

PUBLIC RECORD

Dates: 23/02/2026 - 25/02/2026

Doctor: Dr Ju Young UM

GMC reference number: 7492397

Primary medical qualification: MB ChB 2015 University of Liverpool

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	Mrs Claire Lindley
Lay Tribunal Member:	Mr Neil Fielding
Registrant Tribunal Member:	Dr Kamran Shahid

Tribunal Clerk:	Mrs Olivia Gamble
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Anthony Haycroft, Counsel
GMC Representative:	Ms Emma Gilsenan, 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 and Impairment - 24/02/2026

Background

1. Dr Um qualified in 2015 from the University of Liverpool. At the time of the events which are the subject of the hearing, Dr Um was employed by NHS Greater Glasgow and Clyde at the Royal Alexandra Hospital, Paisley, as a LAT4 (Locum Appointment for Training – 4) doctor in Anaesthetics.
2. The Allegation that has led to this hearing relates to Dr Um’s convictions. It is alleged by the General Medical Council (GMC) that on 10 April 2025 at Glasgow Sherrif Court, Dr Um was convicted of multiple counts of Voyeurism. It is alleged that, on 8 May 2025, Dr Um was then sentenced to 18 months imprisonment, a nine-month extended sentence and a 10-year notification requirement under the Sexual Offences Act 2003.
3. The conviction was in respect of the installation and covert recording of 19 adult males and 9 adult females (of which 9 were couples), in the bedrooms and bathrooms of three addresses, two of which were in his home and one of which was in hospital accommodation, between 7 November 2020 and 23 August 2023. Over 130 recordings were retrieved from three devices (a phone, a laptop and a storage device) following forensic examination.
4. On 8 May 2025, Sheriff Mullan sentenced Dr Um to an extended sentence of 27 months, comprising of an immediate 18-month custodial term and a further extension period of 9 months, to be served in the community on licence. If, during the 9-month extension period, Dr Um fails to comply with the conditions of his licence, it may be revoked, and he may be returned to custody for a period in respect of this case. Dr Um was also placed on the Sex Offenders’ Register. He has a 10-year notification requirement under the Sexual Offences Act 2003, which was imposed from the date of conviction on 10 April 2025.

5. Dr Um was released from custody at his earliest release date on 6 February 2026. Dr Um is appearing before this hearing on licence. His sentence expiry date is 7 August 2027.

The Outcome of Applications made during the Facts Stage

6. The Tribunal granted the GMC's application, made pursuant to Rule 17(6) of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), to make an amendment to paragraph 2c of the Allegation, changing the date of the Sexual Offences Act from '2025' to '2003'. This application was not opposed by Mr Haycroft, and the Tribunal decided that there would be no injustice to Dr Um.

The Allegation and the Doctor's Response

7. The Allegation made against Dr Um is as follows:

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

1. On 10 April 2025 at Glasgow Sheriff Court, you were convicted of the offences set out in schedule 1; **Admitted and found proved**
2. On 8 May 2025 you were sentenced to:
 - a. 18 months imprisonment; **Admitted and found proved**
 - b. 9 months extended sentence; **Admitted and found proved**
 - c. 10 years notification requirement under the Sexual Offences Act ~~2025~~-2003. **Admitted and found proved / Amended under Rule 17(6)**

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

The Admitted Facts

8. At the outset of these proceedings, through his Counsel, Mr Anthony Haycroft, Dr Um made admissions to the entirety of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) the Tribunal then announced the Allegation as admitted and found proved.

Impairment

9. 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 Um's fitness to practise is impaired by reason of a conviction for a criminal offence.

Witness Evidence

10. Dr Um provided his own witness statement and also gave oral evidence at the hearing.

Documentary Evidence

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

- Signed full extract conviction report – dated 10 April 2025;
- Police witness statements – various dates;
- Police summary – dated 19 June 2025;
- Sentencing remarks – dated 8 May 2025;
- Sentencing calculation – dated 17 December 2025;
- Justice social work report – dated 1 May 2025;
- Witness statement of Dr Um – dated 16 February 2026;
- CV of Dr Um and other related documents – various dates;
- XXX;
- Various CPD certificates – various dates;
- Various testimonials on behalf of Dr Um – various dates.

Submissions

Submissions on behalf of the GMC

12. Ms Gilsean made submissions on behalf of the GMC and invited the Tribunal to make a finding of impairment in Dr Um's case. She confirmed that, on 10 April 2025, Dr Um was convicted, of 23 offences under the Sexual Offences (Scotland) Act 2009. The conviction was in respect of the installation and covert recording of 19 adult males, 9 adult females (of which 9 were couples), in the bedroom and bathrooms of three addresses between 7

November 2020 and 23 August 2023. She explained that approximately 130 recordings were retrieved from three devices (phone, laptop, storage device) following forensic examination.

13. Ms Gilsonan said that on 8 May 2025, Dr Um was then sentenced to an extended sentence of 27 months, comprising of an immediate 18-month custodial term and a further extension period of 9 months to be served in the community on licence. She explained that Dr Um was also placed on the Sex Offenders' Register, and that he has a 10-year notification requirement under the Sexual Offences Act 2003, which was imposed from the date of conviction, 10 April 2025. She said that Dr Um was released from custody at his earliest release date on 6 February 2026, and his sentence expiry date is 7 August 2027.

14. Ms Gilsonan then addressed the Tribunal in relation to the legal framework that it should consider and referred to a number of legal cases. She said, firstly, that impairment is a matter for the Tribunal's judgment, and that its function is not to punish a doctor, but to protect the public. It must consider the need to uphold public confidence and professional standards, and ensure the protection of patients.

15. Ms Gilsonan said that the Tribunal must make an assessment of current impairment to fitness to practise, taking into account both past misconduct and any steps taken subsequently to remedy it.

16. Ms Gilsonan explained that it is necessary to determine whether the misconduct is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated.

17. Ms Gilsonan referred the Tribunal to the test set out by Dame Janet Smith at paragraph 25.67 of in her Fifth Report of the Shipman Inquiry, (which is set out more fully below).

18. Ms Gilsonan then reminded the Tribunal that it was considering a conviction, and that its role was very different to the role of the criminal court that had convicted and sentenced Dr Um. The Tribunal's role was to consider any appropriate and necessary sanction in the light of the overarching objectives to promote and maintain public confidence in the profession, and to promote and maintain proper professional standards and conduct for members of the profession.

19. Ms Gilsonan stated that the case law supports the position that a doctor, as a general principle, should not resume practice until satisfactory completion of a criminal sentence as

per the case of *Council for the Regulation of Healthcare Professionals v General Dental Council and Fleischmann* [2005] EWHC 877(Admin).

20. Ms Gilsenan then pointed out that, in the view of the GMC, Dr Um had departed from the principles set out in Good Medical Practice (GMP) 2013, in particular paragraphs 1, 3 and 65.

21. Ms Gilsenan said that GMP applied in this case in a number of ways. She said that Dr Um had not acted within the law, nor had he made sure that patients could have trust in him. She pointed out that caselaw supports the proposition that a finding of impairment should be made if a custodial sentence had been imposed, and that it would be concerning if Dr Um's actions went unmarked. She said that Dr Um's behaviour was wholly unbecoming of a practitioner.

22. Ms Gilsenan then addressed the Tribunal in relation to the 'Guidance for MPTS Tribunals' ('the Guidance') that was published in November 2025. She went through the steps that the Tribunal should take into account when considering impairment.

23. In terms of step 2b, relating to seriousness, Ms Gilsenan confirmed that the conviction arose in respect of the installation and covert recording of 28 victims, in the bedroom and bathrooms of three addresses, spanning a period of over three years. This resulted in approximately 130 recordings being retrieved from three of Dr Um's devices. She drew the Tribunals' attention to the Judge's sentencing remarks, and quoted, for example his comments:

'...Because of the gravity of the crimes you have committed, a custodial sentence is the only appropriate disposal of the case. I am satisfied that the period for which you would otherwise have been on licence would not be adequate to protect the public from serious harm from when you are eventually released. So, for that reason, I am going to pass on you an extended sentence of twenty-seven months.'

24. Ms Gilsenan said that, in relation to paragraph 31 of the MPTS Guidance, Dr Um had been convicted of a custodial offence and had been placed on the Sex Offenders' Register.

25. Ms Gilsenan then went on to address factors that increased the seriousness of Dr Um's conviction. She said firstly that his behaviour was persistent and repeated, and secondly, that Dr Um's behaviour was premeditated and predatory. She said that he clearly acted intentionally and with planning, by setting up hidden cameras in air fresheners and smoke alarms in private spaces, including toilets and bathrooms.

26. Ms Gilsenan submitted that Dr Um's actions were at the high end of the spectrum of seriousness

27. Ms Gilsenan then went onto address steps 2c,2d, and 2e of the Guidance, relating to current and ongoing risk.

28. She referred firstly to the relevant context about Dr Um. She referred the Tribunal to the Justice Social Work Report (JSWR) of May 2025, which was prepared to assist the sentencing court. It sets out that Dr Um denied that his actions were sexually motivated and would therefore be unsuitable for interventions, such as the Clyde Quay Project (a programme for sex offenders.) It noted that Dr Um has been XXX. Ms Gilsenan pointed out that in the writer's opinion *'there is some evidence of a lack of concerns for the rights and well-being of others,'* and they concluded that *'Mr Um is a significant risk to the public.'*

29. In terms of the risk of repetition, Ms Gilsenan asked the Tribunal to note that Dr Um had not undertaken any offence focussed work while in custody, and had not provided information, by way of completion of accredited offending behaviour courses or otherwise, to demonstrate an understanding of his offending behaviour, or steps taken to address it to prevent future offending. She said that when the prison service applied their Risk Matrix, it identified Dr Um *'as above average risk of sexual reconviction. Average risk of violent reconviction.'*

30. In terms of insight, Ms Gilsenan reminded the Tribunal that Dr Um had pleaded not guilty to the offences. He denied sexual motivation and maintained this position throughout the trial and sentencing process. She said that there was no evidence to show that Dr Um had accepted sexual motivation from May 2025 until his witness statement made for this Tribunal on 16 February 2026. She said that his acceptance of this was therefore *'new'* and *'in parts equivocal,'* because in his statement he said:

'So I now accept as per the pre-sentence report...that at that time (April 2025) I was suppressing sexual needs as part of my denial of sexual gratification. I would say, however, that there was a duality of motivation in that but for the [XXX] I would not have acted as I did but I accept I only focused on [XXX] to explain my actions'

31. Ms Gilsenan said that it was not clear when Dr Um came to accept that his offending was sexually motivated – he had explained in his oral evidence that it was a gradual realisation, and that he had been *'kidding himself'* previously. She read out parts of Dr Um's witness statement and said that there was no evidence from him or anyone else (such as

social workers or course providers) that Dr Um's urges had stopped to the point that he will not offend again.

32. Ms Gilsenan referred again to the JSWR, where the writer states *that 'there is evidence of deviant sexual interests,'* and that *'Mr Um is a significant risk to the public'*

33. Ms Gilsenan said that Dr Um in his witness statement had reflected on how his actions impacted on others, and she quoted from sections of it. However, she said that the Tribunal might be of the view that his reflections were simply a *'rehearsal'* of what had been said in the JSWR, and that he had not given *'an in-depth consideration of the possible impact, effects and ramifications for his actions on his 28 victims.'*

34. Ms Gilsenan noted that Dr Um had provided some testimonials but pointed out that they appeared to be friends from boarding school, and not from work colleagues or fellow medical practitioners.

35. In summary, Ms Gilsenan submitted that Dr Um poses a high and ongoing risk to all three of the elements of public protection, which are to protect, promote and maintain the health, safety and well-being of the public, promote and maintain public confidence in the medical profession, and promote and maintain proper professional standards and conduct for members of that profession.

36. Ms Gilsenan submitted therefore that the balance in Dr Um's case weighs in favour of making a finding of impairment, and that there is no exceptional reason not to do so.

Submissions on behalf of Dr Um

37. On behalf of Dr Um, Mr Haycroft submitted that this is a two-stage process, looking at the conviction, then impairment. He said that the question to ask is whether Dr Um is safe to practice without restriction.

38. Mr Haycroft referred the Tribunal to Part One of the Guidance, specifically those paragraphs 50-55, 63, and 66-70, which relate to sexual misconduct.

39. When referring to those paragraphs Mr Haycroft stated that Dr Um now agrees that his conduct was sexually motivated, but that *'this was not an easy matter to accept.'* He said that the offending was mainly outside Dr Um's working life but that it did impact a colleague. He pointed out that Dr Um now accepts his guilt, which is to his credit. He said that there was now good insight and remediation, *'and the risk of repetition is low although it cannot be said*

to be fully remediated.’ He said that Dr Um had been punished for his crimes, and that the rehabilitation process had only just started *‘by his own efforts.’* He accepted that Dr Um’s *‘journey had not finished’* and that further work was needed.

40. Mr Haycroft said that Dr Um had not only now accepted sexual motivation to his offending, but that it had been raised with prison staff back in December 2025 when a prison report was drafted. He said that Dr Um’s insight must be considered as of now. He explained that Dr Um had not been able to access courses because of the situation in prison and the shortness of his sentence, but that was not his fault. He said that he had only just been released from prison, and that he had been concentrating on preparing for this hearing. He said that there had been informal discussions with his social worker about him being able to start on the Clyde Quay Project programme.

41. Mr Haycroft explained that it had not been easy for Dr Um to accept that his actions were sexually motivated, and that he had *‘fooled himself’* into thinking that the pleasure he derived from his actions were because of XXX and not sexual arousal.

42. In terms of the level of risk, Mr Haycroft accepted that paragraph 69 of the Guidance suggested that sexual misconduct is generally medium or high. But he explained that this was guidance only and he submitted that in Dr Um’s case it was low. He said that the Tribunal had the benefit of the reports from prison and social workers which assessed him as *‘moderate risk.’* That risk now has to be considered today, in light of Dr Um’s acceptance of sexual motivation. He said that the following factors would bring the risk down from medium;

‘Acceptance of sexual motivation.

Underlying [XXX] issue [XXX] so duality of motivation and

Non-physical contact offence, undertaken in private in Dr Um’s mind but of course directly affecting his victims once it came to light.

The regret, shame and embarrassment itself have a deterrent effect.

[XXX]. Given the further work undertaken including acceptance of sexual motivation, this is likely to be even lower in terms of severity.’

43. Mr Haycroft stated that Dr Um accepts that that the two public interest parts of the overarching objective are engaged and that the first part, public protections is also *‘but to a lesser extent.’* He said that there was good insight and a low risk or repetition.

44. Mr Haycroft then referred to steps 2a-e under Part three of the Guidance. He submitted that there is a case for assessing Dr Um's offending as 'medium' seriousness. He pointed out that this is a 'non-contact' case and therefore not as serious as, for example, sexual assault, indecency or harassment. He accepted that the behaviour was persistent, repeated and premeditated, even though there is no previous fitness to practice history.

45. In terms of insight, Mr Haycroft said that this was not a straightforward case, because of the XXX. He said that XXX was the '*driving force*' behind the offending. It was not sexually motivated only, which would be more serious. He reminded the Tribunal that Dr Um had always accepted that his actions were morally wrong, and that he now accepted the jury decision.

46. Mr Haycroft said that Dr Um had now reflected during the time that he was in prison, and he now accepts in hindsight that he had a '*duality of intent.*' He said that Dr Um now understands what he did was wrong and accepts that he should have acted differently, and that he fully understands the impact of his behaviour. He said that Dr Um had not been given the opportunity at trial to apologise to his victims because they did not attend court or make victim impact statements. Mr Haycroft said that in his statement now to the Tribunal, Dr Um apologises to the victims, the public, and the profession.

47. Mr Haycroft asked the Tribunal to accept that the Dr Um's insight is genuine, but not yet complete '*because of his only recent acceptance of sexual gratification and recent prison release and the need for further support in the context of having the insight to realise these very matters.*' He said that it was wrong to state that Dr Um had simply copied what was said in the JSWR and that he is truly sorry for the impact.

48. Mr Haycroft then referred to paragraphs 106-118 of the Guidance which he said set out the approach suggested by Silber J in *Cohen v GMC* [2008] EWHC 581 (Admin):

'...It must be highly relevant in determining if a doctor's fitness to practise is impaired that first his or her conduct which led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated.'

49. Mr Haycroft accepted that sexual disposition was not easy to remediate. He also accepted that Dr Um's failures had not been remediated. He said that Dr Um accepts that more work needs to be done, and has remedial work planned. He explained that he did take the initiative to address some issues, by attending the Safer Lives project which helped him to reflect and understand the problem so that he can make a pragmatic plan to remediate.

50. Mr Haycroft said that Dr Um now intended to take part in the process suggested by the social worker- namely e.g. '*Moving Forward to Change*' organised for during his licence period, and XXX.

51. Mr Haycroft said there was little risk of repetition because of a number of factors. He said that there has been no hint of any inappropriate sexual misbehaviour in prison. He said that '*prison itself*' meant that Dr Um never wanted to repeat it. He pointed out that Dr Um has now fully accepted his criminality and sexual gratification, and that he was now keen to seek more help. He said that Dr Um's shame and regret at the likely effect upon a victim has a major deterrent effect.

52. Mr Haycroft said that during the time that Dr Um would be under licence he is likely to have support and help and so any risk can probably be successfully remediated/managed in the community.

53. Mr Haycroft accepted that Dr Um has not been able to keep his skills and knowledge up to date because of his custodial sentence, and recent release, but it is something he intends to do.

54. In summary, Mr Haycroft submitted that there is impairment, but that Dr Um's case is of medium seriousness. He said that Dr Um has good insight in all the circumstances, but more work is needed, and that while there is a risk of repetition, in all the circumstances, it is a low one.

The Relevant Legal Principles.

55. The Legally Qualified Chair (LQC) gave advice to the Tribunal about the approach it should take, which is summarised below;

56. The Tribunal should consider Section 35C(2)(c) of the Medical Act 1983, which provides that a criminal conviction is a possible ground for impairment. The Tribunal must now therefore consider if, by reason of that conviction, Dr Um's fitness to practice is currently impaired

57. The Tribunal is advised 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.

58. The Tribunal should only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

59. The Tribunal must determine therefore whether Dr Um's fitness to practise is impaired today, taking into account his past actions and whether they are remediable, and any relevant factors since then, such as remediation, and whether Dr Um has demonstrated insight, and the likelihood of repetition.

60. The Tribunal was asked to note that the Guidance took effect in respect of MPTS hearings from 24 November 2025, and therefore its approach to impairment should be adopted. In particular, the Tribunal should consider the sections for Sexual Misconduct and also for Conviction cases, to assist it in identifying the starting point for assessing seriousness.

61. The Tribunal should then consider where on the spectrum of seriousness the allegation lies, the impact of any relevant context known about Dr Um and/or his working environment, and how Dr Um has responded to the allegation

62. The LQC advised that the Tribunal is assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report* as set out by Ms Gilsenan:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness is impaired in the sense that s/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 brought and/or is liable in the future to bring the medical profession into disrepute;

(c) Has in the past breached and/or is liable in the future to breach one of the fundamental tenants of the medical profession;

(d) Has in the past acted dishonestly and/or is liable to act dishonestly in

the future.'

63. As well as considering the features set out above, the Tribunal was informed that it must also determine whether the need to uphold professional standards and maintain public confidence would be undermined if a finding of impairment were not found. The Tribunal was asked to note the principle in the case of *Yeong v GMC* [2009] EWHC 1923 Admin, that:

'There will be occasions where impairment of fitness to practice must be found as a matter of public policy to uphold public confidence in the profession where to make no such finding would have an adverse impact on public confidence in the profession.'

The Tribunal's Determination on Impairment

64. Throughout its deliberations, the Tribunal bore in mind the statutory overarching objective: 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.

65. The Tribunal took into account the evidence that it had received both from the GMC and Dr Um, and the submissions made by both counsel. It accepted the LQC advice and followed the Guidance. It considered carefully the oral evidence given by Dr Um at this stage.

The MPTS Guidance on impairment: Steps 2A to 2E

66. The Tribunal considered each of the Steps in the Guidance, Section three, Part B in turn.

Step 2A: legal basis for considering impairment

67. The Tribunal first considered whether the proven facts engage one or more of the statutory grounds for impairment, in accordance with Step 2a of the Guidance. It was satisfied that there is a clear legal basis for considering impairment on the grounds of Dr Um's conviction.

68. The Tribunal accepted the unchallenged, signed full extract conviction report, dated 1 July 2025, issued by Glasgow Sheriff Court and noted that Dr Um made full admissions to his conviction in the Allegation.

69. Accordingly, the Tribunal concluded that the proven facts plainly engage the statutory grounds of a conviction or caution, and that there is therefore a proper legal basis for proceeding to consider impairment under Steps 2b to 2e of the Guidance.

Step 2B: spectrum of seriousness

70. The Tribunal considered that this was a conviction for multiple serious offences of voyeurism, which resulted in a significant custodial sentence. Dr Um was placed on the Sex Offenders' Register. It noted the judge's sentencing remarks and the seriousness with which he viewed the offending. He said:

'Because of the gravity of the crimes you have committed, a custodial sentence is the only appropriate disposal of the case. I am satisfied that the period for which you would otherwise have been on licence would not be adequate to protect the public from serious harm from when you are eventually released. So, for that reason, I am going to pass on you an extended sentence of twenty-seven months, which is in two parts.

'First part of the sentence is an immediate period in custody. The custodial term will be eighteen months. The custodial term will run from today's date. The second part of your sentence will be served in the community. On the date of your release, you will be under licence for an extension period of nine months. The conditions of your licence will be fixed by the Scottish Ministers. If during this extension period you fail to comply with the conditions of your licence, it may be revoked, and you may be returned to custody for a period in respect of this case. The court order is if you commit another offence after you are released and while you are on licence.

You will also be placed on the Sex Offender's Register.'

71. Having regard to all the circumstances of the relevant offence, the Tribunal concluded that Dr Um's conduct had seriously departed from these fundamental tenets of the medical profession. The Tribunal decided therefore that Dr Um's actions represented a serious departure from professional standards and that he had breached paragraphs 1,3 and 65 of GMP;

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.

3 Good medical practice describes what is expected of all doctors registered with the General Medical Council (GMC). It is your responsibility to be familiar with Good medical practice and the explanatory guidance which supports it, and to follow the guidance they contain

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

72. The Tribunal found, therefore that the following paragraphs of the Guidance section three Part B were engaged:

Paragraph 26: certain types of behaviour... represent such a serious departure from professional standards that they will usually fall at the higher end of the spectrum. 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 profession such as failing to act with integrity, and "uphold the law".

Paragraph 31:

'a criminal conviction...resulting in a custodial sentence'

'a criminal conviction...that has resulted in a doctor being required to register on the sex offenders register'

73. The Tribunal also considered Part One of the Guidance. Paragraphs 50-76 focus on sexual misconduct and describe its impact on public protection. At paragraph 63 it states that, while a range of behaviour can be seen, the nature of the departure from the professional standards usually means that concerns or allegations fall at the higher end of the spectrum of seriousness. It states that *'even a single incident of sexual misconduct can have significant harmful impact and pose a high level of risk to public protection.'*

74. The Tribunal concluded therefore that the starting point for its assessment of the seriousness of the allegation was high.

75. The Tribunal next considered whether there were any features increasing the seriousness of the allegation. It considered that a number of the points listed in paragraph 36 of the Guidance section three Part B were applicable, as set out below.

76. The Tribunal decided that the behaviour was *'persistent or repeated.'* Dr Um committed 23 sexual offences of a similar nature and only stopped because he was reported to the police. These offences took place over a period of approximately three years and there were 19 male victims and nine female victims, nine of which were couples.

77. The Tribunal decided that Dr Um's actions were *'premediated behaviour.'* Dr Um had planned his actions in some detail. He had placed hidden recording equipment in rooms that he was renting out, and on some occasions in hospital accommodation. This was planned in advance of his victims arriving at the premises. He covertly recorded them and kept the recordings on a number of different devices.

78. The Tribunal considered that Dr Um's actions were *'predatory behaviour.'* Dr Um had placed the devices in the rooms covertly, hidden in air fresheners and smoke alarms. He was able to observe and record the personal and intimate acts of both males and females without their consent or knowledge. Even though they were unaware of his actions at the time, by committing offence of voyeurism, he was plainly *'preying'* on them.

79. The Tribunal decided that Dr Um's actions, so far as the offences in hospital were concerned, amounted to an *'abuse of professional position.'* Had it not been for his role in the hospital as a doctor he would not have gained the trust of others working there, nor access to the rooms where he installed recording devices.

80. The Tribunal acknowledged that Dr Um's victims were not *'persons with a particular vulnerability'* as envisaged by paragraph 36, but it decided that they were in a vulnerable position. For example, the couple who reported the matter to the police had travelled from Australia and had relied on Dr Um to provide them with a safe place to stay. Unbeknownst to them, they were observed and recorded in a place which should have been private. Those victims, and no doubt others were caused significant distress and worry, as described in their police witness statements;

'I am very worried as me and my wife and I have been using the bathroom and shower and have been getting changed in the room....I am also worried that this may not be the first time he has done this, and I am worried about where these images are going to end up.'

'This morning, I have woken up extremely anxious, sick in my stomach and worried of what images or videos he has of me. It also made me feel homesick and made me cry. I am also worried that this is not the first time he has done this, and worried as to where these images could go.'

81. Overall, the Tribunal concluded that the allegation was at the high end of the spectrum of seriousness, which meant that the starting point for assessing the current and ongoing risk to public protection was also high, having regard to paragraphs 43 and 44 of the Guidance. It further followed that evidence of relevant context, and of how the doctor responded to the concerns, *'will usually have less impact and carry less weight'*.

Step 2C – Relevant context

82. The Tribunal had regard to paragraph 45 of the Guidance which states:

'Relevant context about a doctor and/or their working environment can have an impact on the assessment of whether a doctor poses any current and ongoing risk to one or more of the three parts of public protection. There are three types of relevant context: working environment context, role and experience, and personal context.'

83. The Tribunal considered whether there was any relevant personal context, role-related context, or working environment context which might explain, mitigate, or otherwise change the level of seriousness or the current and ongoing risk to public protection.

84. The Tribunal noted Dr Um's background. He has a South Korean background and is a British Citizen. He arrived in the UK to attend boarding school. Dr Um did not report any concerns about his upbringing when asked by social workers during the trial and sentencing process. The Tribunal noted from his CV that Dr Um is an experienced anaesthetist with a strong academic background. Looking at documents such as leaving cards, and comments from patients and colleagues, he appears to be a popular doctor and team player. The testimonials, although from friends rather than work colleagues or fellow professionals, attest to his character. The Tribunal noted that he had no previous convictions nor fitness to practise history. However, the Tribunal concluded that this background was not particularly relevant in this case when considered alongside the serious offending for which Dr Um had been convicted.

85. The Tribunal considered the context in which the offences had been committed and how the conviction had come about. Dr Um told the Tribunal that he had recognised that he potentially XXX as far back as 2017, when XXX. There was no documentary evidence of this. By the time he was arrested, charged and pending trial Dr Um was XXX.

86. XXX

87. The Tribunal noted that, at the time of the trial, Dr Um put forward XXX as an explanation for his actions, stating that the XXX, so he felt the urge to record others in otherwise normal settings.

88. The Tribunal recognised that this defence was not accepted by the jury at trial, and Dr Um was convicted of 23 offences of voyeurism. By coming to this conclusion, the jury decided that that his covert actions were committed for the purpose of obtaining sexual gratification, or to humiliate, distress, or alarm his victims. Although the Tribunal accepted XXX, it decided that the plea of not guilty was an aggravating feature in this case.

89. Overall, the Tribunal did not consider that in this case, there was any relevant context which decreased the seriousness of the allegation or impacted on the level of risk posed to public protection.

Step 2D – How the doctor responded to the allegations

90. The Tribunal had regard to paragraph 81 of the Guidance which states:

‘To demonstrate insight, and insight which is genuine, the doctor will need to show they understand what happened and accept how they could have acted differently. This involves showing, where relevant, that they have:

- *considered the allegation, understanding what went wrong and accept they should have acted differently*
- *fully understood the impact or potential impact of their behaviour, performance, or health condition*
- *empathy for any individual affected, for example by apologising*
- *taken, or are taking, steps to remediate and to identify how they will act differently in the future to avoid similar issues arising*
- *sought appropriate support for a health condition and are seeking and/or following treatment and advice and/or are engaging with local support and any steps put in place to manage any risks to patients*
- *complied with the professional duty of candour*
- *co-operated with earlier investigations into the allegation (if they had the opportunity to do so) and engaged with the GMC’s investigation, and/or*
- *self-referred to their employer and/or the GMC’*

91. The Tribunal firstly considered carefully whether Dr Um’s offences were remediable at all. It recognised that they were serious and sexual in nature and would be difficult to remediate.

92. The Tribunal next considered the level of Dr Um’s insight. As noted above, Dr Um originally denied the offences and pleaded not guilty at trial. He was therefore sentenced to a custodial sentence on 8 May 2025 and was released from prison on 6 February 2026.

93. The Tribunal noted from his witness statement that Dr Um always accepted that his actions were ‘*morally wrong*’ but that he did not admit that they were for sexual gratification at that time. The first time that Dr Um appears to have accepted the sexual motivation for his offending was during an interview with a social worker in preparation for his parole hearing. In a ‘Prison Based Parole Report’ dated 24 December 2025, it states that ‘*Mr Um now admits that watching heterosexual couples having sex aroused him...*’ and later in its conclusion

‘Mr Um admits the index offences but has always maintained they were not sexually motivated but now says whiles viewing others having consensual heterosexual consensual intercourse, he became aroused.’

94. The Tribunal noted therefore that the first time Dr Um demonstrated any insight about the motivation to his offending was in December 2025, and then again in his recent witness statement dated 16 February 2026. Seeing as the offences range over a three-year period during 2020- 2024, the Tribunal was of the view that the insight was very recent and very new.

95. The Tribunal considered Dr Um’s witness statement and the oral evidence that he gave very carefully.

96. It took the view that Dr Um still did not seem to fully recognise the sexually motivated triggers behind his behaviour and still maintains that XXX was the driving force behind his actions. He said:

‘I would say, however, that there was a duality of motivation in that but for the[XXX] I would not have acted as I did but I accept I only focused on [XXX] to explain my actions.’

...

'I also now realise I was deluding myself that sexual gratification was not part of my motivation whereas in reality I derived pleasure from my viewing of the images.'

97. The Tribunal took the view that Dr Um is still some way from understanding the motivations behind his behaviour and the criminal offences that followed. It considered that Dr Um's denial in the face of overwhelming evidence, and continued denial following the jury verdict, until the latter part of last year, provides clear evidence of his slow and incomplete acceptance of responsibility for his actions. This is underlined by Dr Um's continued reliance upon XXX as the main reason for his offending, when this alone fails fully to explain the reasons for, or the nature and extent of his conduct over such a protracted period or the fact that it included making recordings of male and female victims along with couples.

98. The Tribunal was very aware that a number of victims had been affected by Dr Um's behaviour. During the period that he was offending, he did not appear to understand the distress that he may be causing, and in his oral evidence he explained that at the time 'urges' overcame him and that he 'didn't give it a second thought.' During the trial and sentencing process, concerns remained about Dr Um's understanding of the impact on his victims. For example, in the JSWR dated 1 May 2025 it was stated that;

'...He was able to identify some of the short and long-term impact of these offences for the victims, but these insights appear to be retrospective. In the writer's opinion there is some evidence of a lack of concerns for the rights and well-being of others'

99. In his witness statement, Dr Um accepted in hindsight the impact that his offending could have had on others. He said:

'Having had time to reflect on my crimes, I fully understand the negative impacts they must have had on my victims. My victims are likely to have experienced feelings of anxiety, fear, distress or depression. They may also develop symptoms of Post Traumatic Stress Disorder. They may struggle to feel comfortable or safe in certain places such as hotels or bed and breakfasts. They may also feel nervous about staying in places other than their own home. I abused my position of trust as the host of a short-term let accommodation as well as regards my colleagues. This may cause victims to struggle to trust people they do not know well. I deeply regret what I have done to them and wish to express my sincerest apologies. I did not consider their position in all of this and for that I am truly sorry although I cannot undo what I have done.'

100. The Tribunal accepted therefore in his witness statement, that Dr Um had shown some insight into the effect of his actions on others. However, the Tribunal noted the similarity between Dr Um's comments in his statement and those set out in the JSWR:

'There is no evidence of physical harm in relation to this offence. However, some victims may experience feelings of depression, fear of anxiety, have difficulty sleeping, and present with some symptoms of post traumatic distress disorder (PTSD). Victims may feel unsafe in public places or fear that photos or videos will be posted publicly. These feelings may be persistent and enduring.'

101. In his oral evidence Dr Um accepted his offending, apologised to his victims, and expressed regret and shame. However, he was not able to describe in depth his feeling towards his offending now, nor what he would do differently in future. The Tribunal took the view therefore that Dr Um's insight was very limited and appeared to lack depth.

102. The Tribunal then considered what, if any remedial steps Dr Um had taken. It noted that Dr Um has now admitted his actions, and agreed that this is a starting point. He accepted himself that he was at the beginning of *'an acceptance journey'*. However due to various factors, some of which are out of his control, Dr Um has not yet undertaken any formal remediation work. He explained that in prison he could not attend any relevant courses because of overcrowding issues. He accepted that he had not been suitable for the Clyde Quay Project Programme because he at that time had not accepted the sexual motivation behind his offending. He had attended the Safer Lives programme after his arrest but that did not relate to sex offences per se. He explained that, due to his very recent release from prison, he was, for the next three months going through a period of adjustment with his social worker, and then they could plan for the future. His counsel explained that during the period of his licence plans were to be put in place to address his offending.

103. The Tribunal concluded that very few remedial steps had been taken by Dr Um.

104. The Tribunal then considered the risk of repetition. It noted the risk analysis given by the social work and prison authorities during Dr Um's time pending trial and while in prison and the concerns that they had about a risk of reoffending while Dr Um did not accept the motive behind his offences. As Dr Um's insight is very recent those risks must still remain. Given the Tribunal's findings relating to both insight and remediation it considered the risk as of today to be high.

Step 2(e) Step 2E – Overall conclusion on impairment

105. The Tribunal determined there was a high risk to each limb of public protection in this case. It noted that he at present remains on licence, and is on the Sex Offenders' Register. The Tribunal also took the view that given the nature of Dr Um's convictions, a fully informed member of the public would be shocked if a finding of impairment were not made.

106. The Tribunal was satisfied that there is such a high ongoing risk to public protection that it requires restrictive action on Dr Um's registration. It considered that his behaviour would undermine public confidence in the medical profession and proper professional standards. It decided that, unless Dr Um fully remediates his actions, patients must also be at risk.

107. The Tribunal concluded that a member of the public would expect regulatory action based the information available in this case.

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

Determination on Sanction - 25/02/2026

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

The Evidence

110. 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

Submissions on behalf of the GMC

111. On behalf of the GMC, Ms Gilsenan submitted that the only appropriate sanction in Dr Um's case was one of erasure and directed its attention to Part three Stage C of the Guidance.

112. Ms Gilsean then informed the Tribunal of the case law relevant to sanction in this case, while reminding the Tribunal that each case should turn on its own merits and facts.

113. Ms Gilsean firstly pointed out that the case of *Council for the Regulation of Healthcare Professionals v General Dental Council and Fleischmann* [2005] EWHC 87 (Admin). supports the position that a registrant should not resume practice until satisfactory completion of a criminal sentence.

114. Ms Gilsean also mentioned the case of *Professional Standards Authority for Health and Social Care v NMC (Jalloh)* [2023] EWHC 3331 (Admin) set out some key reminders in relation to sanction, namely that the Tribunal should be cautious of duplicating mitigating factors, and that it must explain its reasons for not striking off a practitioner if it rejects a request for an order of erasure. The case also reminds tribunals that the reputation of the profession is more important than the fortunes of any individual member and that the essential issue remains the maintenance of public confidence in the profession and matters of personal mitigation are of less weight.

115. Ms Gilsean then mentioned two cases of a sexual nature where registrants were dismissed, which was upheld in both cases on appeal.

116. Ms Gilsean then turned to the principles relevant to the decision on sanction. She reminded the Tribunal of the three limbs of public protection as defined in the Medical Act 1983. She also took the Tribunal through the relevant sections of the Guidance and then addressed them on the available outcome at this sanction stage.

117. Ms Gilsean stated that taking ‘no action’ would not be appropriate bearing in mind the Tribunal’s determination on impairment. She said that this was not an exceptional case justifying an outcome of no action.

118. In a similar vein, Ms Gilsean stated that imposing conditions would ‘*be wholly inappropriate and disproportionate, adding that ‘It is difficult to envisage what, if any, conditions would address the public interest concerns in this case.’*

119. Moving on then to suspension, Ms Gilsean said that in light of the Tribunal’s recent assessment of Dr Um as being a high risk to public protection, suspension is not a proportionate regulatory response. She submitted that suspension was not an appropriate response, in light of the seriousness of the offending, the sentence, and the decision that Dr Um presents an ongoing risk to public protection.

120. Ms Gilsean then addressed the Tribunal on the sanction of erasure and drew its attention to paragraphs 56-59 of the Guidance. She submitted that erasure was the only proportionate sanction to meet Dr Um's level of current and ongoing risk to public protection.

121. Ms Gilsean reminded the Tribunal that Dr Um's conviction is for 23 serious sexual offences, arising from installing and operating covert recording equipment in relation to 28 victims, spanning a period of 3 years, in 3 different properties, culminating in approximately 130 recordings which were saved and stored on three digital devices. She said that this resulted in an immediate custodial sentence, with an extended licence period reflecting Dr Um's high risk of serious harm to members of the public, as well as his registration on the Sex Offenders' Register, for which he has a 10-year notification period. She submitted that the criminal offences, conviction and sentence are fundamentally incompatible with continued registration and that the level of Dr Um's current and ongoing risk to public protection is so significant that Dr Um should not be allowed to practise.

122. The Tribunal attention was drawn to paragraph 57(a) to (d) of the Guidance, and Ms Gilsean submitted that (a), (b) and (d) all applied in Dr Um's case. In summary, she said that conditions were not appropriate, and that there was evidence from both the JSWR, and the Judge's sentencing remarks that his behaviour had caused serious harms to others. She said that Dr Um's conviction was serious and that continued registration in this circumstance would undermine public confidence in the profession.

123. Ms Gilsean then asked the Tribunal to consider the sanction bandings in the Guidance. She submitted that because the Tribunal had decided at the impairment stage that Dr Um was a high risk to public protection and because he was convicted of sexual offences the appropriate sentencing band was suspension to erasure, and this case lies at the upper end of the banding.

124. Ms Gilsean submitted that there were no additional features to be taken into account at this stage and warned the Tribunal against 'double counting' mitigation. She said that it should be mindful of the well-established regulatory principles that the reputation of the profession is more important than the fortunes of any individual member. She reminded the Tribunal of the testimonial evidence that it had received from the friends of Dr Um but pointed out that the writers of those testimonials, whilst acknowledging Dr Um's criminal conduct, do not appear to be conscious of Dr Um's recent realisation that his voluminous offending was underpinned by his own sexual motivation.

125. Ms Gilson submitted, in summary, that a sanction of erasure is the only proportionate sanction in all of the circumstances of this case.

Submissions on behalf of Dr Um

126. Mr Haycroft conceded that taking no action or imposing conditions would not meet the seriousness of Dr Um's conviction. He said that Dr Um has the insight to understand that. He submitted that an order of suspension for 12 months with a review would mark the three limbs of the overarching objective. This outcome would mean that an otherwise good doctor is retained, and it would uphold trust and confidence in the profession.

127. Mr Haycroft referred to the Guidance and accepted Ms Gilson's description of it. He described that, in essence, the Tribunal when considering compatibility with continued registration, was being asked to decide whether paragraph 41 (relating to suspension) or paragraph 55 (relating to erasure) applied. He said that Dr Um's case was an unusual one, in that, although serious, it did involve non-contact offences. He said that Dr Um had acknowledged them, and that significant work had been undertaken to remediate during and post punishment. Given the Tribunal's findings on impairment, he conceded that a '*great deal of further work is needed.*'

128. Mr Haycroft said that Dr Um accepted the Tribunal's findings on impairment. He pointed out that the Tribunal had not found that Dr Um was not being honest in his evidence or that the insight he has is not genuine. He said that this is a case where further and more in-depth remedial work may and should be undertaken now that Dr Um has been released from prison.

129. In relation to the Guidance, Mr Haycroft submitted that paragraph 44 and 45 applied, as they relate to addressing the risk to public protection. He said that Dr Um has accepted that this work is in progress and that he needs more time to remediate fully. He said that Dr Um needs now to engage with XXX and from addressing the offending sexual behaviours through the 'Moving Forward to Change' course.

130. Mr Haycroft explained that as Dr Um's sentence expiry date is 7 August 2027, he has no intention to return to work before then, and any 12-month suspension period may be further extended on review to take account of this.

131. Mr Haycroft took the Tribunal through paragraph 57 (a)-(d), which describe some of the factors that are present when erasure might be the appropriate response. He again agreed that conditions were not appropriate (a) and submitted that this is not a case where

there is no insight(c). He addressed the Tribunal on (b) and (d), which relate to the seriousness of the facts found proved, and the harm to others. He conceded that serious harm was caused to the public interest, but said that, in all the circumstances, suspension mitigates the risk of recurrence.

132. He then drew the Tribunal's attention to the 'sanctions bandings' in paragraph 62 of the Guidance. He accepted that due to the nature of the conviction and the decision that the risk was high, Dr Um's case fell within the end band ('suspension 12 months to erasure'). He submitted however that erasure was not inevitable, especially as there is '*the start of insight*' and some remediation in the context of a prison sentence and a willingness to further engage in future.

133. My Haycroft addressed the public interest, and the well-known comments in the case of *Bolton v Law Society* [1994] 2 All ER 486 about the individual's position not being as important as the reputation of the profession. He submitted however that there is also the public interest in the medical profession in retaining an otherwise honest and excellent clinician as Dr Um is. He drew the Tribunals' attention to the comments made by Collins J in *Giele v GMC* [2005] EWHC 2084, where it spoke of the public interest in retaining competent doctors, and *CHRE v GMC* [2005] EWHC 579 where it is stated that the existence of a public interest in not ending the career of a competent doctor will play a part. In this regard, Mr Haycroft reminded the Tribunal of the testimonial evidence that it had received at the impairment stage.

134. Mr Haycroft asked the Tribunal to consider the principle of proportionality. He reiterated that erasure would deprive the community of an otherwise caring and competent doctor, and that Dr Um would suffer substantial financial detriment (admittedly by reason of his own actions.) He clarified that Dr Um had been subject to an interim suspension and submitted that this can be taken into account when assessing proportionality, because it has had the same effect that an order of suspension would have. He said that every case must be considered on its facts.

135. When considering the potential length of an order of suspension, Mr Haycroft conceded that a 12-month period was necessary and appropriate, when considering the sanction bandings and the nature of the case.

136. My Haycroft then addressed the Tribunal on the possibility of it directing a review at the end of the suspension period. He agreed that a review is necessary because of the Tribunal's finding on impairment. He said that Dr Um will need time to reflect and remediate further, especially given his very recent release from prison and his inability through no fault

of his own to undertake formal courses to aid and promote remediation. He observed that any future review hearing has the ability to further suspend Dr Um to ‘*get beyond*’ the sentence expiry date of 7 August 2027. This would then allow ample time to remediate, by Dr Um undertaking all the work he intends to do as described in his witness statement.

137. Mr Haycroft then quoted from Collins J in *Giele*:

‘The panel had to approach the question of sanctions starting with the least severe. It was not a question of deciding whether erasure was wrong but whether it was right for the misconduct in question after considering any lesser sanction.’

138. In summary, My Haycroft submitted that on the basis of the Tribunal’s view on impairment when read as a whole, erasure would be disproportionate since continued registration would not be ‘*fundamentally incompatible*’ with the conduct leading to the conviction in this case.

The Tribunal’s Approach

139. The Tribunal accepted legal advice from the LQC. It was reminded 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. The Tribunal was also reminded that the decision as to the appropriate sanction, if any, is a matter for its own judgement, which must be made independently.

140. It was advised again to follow the Guidance issued in November 2025. In particular, it should take into account Paragraph 10, Part C, and consider the sanctions bandings for sexual misconduct and conviction cases. It was advised that it must consider the least restrictive sanction first, and then move on, if needs be, to consider the other available options in ascending severity.

141. Any sanction must be appropriate and proportionate. In the case of *Bolton v Law Society [1994]* 1 WLR 512, it was made clear that the reputation of the profession as a whole is more important than the fortunes of any individual member, even if the consequences may be deeply unfortunate for them.

The Tribunal’s Determination on Sanction

142. The Tribunal had regard to the statutory overarching objective in Section 1 of the Medical Act 1983 throughout its deliberations. It considered the evidence which it received at the impairment stage, the submissions made by both counsel, and the LQC advice.

143. The Tribunal noted the procedure to be adopted under the Guidance on sanction. It bore in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest.

144. The Tribunal reminded itself firstly of the findings it made at the impairment stage. It had concluded that, due to his limited and recent insight, and few remedial steps, the risk of repetition in Dr Um's case was high. It also decided that Dr Um poses a high and ongoing risk to public protection.

145. The Tribunal reflected that it had found a number of serious features in Dr Um's case. He had been convicted of 23 offences involving multiple victims. The offences were premeditated and planned and had an element of predatory behaviour. There was an undoubted impact on the victims of his crimes, and he only stopped offending because a couple who stayed in his home noticed the hidden recording devices.

146. The Tribunal had regard to the sanctions banding table at paragraph 62 of Part C of the Guidance. The table demonstrates that in both cases of sexual misconduct and conviction, where there is a higher level of risk to public protection, the appropriate sanction is likely to fall between 12 months suspension to erasure.

147. The Tribunal also took into account the Guidance Introduction which sets out the seriousness of sexual offences, and in particular paragraph 74 where it states that *'...In cases where sexual misconduct is found to be sexually motivated, the inherent seriousness is likely to be high and make any outcome short of erasure inappropriate'*.

148. The Tribunal reminded itself that the sanctions bandings and the comment in the Guidance Introduction are intended to provide a guide, and that there may be evidence relevant to the individual circumstances of the case that indicates a sanction which is more or less restrictive than that suggested in the bandings.

149. The Tribunal considered each of the available sanctions in turn, starting with the least restrictive.

No action

150. The Tribunal considered that there are no exceptional circumstances in this case which would warrant the taking of no action in the context of the facts found proved and the Tribunal's determination on impairment. It considered that taking no action would not be sufficient, proportionate, or in the public interest.

Conditions

151. The Tribunal next considered whether to impose conditions on Dr Um's registration. It noted paragraphs 19 and 20 of relevant section of the Guidance and bore in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

152. As a starting point, the Tribunal considered that the sanctions banding for this case type does not indicate that conditions would be sufficient to meet the level of risk to public protection, nor did either Counsel submit that conditions were appropriate in this case. The Tribunal further considered that it would not be possible to formulate conditions to address Dr Um's conduct and, as such, any conditions would be unworkable.

153. Moreover, given the seriousness of Dr Um's conviction, the Tribunal did not consider that the imposition of conditions would be a proportionate response, sufficient to satisfy its determined level of the current and ongoing risk to public protection. Dr Um was still serving part of his sentence on licence and the Tribunal decided that he should not be allowed to return to practice at this time.

154. In all the circumstances, the Tribunal concluded that a period of conditional registration would not be the appropriate sanction and would not satisfy the overarching objective.

Suspension

155. The Tribunal then went on to consider whether to impose a period of suspension on Dr Um's registration. The Tribunal acknowledged that suspension has a deterrent effect and bore in mind the sanctions banding tables, referred to above. It reminded itself that for suspension to be the appropriate and proportionate sanction, there must be a reasonable prospect of Dr Um's safe return to unrestricted practice.

156. The Tribunal noted paragraphs 41 and 44 of the relevant section of the MPTS Guidance, which provide:

'41 Suspension is for those cases where the doctor's behaviour... 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.'

'44 Restrictive action of suspension is intended to address the level of current and ongoing risk to public protection and is not intended to be punitive. However, as it prevents a doctor from working and earning a living within that profession, it can have this effect. Suspension can also have a deterrent effect and be used to send a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.'

157. The Tribunal also noted, at paragraph 45, that suspension is likely to be a proportionate response to behaviour when;

a. conditions are not appropriate, measurable and/or workable

b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or

c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.

158. However, the Tribunal reminded itself of the seriousness of the conviction and the sexual nature of the offences. It was concerned about Dr Um's limited insight, the very few remedial steps taken, and the resultant high risk of repetition. It decided that a member of the public would be shocked if they learned that a doctor in these circumstances was allowed to practise again after a 12-month period.

159. Moreover, the Tribunal noted that the maximum length of time that suspension can be put in place is 12 months. It was concerned that, if 12 months suspension was imposed, at the end of that period Dr Um would still be on licence, and subject to the Sex Offenders' Register. This would mean that any review of Dr Um's case would likely result in a further period of suspension.

160. The Tribunal concluded that, given the seriousness of the case and the continuing risk to the public arising from Dr Um’s conviction, a period of suspension would not be sufficient to protect the public. The overarching objective includes protecting patients, upholding the public interest, and maintaining proper standards of conduct for registered medical professionals. It concluded that Dr Um’s conviction was not compatible with continued registration at this point in time.

Erasure

161. The Tribunal, having concluded that a suspension order would be insufficient to protect the public, went on, therefore, to consider erasure from the medical register. It understood from paragraph 56 of the Guidance that erasure is used to protect the public in the most serious cases. It decided that this applied in Dr Um’s case. A decision to erase Dr Um for such serious offences which were not remediated would send a signal out, not only to Dr Um himself, but to the profession and the public about what is regarded as behaviour unbecoming a registered doctor.

162. The Tribunal had regard to the paragraphs 57 of the relevant section of the MPTS Guidance, which provides:

57 *Erasure may be the proportionate response where:*

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

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

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

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

163. The Tribunal decided that *a*, *b* and *d* above all apply in Dr Um’s case. Conditions are not appropriate, Dr Um’s behaviour has caused serious harm, and the conviction for multiple sexual offences is very serious. Due to the insufficient remedial steps taken, there was a risk of recurrence.

164. Moreover, the Tribunal decided that the nature of Dr Um’s offending was very serious and so, in itself, it would undermine public confidence in the profession were he permitted to remain on the register at this point in time. His offending showed a wilful disregard for the rights of his victims (not to be exploited for his sexual gratification). Also, covert and deceptive aspects of the offending over such a long period showed a lack of integrity on Dr Um's part.

165. The Tribunal decided that Dr Um’s behaviour inevitably brings the profession as a whole into disrepute due to a serious departure of GMP, specifically paragraphs 1, 3 and 65. Dr Um’s actions fall far short of proper professional standards and conduct for medical practitioners. His limited insight and remediation, and the seriousness of the offences were all matters the Tribunal weighed in the balance when making its decision.

166. The Tribunal took into account the evidence that it had about Dr Um’s previous good character, the fact that he is an experienced doctor, and the testimonial evidence. These were considered at the impairment stage, and in any event did not mitigate against the risk that Dr Um presently poses to public protection.

167. The Tribunal considered paragraph 55 of the Guidance which states;

‘55 Erasure is action available for those cases where a doctor’s behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.

168. The Tribunal determined that, in accordance with paragraph 55 the doctor’s conviction was incompatible with continued registration at this point in time, and that erasure was the only proportionate and appropriate sanction in this case.

169. Accordingly, the Tribunal has determined that Dr Um’s name be erased from the medical register

Determination on Immediate Order - 25/02/2026

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

Submissions

171. On behalf of the GMC, Ms Gilsean drew the Tribunal's attention to the Guidance and submitted that an immediate order was necessary to protect members of the public and the public interest.

172. Ms Gilsean also submitted that an immediate order was also in Dr Um's own interest, because, in the GMC's view, he might be put under stress, such that there is a further risk of him reoffending.

173. Ms Gilsean referred to paragraphs 84b and c of the Guidance and said that there is a risk to all parts of public protection and that immediate action is needed to maintain public confidence in the medical profession.

174. On behalf of Dr Um, Mr Haycroft submitted that he has no positive submissions to make.

The Tribunal's Determination

175. The Tribunal considered that it may impose an immediate order if it considers it necessary for the protection of members of the public or is otherwise in the public interest.

176. The Tribunal had regard to the paragraphs 79 and 84 of the MPTS Guidance, which sets out:

'79 The MPT may impose an immediate order where it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. Where the MPT has imposed a sanction of conditions, it may impose an immediate order of conditions. Where the MPT has imposed a sanction of suspension or erasure, it may impose an immediate order of suspension.

...

84 *It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*

- a. the doctor poses a risk to patient safety*
- b. the risk to one or more parts of public protection is high, and/or*
- c. immediate action is needed to maintain public confidence in the medical profession.'*

177. The Tribunal considered its findings at previous stages in relation to Dr Um's conviction. It assessed the level of current and ongoing risk posed to public protection to be high in relation to all three parts of public protection.

178. The Tribunal considered that an immediate order is necessary in this case so as to protect the public, uphold and maintain professional standards in the medical profession and to maintain public confidence in the medical profession. The Tribunal decided that an immediate order was necessary to protect members of the public and was in the public interest. It further considered that all sub-paragraphs of paragraph 84 were engaged.

179. The Tribunal therefore determined to impose an immediate order on Dr Um's registration.

180. This means that Dr Um'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.

181. The interim order currently in place on Dr Um's registration is hereby revoked.

182. That concludes this case.

Schedule 1				
Offence number	Offence date	Offence location	Offence details	Contrary to Section X of Sexual Offences (Scotland) Act 2009
1	16 April 2022 24 August 2024	Residential address	Installing a quantity of cameras which you had adapted to have the appearance of air fresheners and smoke alarms with the intention of enabling yourself or another person to do an act referred to in subsection (2), (3), (4), (4A) or (4B) of Section 9 of Sexual Offences (Scotland) Act 2009 ('the Act') in that you did place adapted cameras in the bathroom and in a bedroom within said property	Section 9(1) and (5)
2	7 November 2020	Residential address	Recording an individual doing a private act with the intention of enabling yourself or another to look at the image of them and them doing the act in that you did record them showering within the bathroom without their knowledge and consent contrary to	Section 9(1) and (4)
3	27 April 2021	Hospital staff residences	Voyeurism in relation to an individual in that you: <ul style="list-style-type: none"> i. observed and recorded them doing a private act without their consent, with the intention of enabling yourself or another to look at the image; ii. did record them within their assigned bedroom without their knowledge and 	Section 9(1), (2) and (4)

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			consent.	
4	Between 28 April 2021 and 29 April 2021	Hospital staff residences	Recording individuals doing a private act with the intention of enabling yourself or another to look at the image of them and them doing the act in that you did record them within their assigned bedroom without their knowledge and consent	Section 9(1) and (4)
5	16 April 2022	Residential address	Recording an individual doing a private act with the intention of enabling yourself or another to look at the image of the male doing the act in that you did record them within the bedroom and bathroom without their knowledge and consent	Section 9(1) and (4)
6	Between 30 April 2022 and 7 July 2022	Residential address	Recording an individual doing an act with the intention of enabling yourself or another to look at the image of the individual doing the act in that you did record him within the bathroom without his knowledge or consent	Section 9(1) and (4)
7	Between 13 July 2022 and 15 July 2022	Residential address	Recording an individual doing a private act with the intention of enabling yourself or another to look at the image of the individual doing the act in that you did record him within the bedroom and bathroom without his consent or knowledge	Section 9(1) and (4)
8	Between 16 July 2022 and 18 July 2022	Residential address	Voyeurism in relation to an individual in that you: <ul style="list-style-type: none"> a. observed and recorded them doing a private act without their consent, with the intention of enabling yourself or another to 	Section 9(1), (2) and (4)

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			<p>look at the image;</p> <p>b. did record them within their assigned bedroom and bathroom without their knowledge and consent;</p>	
9	Between 12 August 2022 and 15 August 2022	Residential address	Recording two individuals doing a private act with the intention of enabling yourself or another to look at the image of them doing the act in that you did record them within the bedroom and bathroom without their knowledge and consent	Section 9(1) and (4)
10	Between 8 September 2022 and 13 June 2023	Residential address	<p>Voyeurism in relation to an individual in that you:</p> <p>a. observed and recorded them doing a private act without their consent, with the intention of enabling yourself or another to look at the image;</p> <p>b. did record them within their assigned bathroom without their knowledge and consent;</p>	Section 9(1), (2) and (4)
11	Between 18 September 2022 and 20 September 2022	Residential address	Recording individuals doing a private act with the intention of enabling yourself or another to look at the image of the individuals doing the act in that you did record them within the bedroom without their knowledge or consent	Section 9(1) and (4)
12	26 November 2022	Residential address	<p>Voyeurism in relation to an individual in that you:</p> <p>a. observed and recorded them doing a private act without their consent, with the intention of</p>	Section 9(1), (2) and (4)

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			<p>enabling yourself or another to look at the image;</p> <p>b. did record them within the bedroom and bathroom without their knowledge and consent;</p>	
14	8 April 2023	Residential address	<p>Voyeurism in relation to an individual in that you:</p> <p>a. observed and recorded them doing a private act without their consent, with the intention of enabling yourself or another to look at the image;</p> <p>b. did record them within the bathroom without their knowledge and consent;</p>	Section 9(1), (2) and (4)
15	Between 8 April 2023 and 10 April 2023	Residential address	<p>Voyeurism in relation to two individuals in that you:</p> <p>a. observed and recorded them doing a private act without their consent, with the intention of enabling yourself or another to look at the image;</p> <p>b. did record them within the bedroom and bathroom without their knowledge and consent;</p>	Section 9(1), (2) and (4)
16	Between 14 April 2023 and 15 April 2023	Residential address	<p>Voyeurism in relation to two individuals in that you:</p> <p>a. observed and recorded them doing a private act without their consent, with the intention of enabling yourself or another to look at the image;</p> <p>b. did record them within the bedroom without their</p>	Section 9(1), (2) and (4)

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			knowledge and consent;	
17	On 10 May 2023	Residential address	<p>Voyeurism in relation to an individual in that you:</p> <ul style="list-style-type: none"> a. observed and recorded them doing a private act without their consent, with the intention of enabling yourself or another to look at the image; b. did record them within the bedroom and bathroom without their knowledge and consent; 	Section 9(1), (2) and (4)
18	Between 11 June 2023 and 12 June 2023	Residential address	<p>Voyeurism in relation to two individuals in that you:</p> <ul style="list-style-type: none"> a. observed and recorded them doing a private act without their consent, with the intention of enabling yourself or another to look at the image; b. did record them within the bedroom and bathroom without their knowledge and consent; 	Section 9(1), (2) and (4)
19	2 August 2023	Residential address	<p>Voyeurism in relation to an individual in that you:</p> <ul style="list-style-type: none"> a. observed and recorded them doing a private act without their consent, with the intention of enabling yourself or another to look at the image; b. did record them within the bathroom without their knowledge and consent. 	Section 9(1), (2) and (4)
20	Between 6 August 2023 and 7	Residential address	<p>Voyeurism in relation to an individual in that you:</p>	Section 9(1), (2) and (4)

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	August 2023		<ul style="list-style-type: none"> a. observed and recorded them doing a private act without their consent, with the intention of enabling yourself or another to look at the image; b. did record them within the bathroom and bedroom without their knowledge and consent. 	
21	Between 8 August 2023 and 9 August 2023	Residential address	<p>Voyeurism in relation to individuals in that you:</p> <ul style="list-style-type: none"> a. observed and recorded them doing a private act without their consent, with the intention of enabling yourself or another to look at the image; b. did record them within the bedroom and bathroom without their knowledge and consent. 	Section 9(1), (2) and (4)
22	Between 11 August 2023 and 12 August 2023	Residential address	<p>Voyeurism in relation to individuals in that you:</p> <ul style="list-style-type: none"> a. observed and recorded them doing a private act without their consent, with the intention of enabling yourself or another to look at the image; b. did record them within the bedroom and bathroom without their knowledge and consent. 	Section 9(1), (2) and (4)
23	Between 12 August 2023 and 13 August 2023	Residential address	<p>Voyeurism in relation to individuals in that you:</p> <ul style="list-style-type: none"> a. observed and recorded them doing a private act without their consent, with the intention of enabling yourself or another to 	Section 9(1), (2) and (4)

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			<p>look at the image;</p> <p>b. did record them within the bedroom and bathroom without their knowledge and consent.</p>	
24	Between 22 August 2023 and 23 August 2023	Residential address	<p>Voyeurism in relation to individuals in that you:</p> <p>a. observed and recorded them doing a private act without their consent, with the intention of enabling yourself or another to look at the image;</p> <p>b. did record them within the bedroom and bathroom without their knowledge and consent.</p>	Section 9(1), (2) and (4)