

## PUBLIC RECORD

Dates: 11/12/2023 - 14/12/2023

Medical Practitioner's name: Dr Simon HULME

GMC reference number: 4425672

Primary medical qualification: MB ChB 1997 University of Leeds

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

## Summary of outcome

Erasure  
Immediate order imposed

## Tribunal:

Legally Qualified Chair	Mrs Linda Lee
Lay Tribunal Member:	Dr William McClune
Medical Tribunal Member:	Dr Edward Doyle
Tribunal Clerk:	Mr Sewa Singh

## Attendance and Representation:

Medical Practitioner:	Not present, not represented
Medical Practitioner's Representative:	None
GMC Representative:	Ms Kathryn Johnson, 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 - 12/12/2023

### Overarching Objective

1. Throughout the decision-making process the Tribunal bore in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 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.

### Background

2. Dr Hulme qualified in 1997 at the University of Leeds.

3. The Allegation that gave rise to this hearing was that, on 28 June 2020, Dr Hulme shared one or more indecent images of a child on the internet chat group 'XXX' ('XXX'), as set out in Schedule 1. It was also alleged that between March 2020 and August 2020, whilst at the GP Practice where he worked, Dr Hulme took and stored one or more digital photographs of Ms A without her knowledge, on one or more occasions. It was alleged that Dr Hulme's actions were sexually motivated.

4. During 2020, the Police Online Investigation Team received intelligence, compiled by Child Exploitation and Online Protection (CEOP), that a number of indecent images of children had been uploaded to an IP address which was resolved to Dr Hulme's home address. The images had been viewed and categorised by the intelligence team as one Category B (an image involving non penetrative sexual activity between adults and children or between children), one Category C (any image of a child which is sexual in nature), and two Indistinct Images (images where it is not clear if the subject is a child). These images had been viewed by a user on XXX.

5. On 20 August 2020, Dr Hulme was arrested at his home address by West Yorkshire Police ('the Police') on suspicion of distributing indecent images of children ('IIOC's'). At the time of Dr Hulme's arrest, the police seized a number of internet enabled devices, including his mobile phones and his laptop. Later the same day, Dr Hulme was interviewed (the first interview) by the police under caution. The purpose of the first interview was to get an accurate account of what information the police held, to share that information with Dr

Hulme and to allow him the chance to provide an explanation, a defence or admit to the allegation. The interview was also an opportunity for the police to clarify that the devices they had obtained from the arresting location belonged to Dr Hulme, have that confirmed on the record, and confirm any PIN/passwords and who else had access to the devices. The Police also clarified any personal details such as job role and put questions to Dr Hulme regarding his sexual interests.

6. During the first interview, the police referred Dr Hulme to images he had accessed. Throughout the first interview, Dr Hulme responded 'no comment' to all questions put to him under caution. However, he provided the police with the passwords and PIN numbers for all the devices he had access to, as well as a work laptop he had access to, at his GP Practice. This was also later seized. The Police also seized a MAC computer from Dr Hulme's home address. Dr Hulme was released and was given police bail to attend Havertop Lane Police Station at 1200hrs on 17 September 2020. A bail condition was placed on him to not have any unsupervised contact with anyone aged under eighteen years of age.

7. The Police found no indecent images of children on Dr Hulme's devices. However, the digital forensics unit found a media vault on Dr Hulme's mobile phone which they could not access. Dr Hulme offered certain passwords or options that could be used to access the media vault but could not remember what the actual password was. Eventually, the forensics unit accessed the media vault which contained thumbnail images of an adult female which appeared to have been taken without the female's knowledge, raising concerns about Dr Hulme's behaviour. The images were subsequently identified as being Ms A. the Police contacted Ms A and informed her of the alleged offence. Ms A agreed to attend a police interview which was conducted on 28 May 2021 where she confirmed that she was not aware of the images being taken and would not have consented to such images being taken.

8. Dr Hulme was interviewed again ('the second interview') on 28 April 2021 on a voluntary basis, but under caution. During the second interview, Dr Hulme made admissions in respect of taking images of Ms A and also in relation to aspects of the indecent images found on his computer. Following the second interview, the Police subsequently decided not to prosecute Dr Hulme. However, the Police decided to apply for a Sexual Risk Order ('SRO'), a civil version of being on the Sex Offender Register, placing certain conditions upon Dr Hulme's actions. The SRO was issued by Leeds Magistrates Court on 29 June 2022 and will be effective until 28 December 2025.

### **The Outcome of Applications Made during the Facts Stage**

9. The Tribunal granted an application made by Ms Kathryn Johnson, Counsel for the GMC, pursuant to Rule 40 and Rule 17(6) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), on service and proceeding in Dr Hulme's absence. The Tribunal's reasons are set out in Annexe A.

### **The Allegation and the Doctor's Response**

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

1. On 28 June 2020, you shared one or more indecent image(s) of a child on the internet chat group XXX, as set out in Schedule 1.

**To be determined**

2. Between March 2020 and 20 August 2020, whilst working at the GP practice described in Schedule 2, on one or more occasion you took and stored one or more digital photograph(s) of Ms A without her knowledge.

**To be determined**

3. Your actions as described at paragraphs 1-2 were sexually motivated.

**To be determined**

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

**To be determined**

### **The Admitted Facts**

11. There were no formal admissions made.

### **The Facts to be Determined**

12. In light of the above, the Tribunal had to determine the disputed elements of the Allegation, as set out above.

### **Witness Evidence**

13. The Tribunal received, on behalf of the GMC, witness statements from the following who were not called to give oral evidence:

- PC B - statement dated 31 May 2023;
- Ms A – statement dated 12 August 2023.

### **Documentary Evidence**

14. The Tribunal had regard to the documentary evidence provided to it by the GMC. This included but was not limited to:

- The application for sexual risk order by West Yorkshire Police, dated 23 May 2022;
- Transcripts of the first and second police interviews with Dr Hulme, dated 20 August 2020 and 28 April 2021, respectively;
- A handwritten record of the police interview with Ms A on 28 May 2021;

- A handwritten record of the police interview with Dr Hulme on 28 April 2021;
- The sexual risk order dated 29 June 2022;
- An email from NHS England (NHSE) to LADO dated 5 May 2021;
- WYP Information Management Report together with the police disclosure covering various dates;
- A transcript of Ms A's police interview dated 28 May 2021;
- An undated reflective statement from Ms A.

### The Tribunal's Approach

15. The Tribunal accepted the Legally Qualified Chair's advice.

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

16. The Tribunal considered the paragraphs separately and evaluated all the evidence in relation to each element to make its findings on the facts.

17. The Tribunal was mindful that Dr Hulme was not present nor represented at these proceedings, and that it has not been provided with any written evidence from him or on his behalf by his legal representatives.

#### Paragraph 1

1. On 28 June 2020, you shared one or more indecent image(s) of a child on the internet chat group XXX, as set out in Schedule 1.

18. The Tribunal noted the description of Category B and Category C images, as set out in PC B's statement, as follows:

(ii) Category B: Images involving non penetrative sexual activity between adults and children or between children.

(iii) Category C: any image which is sexual in nature. Intent is as important as content, for example a photo of a child in a bath is not inherently sexual but if the image is distributed to a number of people with sexual intent then it becomes a Category C image.'

19. The Tribunal had regard to the witness statement of PC C, dated 25 August 2020. In her statement, she stated, 'Information received from CEOP stated that the IP address linked to the above address had uploaded 1 Cat B and 1 Cat C indecent image of a child as well as two indecent images for which the child's age could not be determined. The upload had taken place on 28/06/2020 at 2225hrs onto a social media platform. The IP address had shown the bill payer as Simon Hulme.'

20. The Tribunal was satisfied that the images were shared on 28 June 2020.

21. The Tribunal then had regard to the transcript for Dr Hulme's second interview. It noted his responses to questions put to him by PC B in relation to sharing indecent images. The following questions and answers are recorded:

Q *'Have you ever watched anything of an extreme nature in your mind, or got to a point where possibly you've looked at indecent images of XXX?'* Dr Hulme responded:

A *'I was starting to ... It would fluctuate. Sometimes I would look at ...*

*The main stuff I looked at was generally ... I liked sort of ... I didn't like produced stuff.'*

And then later:

A *'--- and some of those that I'd looked at were then sort of teenage girls and I got into looking at those images, and through being on this site and looking at those images there were links found at other websites where there were more of these images and where I did come across images of indecent – or indecent images.'*

And further the Tribunal noted it was recorded:

Q *'CH In other words, are they nude?'*

A *SH Yes. Nude ... Yes.*

Q *CN So we're talking about naked images of children.*

A *SH Yes.'*

And

Q *'CN **So have you distributed images?***

A *SH Okay. I was on that site and it was an adult chat room; it wasn't a child sex chat room or anything like that.*

Q *CN Yes.*

A *SH I went on there again because it was the sort of images I was liking, the sort of selfie type images of normal women, which fits with I suppose my other images that I'd done to be honest ---*

Q *CN Yes.*

A *SH --- and through that, again there were images of teens again, and that progressed and I ended up in some private chats, direct chats, **just with individual people where images were being sort of shared backwards and***

*forwards, and in that process, yes, I did.'*

Q CN *You distributed indecent images of children?*

A SH *Yes.*

Q CN *The disclosure was obviously in relation to category B and C images.*

A SH *Yes. I can't remember the images that I actually ... I can't remember the details of those images.*

Q CN *Category B images are sexual activity with a child that's not penetrative.*

A SH *Yes.'*  
(Emphasis added)

and

Q 'CN *Category C images 1 are sexualised images of children, whether that be nudity or that they're sexual in their very nature, sexualised poses.*

A SH *Yes.'*  
(Emphasis added)

and

Q 'CN *--- was the site that you used?*

A SH *XXX.'*  
(Emphasis added)

22. No formal admissions have been made by Dr Hulme. However, the evidence before the Tribunal was clear. During the second interview, by his own admission, Dr Hulme accepted that he shared one or more indecent images of a child on the internet chat group XXX.

23. Based on the evidence before it, the Tribunal concluded that Dr Hulme shared one or more indecent image(s) of a child on the internet chat group XXX, as set out in Schedule 1. Accordingly, it found paragraph 1 of the Allegation proved.

## Paragraph 2

2. Between March 2020 and 20 August 2020, whilst working at the GP practice described in Schedule 2, on one or more occasion you took and stored one or more digital photograph(s) of Ms A without her knowledge.

24. The Tribunal had regard to Ms A's statement, dated 12 August 2023. At paragraphs 4 and 5, she stated:

*'I can confirm that the photos found on Dr Hulme's device were indeed of me and I believe it is still accurate that I became aware of those photos about a week before Easter in 2021.'*

and

*'...I have not been provided any further information about when exactly the photos were taken and it remains the case that the photos looked like they had been taken during the summer months of 2020.'*

25. The Tribunal had regard to the transcript of Ms A's police interview on 28 May 2021. It records Ms A having stated:

*'I was made aware that some photos had been found of me on Simon's phone or one of his devices and that there were a number of photos of me in some sort of folder on that particular device and that it looked like those photos had been taken without me knowing and that they had probably or possibly been taken without my consent and as though I wouldn't have been aware of it, so they were taken covertly. I found this out from one of my colleagues at work and it's kind of gone from there, really.*

*I had the opportunity, I was asked if I wanted to look at these photos which I wasn't sure about initially and then decided that I probably did want to see what the photos were, and I felt very uncomfortable when I saw the photos. **I definitely wasn't aware that they'd been taken. ...'** (Emphasis added)*

26. The Tribunal had regard to the transcript of Dr Hulme's second interview. During questioning, Dr Hulme was asked about the images contained within his media vault on his mobile phone. The Tribunal noted that during the second interview, Dr Hulme was asked about the media vault. He acknowledged that the media vault was on his mobile phone, that he could not remember the password(s) to access it, and he stated *'I stored a few --- I generally had family photos or photos of family'*. He went on to say that media vault was installed as part of McAfee security package, and media vault could be installed on five separate devices, and he therefore installed it on to his mobile phone.

27. Dr Hulme was informed that although the forensics unit had been unable to access the folder in the media vault, it had managed to access thumbnails of images. When shown an image of a thumbnail, he recognised that as Ms A and explained where he had taken that



image. Given that masks were being worn in the image, he confirmed it had been taken during COVID, some twelve months earlier.

28. The following questions and answers are further recorded:

Q 'CN *Just to clarify, was she aware that this image was being taken?*

A SH **No. She wasn't aware.**

Q CN *Was she aware of any images that you told us that you'd taken?*

A SH **No.**

Q CN *Was she aware of your interest in her?*

A SH **No, she wasn't.' (Emphasis added)**

And further:

Q 'CN --- *which appear to be on one day, and then we've got various other ones ---*

A SH **It was on a few occasions.**

Q CN *Yes. So she's wearing different clothing.*

A SH **Yes. It was on a few occasions. I can say that.' (Emphasis added)**

29. No formal admissions have been made by Dr Hulme. However, the evidence before the Tribunal was clear. During the second interview, by his own admission, Dr Hulme accepted that he took and stored one or more digital photographs of Ms A without her knowledge. He also acknowledged that this was some twelve to eighteen months prior to the date of the second interview.

30. From the evidence before it, the Tribunal concluded that between March 2020 and 20 August 2020, whilst working at the GP practice described in Schedule 2, on one or more occasion, Dr Hulme took and stored one or more digital photograph(s) of Ms A without her knowledge. It therefore found paragraph 2 of the Allegation proved.

### Paragraph 3

#### 3. Your actions as described at paragraphs 1-2 were sexually motivated.

31. The Tribunal had regard to PC B's witness statement 31 May 2023. At paragraphs 33 and 36 he stated:

*'33 During this interview, Dr Hulme admitted to taking a photograph of a female colleague at work, without their knowledge. This is discussed on **pages 12-17 of Exhibit CN5**. There was some discussion during the interview as to whether Dr Hulme had taken this photograph for a sexual purpose. I recall that Dr Hulme said that it was the taking of the image itself, and the risk involved in taking the images, that was the sexual attraction. Dr Hulme implied in his responses that the images*

*themselves were not for sexual gratification. However, Dr Hulme admitted to finding attractive and that 'it was all fantasy.'*

And at paragraph 36:

*'36 We then went on to discuss the IIOC's during the interview, Dr Hulme was difficult to pin down on his responses. On **pages 18-19 of Exhibit CN5**, Dr Hulme admits 'some of those that I'd looked at were then sort of teenage girls and I got into looking at those images...and where I did come across images of indecent – or indecent images' and '...that I saw some indecent images of children on those sites '. Dr Hulme did admit to us that he had spent some time looking at pre-pubescent as well as pubescent children in indecent images online but it took some coaxing for him to understand that he was viewing the abuse of children. On **page 20 of Exhibit CN5**, Dr Hulme confirmed that he was interested in looking at images from 12-13 years old up to 'legal age', which in the instance of sexual images is 18.'*

32. The Tribunal had regard to the transcript of Dr Hulme's second interview. When questioned about his motive for taking photographs of Ms A, Dr Hulme provided an explanation as to the circumstances which led to him behaving in the way he did. He spoke of XXX.

33. Dr Hulme went on to say in relation to Ms A *'Things like this. I did sort of develop ... I found her attractive and I thought maybe I might want to look at these images at some time, although actually if I ever looked at them again they didn't – there wasn't that sort of sexual buzz from looking at them, but I did take them thinking that I might look at them again and --'*

34. The following questions and answers are further recorded:

Q *'CN It's fine. Going back to this photograph then, are you saying to us that you took this for sexual gratification; you took it because you were ---*

A *SH I thought it might.'*

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Q *'CN Can you confirm her name? Okay. So you were sexually attracted to her; then you took these images thinking that possibly later you would return back to them?*

A *SH Yes.'*

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A *'SH I do find it difficult and I'm going through a difficult phase with this at the moment XXX and ... It's just complicated, trying to*

*understand why I behaved like I did and ... In the cool light of day I can't understand it but when I think about some of it I can and some of it was ... There wasn't, you know ... There has been a sexual element with some of it, and some of it was risk, and some of it was feeling anything really, and even feeling really bad about myself was ---'*

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Q *'CN No. Don't apologise. Would you say that you have a sexual interest in children?*

A *SH I don't have a sexual interest in children, no. I suppose ... It depends on what you define I suppose. I found some images of ... I found some of the images of teenage girls, I did find them attractive.'*

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Q *'CN In relation to these images is there anything further that you would wish to say at this stage?*

A *SH Not I suppose more than what I've said which I suppose is I was not thinking straight; XXX – and crossed the line.'*

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Q *'CN We've found the media vault, we've found the thumbnails and you informed us you'd taken those images for sexual gratification of the act and possibly looking forward but it hasn't got that far for yourself. You have actively viewed indecent images of children and inadvertently searched for indecent images of children from your explanation. I'm struggling because this shows a sexual interest in children. A child within law in relation to images is anybody under the age of 18.*

A *SH Yes.'*

Q *'CN You've openly said during this conversation, during this interview, that you have been sexually attracted to some of the images that you reviewed. You have justified it, I think, during that interview that when you've hit the younger end you've been disgusted and XXX. However, it's important to state that whether we're looking at the younger end or we're looking at the older end we are still talking about a child, and we are still talking about, in relation to the images that you distributed, the abuse of children.*

A *SH Yes. Can I say that in my state of mind at the time I really struggled*

*to make that connection. I really, really struggled to see that. It almost again was like a separate world, separate life, that didn't marry up with the real world. Going through all the stuff I've gone through since my arrest, I'm absolutely clear and in agreement that, you know, this is abuse, this stuff, and it's ---'*

35. The Tribunal considered all of the evidence before it. By his own admission, Dr Hulme accepted that his motive for accessing the indecent images of children under the legal age had later become for sexual gratification. Although Dr Hulme's motivation for sharing the images was not explicitly admitted to as being for sexual gratification, it seemed likely to the Tribunal on the evidence, that sexual gratification was the reason Dr Hulme engaged in the discussions in the chat room and shared the images.

36. Dr Hulme explained in the second interview that his motive for taking photographs of Ms A were because he was attracted to her and that he intended to look at the photographs later for his sexual gratification.

37. Based on the evidence before it, the Tribunal concluded that Dr Hulme's actions were sexually motivated. It therefore found paragraph 3 of the Allegation proved.

38. The Tribunal made the following findings:

1. On 28 June 2020, you shared one or more indecent image(s) of a child on the internet chat group XXX, as set out in Schedule 1.  
**determined and found proved**

2. Between March 2020 and 20 August 2020, whilst working at the GP practice described in Schedule 2, on one or more occasion you took and stored one or more digital photograph(s) of Ms A without her knowledge.  
**determined and found proved**

3. Your actions as described at paragraphs 1-2 were sexually motivated.  
**determined and found proved**

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

**To be determined**

#### Determination on Impairment - 13/12/2023

1. 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, Dr Hulme's fitness to practise is impaired by reason of misconduct.

## The Evidence

2. The Tribunal took into account all the evidence received during the facts stage of the hearing. There was no further evidence received at this stage of the hearing.

### Submissions for the GMC:

3. Ms Kathryn Johnson, Counsel for the GMC, submitted that Dr Hulme's fitness to practise is currently impaired, although she acknowledged this was a matter for the Tribunal exercising its own judgement. She reminded the Tribunal that consideration of impairment was a two-stage process. The Tribunal must consider whether the facts found proved amounted to misconduct, which is serious, and then whether Dr Hulme's fitness is currently impaired. She added that whilst there was no specific definition of misconduct, it was suggested that serious misconduct would be regarded as deplorable by fellow professionals. She reminded the Tribunal that it was not necessary that the facts found proved would automatically lead to a finding of impairment.

4. Ms Johnson referred the Tribunal to Good Medical Practice ('GMP') and submitted that paragraphs 1, 36 and 65 were engaged. She submitted that the Tribunal needed to be mindful of the overarching objective, submitting that all three limbs were engaged in this case. Ms Johnson told the Tribunal it must consider whether Dr Hulme's actions were remediable, had been remediated, and whether there was a risk of repetition. She added that the Tribunal was entitled to take into account Dr Hulme's attitude to the events giving rise to the Allegation against him.

5. Ms Johnson referred the Tribunal to the case of *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*, and added that the Tribunal should ask itself the helpful questions set out in Dame Janet Smith's Fifth Shipman Report.

6. Ms Johnson reminded the Tribunal of the need for doctors to act with honesty and be trustworthy, as set out in paragraphs 1 and 65 of GMP, adding that paragraph 65 demands that a doctor ensures their conduct justifies the public's confidence in them and the public's trust in the medical profession. Ms Johnson submitted that Dr Hulme had abused the public's and his patients' trust in him. Further, she submitted he had abused his trust at work which was an aggravating feature given that he was a senior partner at his GP practice.

7. In relation to allegation 2, Ms Johnson referred the Tribunal to the document received from Ms A in which she described the impact Dr Hulme's actions had had on her. Ms Johnson added that Dr Hulme's actions breached paragraph 36 of GMP.

8. Ms Johnson submitted that the matters found proved amounted to serious misconduct. In relation to allegation 1, she submitted that it was a serious matter for any doctor to be involved in any way in the sexual abuse of children, and particularly a general practitioner as a number of their patients would be children. She reminded the Tribunal that it had found Dr Hulme's actions in sharing the indecent images of children was sexually

motivated. Ms Johnson added that Dr Hulme had destroyed the trust of parents and children in him and the medical profession, adding that it was necessary for the Police to apply for a Sexual Risk Order in order to ensure children were protected. She submitted that Dr Hulme's actions amounted to serious misconduct.

9. In relation to impairment, Ms Johnson referred the Tribunal to Dr Hulme's letter to the GP practice where he worked, in which he apologised to Ms A for his actions, as well as the documentation he provided to the Police setting out his personal circumstances. However, she submitted that the Tribunal had not been provided with any further evidence since Dr Hulme's police interview, of his reflections on these matters, the steps he had taken to remediate his conduct or to develop his insight. Ms Johnson submitted that in the absence of such evidence, the Tribunal could not conclude that Dr Hulme had insight into these matters or had remediated his misconduct, and as a consequence, nor could it conclude that there was no risk of repetition.

10. Ms Johnson referred the Tribunal to specific points, raised by Dr Hulme in the information he provided to the Police setting out his personal circumstances. She submitted that there was no evidence as to the impact of XXX and the measures Dr Hulme had taken to help him to cope with his personal issues.

11. Ms Johnson highlighted that, as set out in her impact statement, Ms A did not feel the apology Dr Hulme made to her was genuine. Ms Johnson said it was a matter for the Tribunal to determine if Dr Hulme's apology was genuine. She added that Dr Hulme's apology was brief, did not demonstrate full insight into the impact his actions had on Ms A, or on the wider impact on the practice or the public interest. Ms Johnson submitted again that the Tribunal could not rule out the risk of repetition.

12. In the circumstances, Ms Johnson submitted that a finding of impairment was necessary for the protection of patients, to maintain public confidence in the medical profession, and to maintain and uphold standards in the medical profession. Ms Johnson added that there was a risk to children who may be patients of Dr Hulme, and she reminded the Tribunal that it had found Dr Hulme's actions to be sexually motivated. She submitted that the Tribunal could have no confidence that Dr Hulme would not behave in the way he had, in the future. She added that he had failed in his responsibility in relation to safeguarding and was a direct risk to patients as a result of his failures.

13. Taking all the factors into account, Ms Johnson invited the Tribunal to find the matters found proved amounted to serious misconduct and that Dr Hulme's fitness to practise is impaired.

### **The Relevant Legal Principles**

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

15. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct and that the misconduct was serious, and then, whether the finding of serious misconduct, led to a finding of impairment.

16. In order to determine whether Dr Hulme's fitness to practise is impaired today, the Tribunal took into account his conduct at the time of the events and any relevant factors since then, such as whether the matters were remediable, had been remedied and whether there was any likelihood of repetition.

17. The Tribunal considered the overall risk to public safety and the impact of its findings on all three elements of the overarching objective. It also considered whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of current impairment was not made.

18. The Tribunal was assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*. The Tribunal noted:

*"..the tribunal should consider whether the findings of fact in respect of the doctor. ... show that his 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 brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession...*
- d. has in the past acted dishonestly / or is liable in to act dishonestly in the future.*

19. The Tribunal considered that the three limbs (a – c) above are relevant in this case.

## The Tribunal's Decision

### Misconduct

20. Throughout its deliberations, the Tribunal has been mindful of its responsibility to uphold the overarching objective as set out in the Medical Act 1983 (as amended). That objective is the protection of the public and involves the pursuit of the following:

- a. to protect, promote and maintain the health, safety, and wellbeing of the public
- b. to maintain public confidence in the profession

- c. to promote and maintain proper professional standards and conduct for members of the profession

21. The Tribunal was mindful that it is a matter for itself to determine whether Dr Hulme's actions amount to misconduct, exercising its own independent judgement.

22. The Tribunal therefore first considered whether the facts found proved amounted to misconduct.

23. For the purpose of fitness to practice proceedings, "misconduct" was defined as follows (*Royle v GMC [2000] 1 AC 311*).

*'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a practitioner in the particular circumstances.'*

24. Where a Tribunal finds misconduct, the Tribunal should be clear on whether this amounts to a significant departure from the guidance in Good Medical Practice.

25. The Tribunal had regard to paragraphs 1, 36 and 65 of GMP, in particular 36 and 65, which state:

*'36 You must treat colleagues fairly and with respect.'*

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

#### In relation to Paragraph 1 of the Allegation

26. During his second interview, by his own admission, Dr Hulme accepted that he shared one or more indecent images of a child on the internet chat group XXX. Downloading and/or sharing of indecent images of children is illegal. In this case, the images were of one Category B (an image involving non penetrative sexual activity between adults and children or between children), one Category C (any image of a child which is sexual in nature), and two Indistinct Images (images where it is not clear if the subject is a child).

27. The Tribunal was mindful of Dr Hulme's personal circumstances which he submitted led him to behave in the way he did. However, the Tribunal was clear in its mind that the sharing of indecent images of a child or children was an extremely serious matter.

28. The Tribunal considered that Dr Hulme's conduct was a serious departure from the standards set out in GMP. His actions were and would be considered by fellow professionals and the public as unacceptable, morally culpable and disgraceful conduct. In light of this, the Tribunal concluded that Dr Hulme's actions amounted to misconduct which is serious.



In relation to Paragraph 2 of the Allegation

29. The Tribunal found that during his second interview, by his own admission, Dr Hulme covertly took photos of Ms A without her knowledge.

30. The Tribunal was provided with Ms A's undated Impact Statement. In this she stated:

*'I cannot overemphasize the emotional impact that the discovery of these photos has had.*

*At the time when Dr Hulme was initially arrested in August 2020 I was in a stable and happy position in both my personal and professional life. XXX .... I was settled .. thriving and adapting well to the constraints of the pandemic.*

*When I found out about the photos taken of me, the utter shock and disbelief I felt in that moment will stay with me forever. The only way I can describe that feeling ...where I had otherwise felt safe and secure is utter despair, panic, fear and sheer humiliation...*

*The subsequent months that followed as I complied with the police investigation in relation to this were incredibly stressful and demanding emotionally. On a personal level I became anxious and paranoid and all of my trusted relationships .. were affected to some degree. Within 6 months, the impact on my mental health was so significant that XXX.*

*In order to be able to return to work following this, I required significant support from my colleagues, ..the uncertainty of not knowing at what point the GMC investigation may recommence and the likelihood of needing to relive the experience again at some point made it difficult to move forward and I was not able to seek closure.*

*Had it not been for the support of my family, friends and colleagues it is unlikely I would have been able to cope with the personal impact of this, ... Despite now finally being in a much healthier position to move forward, even now, 2 years on there are items of clothing I have never been able to wear since ...*

*I hope this goes some way to express the impact that this matter has had, having not had the opportunity to do so in a formal capacity since my initial police interview.'*

31. The Tribunal was mindful of Dr Hulme's personal circumstances which he submitted led him to behave in the way he did. The Tribunal noted paragraph 36 of GMP, as set out above.

32. The Tribunal accepted that Dr Hulme's actions had a detrimental impact on Ms A as was evidenced by her impact statement, set out above.

33. Dr Hulme was a senior partner at the Practice where he worked. His colleagues were entitled to expect to be able to trust him. His actions betrayed the trust of those he worked with, and his actions breached GMP. His actions were a serious departure from GMP.

34. His actions were and would be considered by fellow professionals and the public as unacceptable, morally culpable and disgraceful conduct. In light of this, the Tribunal concluded that Dr Hulme's actions amounted to serious misconduct.

#### In relation to Paragraph 3 of the Allegation

35. By his own admission, during his second interview, Dr Hulme accepted that his actions in relation to allegation 2 were carried out for sexual gratification and the Tribunal had concluded that his actions in relation to allegation 1 had also been for the purposes of sexual gratification.

36. The Tribunal found that during his second interview, when questioned about his motive for taking photographs of Ms A, Dr Hulme explained the circumstances leading to him behaving the way he did.

37. The Tribunal considered that Dr Hulme's actions were and would be considered by fellow professionals and the public as wholly unacceptable, morally culpable and disgraceful conduct. In light of this, the Tribunal concluded that Dr Hulme's actions amounted to serious misconduct.

#### Impairment by reason of misconduct

38. Having found misconduct, the Tribunal went on to consider whether, because of that misconduct, Dr Hulme's fitness to practise is currently impaired. Throughout its deliberations, the Tribunal had regard to all three limbs of the statutory overarching objective, as set out above.

39. The Tribunal had regard to the guidance provided by Dame Janet Smith in the *Fifth Shipman report* as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*.

40. The Tribunal considered whether Dr Hulme's misconduct was remediable, and whether it had been remedied.

41. The Tribunal noted the information provided by Dr Hulme to the police during his second interview. Dr Hulme set out a chronology of events that had taken place in his personal life from childhood to adulthood. The Tribunal took note of this explanation.

42. Dr Hulme went on to describe stresses he had experienced in his adulthood, which included the death of a university friend, and the death of a 28 year's old patient in his care,

and how he XXX as a way of coping with those stresses. Dr Hulme XXX went on to speak about recent events involving COVID and the impact remote working had had upon him, particularly in relation to XXX, and his engagement with adult websites.

43. Dr Hulme went on to set out the steps he had taken since his arrest. XXX.

44. Dr Hulme went on to say that he had contacted Safer Lives early after his arrest and completed a five session course with them. He stated *'It gave me an understanding of the background to my behaviour as well as the impact of this on children involved.'*

45. He set out in detail the further steps he had taken to correct his behaviour and stated, *'I have a better understanding now of what factors have contributed to my behaviour and have done a lot of work in taking responsibility for this.'*

46. In relation to the use of pornography, Dr Hulme stated that in addition XXX, he had used software to ensure that he could not continue to view this.

47. The Tribunal considered in detail all of the information provided by Dr Hulme. However, the Tribunal noted that at the time of his arrest and during his police interviews, particularly the second interview, there appeared initially to be a reluctance on Dr Hulme's part to accept any wrongdoing. Further, the Tribunal considered, as is stated in PC B's statement, that Dr Hulme had not understood the seriousness of his actions at the time, both in relation to sharing of indecent images and to taking photographs of Ms A.

48. The Tribunal has taken account of Dr Hulme's expression of apology, to the practice and to Ms A. However, it considered this was limited and lacked insight.

49. The Tribunal notes that Dr Hulme's second interview took place in April 2021, some two and half years ago. And whilst the Tribunal was encouraged by the steps Dr Hulme appeared to have taken in an attempt to address his issues and to remediate his misconduct, it has not been provided with any recent information as to the ongoing impact of the steps he had taken. There was no evidence before the Tribunal of what steps Dr Hulme has taken to further remediate his misconduct or to develop insight into his actions. The evidence before the Tribunal suggests that Dr Hulme was at the very early stages of his journey of remediation and that his insight was at best embryonic.

50. The Tribunal considered that Dr Hulme's actions breached paragraphs of GMP and brought the medical professional into disrepute. The Tribunal was of the view that based on the evidence it had before it, Dr Hulme lacked full insight into the harm his actions had upon Ms A and the risk of harm he placed those children of whom he shared the indecent images.

51. In the circumstances, the Tribunal cannot be satisfied that there is no risk of Dr Hulme repeating his misconduct if faced with stressful or difficult situations in the future. The Tribunal considered that on the evidence before it, there was a significant risk of Dr Hulme repeating his misconduct.

52. The Tribunal reminded itself of the purpose of the overarching objective, in particular:
- a. to protect, promote and maintain the health, safety, and wellbeing of the public
  - b. to maintain public confidence in the profession
  - c. to promote and maintain proper professional standards and conduct for members of the profession

53. The Tribunal had determined that Dr Hulme’s misconduct was serious. A member of the public, aware of the full facts of the case, would be concerned that a doctor had acted in the way Dr Hulme did. Further, the Tribunal was of the view that a fellow professional and the public as wholly unacceptable, morally culpable and disgraceful conduct.

54. Dr Hulme’s actions had brought the medical profession into disrepute, and he had breached fundamental tenets of GMP. The Tribunal was of the view that given the misconduct found, public confidence in the profession would be undermined if a finding of impairment was not made.

55. The Tribunal noted Ms Johnson’s submissions that Dr Hulme’s fitness to practise was impaired on all three grounds of the overarching objective. The Tribunal considered that whilst there was no evidence of any involvement whatsoever of Dr Hulme’s patients in his misconduct, there was an impact on the wellbeing of the public as evidenced by Ms A as well as the wider impact on the children whose images he had shared. The Tribunal therefore considered that a finding of impairment was needed to protect, promote and maintain the health, safety, and wellbeing of the public, to maintain public confidence in the profession and to uphold proper professional standards.

56. The Tribunal therefore determined that Dr Hulme’s fitness to practise is impaired by reason of his misconduct.

#### **Determination on Sanction - 14/12/2023**

1. Having determined that Dr Hulme’s fitness to practise is impaired by reason of misconduct, the Tribunal now had to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

#### **The Evidence**

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

3. The Tribunal was not provided with any further evidence at this stage of the proceedings.

## Submissions for the GMC

4. Ms Johnson reminded the Tribunal of the general principles when considering a sanction, as set out in the Sanctions Guidance (November 2020 version) (SG), adding that the main reason for a sanction was to protect the public. She referred the Tribunal to the overarching objective, and she reminded the Tribunal that it had determined that a finding of impaired fitness to practise was necessary to meet all three limbs of the overarching objective.

5. Ms Johnson submitted that the only way to achieve the objectives set out in the overarching objective was to erase Dr Hulme's name from the medical register. She acknowledged that sanctions were not designed to punish a doctor but may have a punitive effect. She submitted that the reputation of the profession as a whole was more important than the individual needs of the practitioner. Ms Johnson submitted that erasure was appropriate in cases where the actions involved serious breaches of GMP, put patient safety at risk, and undermined public confidence in the medical profession.

6. Ms Johnson reminded the Tribunal that it should identify the aggravating and mitigating features in this case and balance them against the central aim of the sanction. She referred the Tribunal to paragraph 55(f) of the SG where the nature of the misconduct involved child abuse material, adding that in such cases, a Tribunal could take a more serious action. She submitted that the other point to note was that the misconduct in this case was repeated as represented by the two separate allegations, both of which were found to be sexually motivated. Ms Johnson reminded the Tribunal that the events relating to allegation 2 took place in the workplace and Dr Hulme was in a senior position in the practice.

7. Ms Johnson referred to paragraph 52(c) stating that Dr Hulme had failed to demonstrate the timely development of insight and reminded the Tribunal that it had found that he had failed to demonstrate full insight or remediate his misconduct.

8. In relation to mitigating features, Ms Johnson informed the Tribunal that Dr Hulme had no previous adverse history with the GMC and that he appears to have been a competent doctor. In addition, she reminded the Tribunal of the information he provided to the Police in respect of his personal circumstances and the steps he had taken to attempt to remediate. She added that the Tribunal may find some of those matters were mitigating features but submitted that they did not sufficiently outweigh the seriousness of Dr Hulme's actions. This was a case where a sanction of erasure would be appropriate.

9. Ms Johnson referred the Tribunal to paragraph 66 of the SG and took it through the reasons why taking no action, imposing undertakings, or imposing conditions would be inappropriate in this case. She reminded the Tribunal that the purpose of conditions was to help a doctor to remedy their defects in practice and were appropriate where the doctor had demonstrated insight. Further, she added that conditions had to be appropriate, proportionate, workable and measurable. She said that conditions would not address the serious concerns identified in this case. Ms Johnson went on to say that suspension was

appropriate in cases which fell below the standards but not so short as to be incompatible with the doctor's continued registration.

10. Ms Johnson submitted that erasure was appropriate in this case, and she referred the Tribunal to relevant paragraphs of the SG, in particular, paragraphs 108, 109 (a), (c), (d) and (f). She also referred the Tribunal to paragraphs 149 and 151 – 159. Ms Johnson acknowledged that no criminal proceedings were taken against Dr Hulme, and he was not cautioned. However, she reminded the Tribunal that the Police considered his actions so serious that he was made subject to a Sexual Risk Order, and certain conditions placed upon him. Ms Johnson further referred the Tribunal to paragraph 150 of the SG and submitted that the Tribunal should take into account the seriousness of Dr Hulme's involvement in child exploitation material. In relation to paragraph 152 of the SG, Ms Johnson submitted that Dr Hulme's actions would seriously undermine the public's trust and confidence in the medical profession. She reminded the Tribunal of its finding in its determination on impairment that Dr Hulme breached a number of principles of GMP. Ms Johnson submitted that Dr Hulme presented a significant risk of repeating his behaviour, as identified by the Tribunal.

11. In all the circumstances, Ms Johnson invited the Tribunal to erase Dr Hulme's name from the medical register.

### **The Tribunal's Approach**

12. The decision as to the appropriate sanction, if any, is a matter for this Tribunal exercising its own judgment. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance dated November 2020 (SG) and the statutory overarching objective. It reminded itself that, where appropriate, it should only impose the minimum sanction necessary to protect the public and the public interest.

13. Throughout its deliberations the Tribunal has applied the principle of proportionality, balancing Dr Hulme's interests with the public interest.

14. The Tribunal reminded itself of the requirement in SG to consider the least restrictive sanction first and then, if necessary, consider the other sanctions, taking into account the evidence and submissions that have been heard, including its earlier findings on fact and impairment.

15. The Tribunal accepted the Legally Qualified Chair's advice. It also considered and balanced any aggravating and then mitigating factors in this case.

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

#### Aggravating and Mitigating Factors

16. The Tribunal had regard to paragraphs 50 - 55 and 152 of the SG and identified the following aggravating feature:

- Dr Hulme’s misconduct in that he admitted that he had shared one or more indecent image of a child on the internet chat group XXX;

17. The Tribunal had regard to paragraphs 25(a), 25(d), 31, 42(b) and 46 of the SG, and identified the following mitigating features:

- Dr Hulme apologised to the Practice and to Ms A for his actions;
- Shortly after his arrest, Dr Hulme had made some attempts to remediate the misconduct found and the Tribunal found that at that time he was starting to develop insight into his actions but had no evidence as to his progress and continued engagement since that time.

18. The Tribunal was mindful that Dr Hulme was a practising clinician for some years, and he did not have any previous adverse history with the GMC.

19. The Tribunal noted the information which Dr Hulme provided to the Police to demonstrate his attempts to deal with the personal issues which led to him behaving in the way he did.

20. The Tribunal also noted Dr Hulme’s information setting out the chronology of events that had taken place in his personal life from childhood to adulthood, which he believed led to him behaving in the way he did.

21. This included that he XXX.

22. He described life events which included XXX and the loss of his grandfather when he was twelve years old.

23. Further, he described stresses he had experienced in his adulthood, which included the death of a university friend, and the death of a 28-year-old patient in his care, and how he XXX as a way of coping with those stresses.

24. Furthermore, Dr Hulme spoke of XXX and the impact remote working had had upon him during COVID-19, particularly in relation to XXX, and his engagement with adult websites.

25. The Tribunal considered the misconduct found in relation to paragraph 2 of the Allegation. It had already determined that Dr Hulme’s actions in taking photographs of Ms A were serious and amounted to serious misconduct. It took into account that Dr Hulme apologised to the Practice and to Ms A for his actions. However, the Tribunal noted Ms A comments in her impact statement as set out in the Tribunal’s determination on impairment.

26. Whilst the Tribunal acknowledged these matters, it did not consider that Dr Hulme’s personal issues, and the personal circumstances which he submitted led to him behaving in

the way he did, and his subsequent limited attempts at insight and remediation, could lessen the seriousness of his actions, particularly in relation to paragraph 1 of the Allegation.

27. Having balanced the aggravating and then the mitigating features identified in this case, the Tribunal determined that the aggravating features were of more consequence. It bore in mind all the aggravating and mitigating factors throughout its deliberations as regards the appropriate and proportionate sanction. The Tribunal considered each sanction in ascending order of severity, starting with the least restrictive.

### No action

28. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Hulme's case, the Tribunal first considered whether to conclude the case by taking no action. The Tribunal considered the submissions made by Ms Johnson. It also considered paragraphs 68-70 of the SG which highlight that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

29. The Tribunal determined that, given the gravity of the facts found proved, and in the absence of any exceptional circumstances in this case, taking no action would be neither appropriate, proportionate nor in the public interest.

### Undertakings

30. No undertakings were submitted to the Tribunal.

### Conditions

31. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Hulme's registration.

32. The Tribunal took account of paragraph 80 of SG which highlights that, in many cases, the purpose of conditions is to help the doctor remedy any deficiencies in their practice, while protecting the public. Further, the Tribunal noted paragraph 81 of SG which confirms that conditions might be most appropriate in cases involving issues around the doctor's performance or where there is evidence of shortcomings in areas of the doctor's practice.

33. The Tribunal took into account paragraph 82 of SG which advises that:

*'82 Conditions are likely to be workable where:*

- a. the doctor has insight;*
- b. a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings;*
- c. the Tribunal is satisfied that the doctor will comply with them;*



- d. *the doctor has the potential to respond positively to remediation or retraining or to their work being supervised.'*

34. It also had regard to paragraph 85, which states:

*'85 Conditions should be appropriate, proportionate, workable and measurable.'*

35. The Tribunal found that Dr Hulme's fitness to practise is impaired. It considered that it would be unusual to impose conditions in a case where impairment was found to be necessary in order to protect the public, maintain public confidence in the profession and uphold proper professional standards. The Tribunal bore in mind that any conditions imposed should be proportionate, workable and measurable, as well as appropriate in the context of the statutory overarching objective.

36. Conditions would be most appropriate in cases involving a doctor's health, performance or language skills, as opposed to misconduct of this nature. If a doctor lacks insight or potential to respond to remediation, conditions are unlikely to be workable.

37. As the Tribunal has not been provided with any evidence of Dr Hulme's insight into the seriousness of his misconduct since April 2021, and taking account of the aggravating factor found in this case, as set out above, the Tribunal determined that conditions would not be sufficient to protect the public, maintain public confidence in the profession and uphold proper professional standards. Further, the Tribunal determined that the imposition of conditions would not be sufficient to mark the seriousness of Dr Hulme's misconduct or address the Tribunal's findings on impairment.

## Suspension

38. The Tribunal then went on to consider whether imposing a period of suspension on Dr Hulme's registration would be proportionate and sufficient to satisfy the statutory overarching objective.

39. The Tribunal took account of the SG in relation to suspension, including particularly paragraphs, 91, 92, 93 and 97 (a, e and g). These state:

*'91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.*

*92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for*

*conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession);*

93 *Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions (see paragraphs 24–49).*

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

*a A serious breach of Good medical practice, but where the doctor’s misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors*

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

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

40. The Tribunal also had regard to paragraphs 31 and 32 of SG which state:

*‘31 Remediation is where a doctor addresses concerns about their ... conduct or behaviour. Remediation can take a number of forms, including coaching, mentoring, training, and rehabilitation (this list is not exhaustive), and, where fully successful, will make impairment unlikely.*

*32 However, there are some cases where a doctor’s failings are irremediable. This is because they are so serious or persistent that, despite steps subsequently taken, action is needed to maintain public confidence...’*

41. Before determining whether Dr Hulme’s misconduct was fundamentally incompatible with continued registration, the Tribunal considered what factors, if any, indicated that suspension was the appropriate and proportionate sanction.

42. The Tribunal was mindful that suspension may be appropriate where there has been acknowledgment of fault and where the Tribunal was satisfied that there was a low risk of

repetition. But Dr Hulme had shown no insight into his misconduct in relation to the matters before the Tribunal, except for the information which he provided to the Police, as referred to above. He had not provided any recent evidence of steps he had taken to remediate his misconduct since the index events or evidence of any insight, or his reflections on the matters.

43. Tribunal reminded itself of the seriousness of its findings and that it had identified that Dr Hulme's actions amounted to significant breaches of GMP. The Tribunal acknowledged the SG provides that suspension may be appropriate where there is an acknowledgement of fault and it is satisfied the conduct will not be repeated. However, in this case, Dr Hulme's acknowledgement of fault had been extremely limited and given his lack of insight and remediation, the Tribunal had already identified a significant risk of repetition.

44. The Tribunal had regard to paragraph 152 of the SG which states:

*'152 Taking, making, sharing and possessing an indecent image or pseudo photograph of a child is illegal and regarded in UK society as morally unacceptable. For these reasons, where there is any involvement in child sex abuse materials by a registered doctor the tribunal should consider whether the public interest demands that their registration be affected.'*

45. In the circumstances, the Tribunal concluded that suspension would be inappropriate and insufficient to mark the seriousness of Dr Hulme's misconduct, protect the public, uphold proper standards of conduct and behaviour and maintain public confidence in the medical profession. Further, the Tribunal concluded that in such circumstances, to impose a period of suspension, would not uphold the overarching objective.

## Erasure

46. The Tribunal therefore went on to consider whether the sanction of erasure was appropriate and proportionate in this case. The Tribunal reminded itself of the aggravating and mitigating factors it had identified in this case and considered the following paragraphs of the SG particularly relevant to its deliberations:

*'107 The tribunal may erase a doctor from the medical register in any case – except one that relates solely to the doctor's health and/or knowledge of English – where this is the only means of protecting the public.*

*'108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.*

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

*a A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.*

*d Abuse of position/trust (see Good medical practice, paragraph 65: ‘You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession’).*

47. The Tribunal also had regard to paragraph 152, as set out above.

48. Dr Hulme shared indecent images of a child(s) on the adult website XXX. The Tribunal has already determined that his actions were serious and amounted to serious misconduct. The Tribunal was of the view that Dr Hulme’s actions had the potential to, or did, cause harm to a child or children. A child/children is classed as a vulnerable person, and the severity of their vulnerability varied depending on their age. In this case, Dr Hulme shared indecent images of a child.

49. Dr Hulme initially found it difficult to accept any wrongdoing at the time of his police interviews as identified earlier in its determination on impairment. And as indicated his insight and remediation was limited.

50. In considering all these factors and the evidence, the Tribunal concluded that Dr Hulme’s misconduct (particularly those in relation to allegation (1) and (3) were so serious as to be fundamentally incompatible with his continued registration.

51. In all the circumstances, the Tribunal determined that erasure was required to send a message to the medical profession and to the public that this type of behaviour was unacceptable. The Tribunal considered that erasure was also required to protect the public, declare and uphold proper standards in the medical profession and to maintain public confidence in the medical profession.

52. The Tribunal therefore determined to erase Dr Hulme’s name from the Medical Register.

### **Determination on Immediate Order - 14/12/2023**

1. Having determined to erase Dr Hulme’s name from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order of suspension.

## Submissions

2. On behalf of the GMC, Ms Johnson reminded the Tribunal of its findings at the impairment and sanction stages of the hearing. She submitted that an immediate order was required to ensure the public was protected. She took the Tribunal through the relevant paragraphs of the SG applicable to when an immediate order may be appropriate. She also asked the Tribunal to revoke the current interim order of suspension on Dr Hulme's registration.

## The Tribunal's Determination

3. The Tribunal had regard to paragraphs 172 to 178 of the SG. It took account of the guidance, the submissions made by Ms Johnson and the specific basis upon which the Tribunal reached its determination on sanction.

*'172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest...'*

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

4. The Tribunal determined that, given the seriousness with which it viewed Dr Hulme's misconduct, its findings on impairment and the sanction it has imposed, it is in the public interest to suspend his registration with immediate effect. It concluded that not to suspend Dr Hulme's registration with immediate effect would undermine the overarching objective to protect the public.

5. This means that Dr Hulme'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 he appeals in the interim. If he does appeal, the immediate order will remain in force until the appeal has concluded.

6. The Tribunal revoked the interim order of suspension upon Dr Hulme's registration with immediate effect.

7. That concludes the case.

ANNEX A – 12/12/2023

Application relating to Service of Notice of the Hearing and proceeding in absence

Service of Notice of the Hearing

1. Dr Hulme was neither present nor represented at this hearing.
2. The Tribunal considered Ms Kathryn Johnson’s submission, on behalf of the General Medical Council (GMC), that notification of this hearing (‘NoH’) had been properly served upon Dr Hulme in accordance with Rule 40 of the General Medical Council (‘GMC’) (‘Fitness to Practise’) Rules Order of Council 2004 (‘the Rules’).
3. The Tribunal was provided with a service bundle which included a screenshot of the GMC database showing Dr Hulme’s registered address; the GMC’s letter to Dr Hulme with the Notice of Allegation (‘NoA’) dated 6 October 2023, and an email from Dr Hulme dated 8 October 2023, in which he stated, *‘I acknowledge receipt of the enclosed allegations.’*
4. The Tribunal noted that the NoH was sent by the MPTS to Dr Hulme at his registered email address on 3 November 2023 with relevant attachments. The NoH included details of the MPT hearing. On the same date, an email was received from Dr Hulme which had no content but signalled that he had received the attachments sent to him. The Tribunal was satisfied that notice of the hearing commencing 11 December 2023 had been served upon Dr Hulme in accordance with Rule 40 of the Rules.

Proceeding in Absence

5. Having determined that the notice of the hearing had been properly served, the Tribunal went on to consider, under Rule 31, whether it should proceed with the hearing in Dr Hulme’s absence, as submitted by Ms Johnson.
6. The Tribunal was mindful that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.
7. The Tribunal noted the email from Dr Hulme, dated 28 November 2023, in which he stated:  
  
*‘I am writing to confirm that I will not be attending the hearing nor will my representative.’*
8. The Tribunal considered that it was clear from Dr Hulme’s email that he was aware of today’s hearing, and he had voluntarily absented himself from it. The Tribunal noted that Dr Hulme has made no request for an adjournment to enable him to attend on a later date. The

Tribunal was satisfied that an adjournment would not necessarily result in Dr Hulme's participation at a hearing in the future.

9. The Tribunal considered all the information before it, including the potential impact on the GMC witnesses in this case if the hearing were to be adjourned, and the seriousness of the issues raised in this case. It was satisfied that Dr Hulme had voluntarily absented himself. that it was appropriate to proceed with the case in his absence. It concluded that the wider public interest in the case proceeding outweighs Dr Hulme's own interests in adjourning (even though he had not requested an adjournment), particularly when no useful purpose would be served by adjourning to a later date.

10. In accordance with Rule 31, the Tribunal determined to proceed in Dr Hulme's absence. The Tribunal drew no adverse inference whatsoever from Dr Hulme's non-attendance at this hearing.

**Non-confidential Schedule 1**

One category B image  
One category C image  
Two age-indeterminate images

**Confidential Schedule 2**

XXX