in the interests of public protection.

Conditions

24. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Hudson's registration. It noted that this is the sanction Dr Hudson invited it to impose so he could continue benefitting the public through his work developing new treatments. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable. In doing so, it had regard to paragraph 19 of the Guidance which states:

> *'Conditions restrict a doctor's ability to practise and/or require them to do something. The purpose of putting in place a sanction of conditions is to provide a doctor with time to address identified failings to demonstrate they are fit to practise on an unrestricted basis, whilst ensuring that the current and ongoing risk posed to public protection is being adequately managed.'*

25. The Tribunal took the view that that a sanction of conditions would not be appropriate or workable in this case as Dr Hudson has shown incomplete insight into the risks to public protection based on his misconduct and conviction. It was not satisfied that conditions would address the seriousness of the concerns raised in this case nor that the concerns could be adequately managed by the imposition of conditions. Conditions would also fall far below the lower end of the range which was indicated by the sanctions banding table.

26. The Tribunal further concluded that restricting Dr Hudson's practise to non-patient facing roles did not adequately protect against the ongoing and serious risk to public confidence in the medical profession.

27. The Tribunal therefore concluded that conditions are insufficient to ensure protection of patients, to meet the public interest or to maintain proper professional standards of conduct for the members of the profession.

Suspension

28. The Tribunal then went on to consider whether imposing a period of suspension on Dr Hudson's registration would be appropriate and proportionate. In doing so it had regard to paragraph 41 of the Guidance which states:

> *'Suspension is for those cases where the doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is currently incompatible with unrestricted registration. This means the current and ongoing risk to public protection posed by the doctor needs to be managed by restricting their registration for a period, with the aim they should be able to safely return to unrestricted practice in the future.'*

29. The Tribunal was aware that the maximum period of suspension it could impose would be 12 months. However, it did not consider that this would adequately protect the public or uphold public confidence in the medical profession given the seriousness of the criminal conviction.

30. The Tribunal took into consideration that Dr Hudson had been made subject to a requirement for him to register with the police in accordance with the Sexual Offences Act 2003 for ten years, a Sexual Harm Prevention Order being in place for five years and that he is still currently subject to a custodial sentence totalling six months which was suspended for 18 months. Based on all the evidence received, the Tribunal was not satisfied that Dr Hudson could safely return to unrestricted practice after a 12-month suspension.

31. Accordingly, the Tribunal considered that although the sanctions banding started at a range of 12 months suspension, such a sanction would not be sufficient to meet the overarching objective of protecting the public given the nature of the offending, the criminal sentence he is under and the high current and ongoing risk to public protection.

Erasure

32. In considering erasure, the Tribunal had regard to paragraph 57 of the Guidance which states:

'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. …
c. …
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'

33. In all of the circumstances and having regard to paragraph 55 of the Guidance, the Tribunal considered that any sanction less than erasure would not be in the interests of public protection as the nature of Dr Hudson's misconduct and conviction was fundamentally incompatible with continued registration and so significant that he should not be allowed to practise. It considered erasure from the Medical Register to be the only proportionate sanction in this case when considering paragraph 57(a) and (d) of the Guidance as set out above.

34. As such, the Tribunal concluded that erasure is the only appropriate and proportionate sanction in this case. It therefore determined to erase Dr Hudson's name from the Medical Register.

Determination on Immediate Order - 03/02/2026

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

Submissions

2. On behalf of the GMC, Ms Wise informed the Tribunal that Dr Hudson is currently subject to an interim order of suspension. She referred the Tribunal to the Immediate

orders section of the Guidance and submitted that an interim order of suspension is necessary in this case and that it would be in the interests of public confidence in the medical profession and public protection. She stated that it would also be in the public interest considering the seriousness of the offences in this case.

3. Dr Hudson submitted that he has no strong view on the imposition of an immediate order but that as he is currently not practising, he is of no risk to public protection.

The Tribunal's Determination

4. Pursuant to Section 38(1) of the 1983 Medical Act, on giving a direction for erasure, the Tribunal, *'if satisfied that to do so is necessary for the protection of members of the public or is otherwise in the public interest, or is in the best interest of [the doctor]'*, may make an immediate order.

5. In its deliberations, the Tribunal considered paragraphs 79, 83 and 84 of the Guidance to be engaged in this case:

> *'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*
>
> *83. The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.*
>
> *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.'*

6. The Tribunal bore in mind it's finding that the risk to public protection in this case is high. Due to the serious nature of Dr Hudson's misconduct and conviction it took the view that an immediate order is in the public interest and is necessary to protect members of the public.

7. Accordingly, the Tribunal determined to impose an immediate order of suspension.

8. This means that Dr Hudson's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

9. The interim order currently in place on Dr Hudson's registration is hereby revoked.

10. That concludes the case.

ANNEX A – 30/01/2026

Application made pursuant to Rule 41 of the Rules

1. On day one of the hearing, 27 January 2026, Dr Hudson made an application under Rule 41 of the Rules, that the entirety of this hearing be held in private.

2. The Tribunal announced that the entirety of the application should be heard in private in accordance with Rule 41 of the Rules as the matters under consideration in this application related solely to XXX and personal matters.

3. This determination will be handed down in private due to the confidential nature of matters under consideration. However, as this case concerns Dr Hudson's conviction and misconduct, a redacted version will be published at the close of the hearing.

Submissions

4. Dr Hudson submitted that public disclosure of the allegations without full contextual explanation would not be fair or balanced. He also expressed a desire to avoid publicising personal matters, particularly those relating to XXX.

5. Dr Hudson provided context to the allegations and submitted that the conversations that led to his conviction were inextricably linked to matters happening in his personal life, including XXX.

6. In relation to the delayed reporting allegation, Dr Hudson submitted that he had been trying to deal emotionally with the court process. He told the Tribunal he had XXX.

7. Dr Hudson told the Tribunal he felt extensive shame, guilt and remorse for his actions, which took place over a short period of time, at a very, very difficult time of his life after a long and successful medical career without incident, during which he had helped many thousands of people in the UK and abroad. Dr Hudson outlined the steps he had taken since the conviction to remediate and submitted that, given the nature of the conviction, any further disclosure would undermine his prospects of rehabilitation and his ability to contribute positively to society. He also referred to the potential harm that publicity could cause to his family, XXX.

8. Dr Hudson submitted that he was not practising medicine at the time of the events, and that no patients or members of the public were harmed by his actions. He said that it was fortunate that conversations were with undercover police officers and not children.

9. Dr Hudson further referred to his own vulnerability, XXX. He concluded that, when weighing the public interest against the reasons for holding the hearing in private, the balance favoured conducting the entire hearing in private.

10. On behalf of the GMC, Ms Fiona Wise, Counsel, submitted that matters in relation to the conviction and delay in reporting should be held in public. While the GMC was sympathetic to Dr Hudson's position, it was not unusual for a registrant in his position to find themselves under such circumstances. Ms Wise drew the Tribunal's attention to the fact that there was no XXX evidence to corroborate what Dr Hudson said about XXX.

11. Ms Wise submitted that matters relating to XXX could properly be held in private, but the matters related to the allegations of the conviction and the delay should be in public in accordance with the Rules and that it was appropriate proportionate and in the public interest to hold the hearing in public unless dealing with XXX.

The Relevant Legal Principles

12. The Tribunal had regard to paragraph 41 of the Rules XXX

The Tribunal's Decision

13. The Tribunal considered the written and oral submissions of both parties, the Rules, and in particular Rule 41. The starting point was that hearings should be held in public unless the circumstances outweighed the public interest in doing so.

14. The Tribunal looked for any extenuating circumstances that would justify holding the hearing entirely in private. No evidence was provided to support Dr Hudson's claims relating to XXX, and the Tribunal noted that such evidence could reasonably have been obtained from XXX. While the Tribunal acknowledged Dr Hudson's attendance and accepted that feelings of shame or remorse were understandable, the case was not one that arose from XXX but from his behaviour. Although XXX existed at the time, they were not considered inextricably linked to Dr Hudson's offending behaviour, and the Tribunal was able to address the conviction without exploring XXX.

15. The Tribunal could find no extenuating circumstances, and while the process was inevitably stressful, reasonable adjustments could be made during the hearing to mitigate

this. Holding the hearing in private due to Dr Hudson's personal circumstances did not outweigh the public interest. Having considered the Rules and submissions, the Tribunal concluded that there was no basis to depart from the usual position of holding the hearing in public, with any XXX matters capable of being managed appropriately in private.

16. The Tribunal therefore determined that it was neither appropriate nor proportionate, nor in the public interest, for matters relating to the conviction or misconduct to be heard in private. Accordingly, the hearing would be held in public, except for matters concerning XXX.