PUBLIC RECORD

Dates: 26/10/2026 - 28/10/2026

Doctor:	Dr Timothy GIRLING
GMC reference number:	6167134
Primary medical qualification:	BM BS 2008 Universities of Exeter and Plymouth

Type of case	Outcome on facts	Outcome on impairment
New - Conviction	Found proved	Impaired

Summary of outcome
Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Thomas Scapens
Registrant Tribunal Member:	Dr Caroline Roberts
Registrant Tribunal Member:	Dr Amir Zafar

Tribunal Clerk:	Mr Sewa Singh

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Martin Mensah, 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.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 26/10/2026

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

Background

2. Dr Girling qualified as a doctor in 2008. At the time of the events which are the subject of the hearing, Dr Girling was working as a Sexual Health Specialty Doctor, Dorset HealthCare University NHS Foundation Trust (the Trust). Dr Girling had worked at the Trust since October 2020.

3. The Trust informed the GMC that on 1 August 2023 a 26-year-old male patient attended the sexual health clinic and was seen by Dr Girling. The patient raised a complaint alleging that Dr Girling had recorded them on his mobile phone while they were in a state of undress. The patient challenged Dr Girling and took possession of Dr Girling's phone. The patient immediately raised the concern with the clinic reception staff and showed them the recording on Dr Girling's phone. The police were called and Dr Girling was arrested on suspicion of having committed the offence of voyeurism. Following his arrest, Dr Girling was released on bail conditions - not to attend the local area and not to attend his place of work.

4. The patient subsequently raised a further concern of having undergone an inappropriate sexual health examination by Dr Girling on 7 July 2023. Dr Girling was further arrested by the police on suspicion of having committed the offence of sexual assault.

5. As part of their investigations the police seized a number of Dr Girling's electronic devices to ascertain what images and information they contained, if any. Upon downloading and reviewing the material on one of the devices, the police have further arrested Dr Girling on 16 August 2023 for viewing indecent images of children. Dr Girling was released with the following bail conditions:

1. Not to enter the county of Dorset.
2. Not to have contact with anybody under the age of sixteen.

3. Not to practice medicine, perform any medical procedures or enter any medical premises unless to seek medical care for himself.

6. It was later discovered that Dr Girling's devices also contained videos and images that he had surreptitiously taken of males using a bathroom in which they showered, dried themselves and had masturbated. These persons were unaware that they were being recorded and did not consent to being recorded.

7. On 4 August 2023 the Trust formally placed Dr Girling on immediate exclusion.

8. The Trust also reported that a complaint of a similar nature had been formally investigated in May 2022. At that time the complaint was referred to the Local Authority Designated Officer (LADO) and Police who concluded that there was not enough evidence to substantiate a sexual assault or conduct a criminal investigation. The outcome of the investigation was a behavioural assessment by the Practitioner Performance Advice (the PPA) and identified learning through a performance plan. One of the outcomes was XXX.

9. The Trust further reported that a similar complaint was made in 2020 and that the police had been notified of it at the time, however, the patient withdrew the complaint and the investigation by the Trust and the Police ended. The police advised the Trust that they intended to re-review this case.

10. Dr Girling was subsequently charged with a number of offences which included Sexual Assault, Voyeurism and Attempted Voyeurism. On 23 May 2024 Dr Girling pleaded not guilty to all the charges he faced and his case was listed for trial. Dr Girling attended Bournemouth Crown Court on 11 February 2026 where he was tried and convicted on Indictment of three Counts of Sexual Assault on a male, six Counts of Voyeurism and one Count of Attempted Voyeurism. On the 11February 2026 Dr Girling admitted and was convicted of a further three Counts of making indecent images of children which were offences contained on a separate Indictment.

11. On 5 March 2026 Dr Girling was sentenced to a total of six years imprisonment for all of the offences listed in paragraph 10 above. He was placed on the Sex Offenders Register for life and a Sexual Harm Prevention Order was imposed against him until further order.

The outcome of applications made during the facts stage

12. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the GMC (Fitness to Practise Rules) 2004 as amended (the Rules), that service had been affected and to proceed in Dr Girling's absence. The Tribunal's full decision on the application is included at Annex A.

The Allegation and the doctor's response

13. The Allegation made against Dr Girling is as follows:

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

1. On 11 February 2026 at Bournemouth Crown Court, you were convicted of:

a. sexual assault, contrary to section 3 of the Sexual Offences Act 2003, in that on 17 November 2020, you intentionally touched a male, the circumstances being that the touching was sexual, the male did not consent to it, and you did not reasonably believe that the male consented;
To be determined

b. sexual assault, contrary to section 3 of the Sexual Offences Act 2003, in that on 11 May 2022, you intentionally touched a male, the circumstances being that the touching was sexual, the male did not consent to it, and you did not reasonably believe that the male consented;
To be determined

c. voyeurism, contrary to section 67(3) of the Sexual Offences Act 2003 and section 1 of the Criminal Attempts Act 1981, in that on 10 February 2023, for the purposes of obtaining sexual gratification, you recorded a male doing a private act, knowing that the male did not consent to you recording the act with that intention;
To be determined

d. sexual assault, contrary to section 3 of the Sexual Offences Act 2003, in that on 7 July 2023, you intentionally touched a male, the circumstances being that the touching was sexual, the male did not consent to it, and you did not reasonably believe that the male consented;
To be determined

e. attempted voyeurism, contrary to section 67(3) of the Sexual Offences Act 2003 and section 1 of the Criminal Attempts Act 1981, in that on 1 August 2023, for the purposes of obtaining sexual gratification, you attempted to record a male doing a private act, knowing that the male did not consent to you recording the act with that intention;
To be determined

f. a multiple incident count in accordance with CPR 10.2.2 of voyeurism, contrary to section 67(3) of the Sexual Offences Act 2003, in that between 26 July 2012 and 30 September 2022, on not less than four occasions, for the purposes of obtaining sexual gratification, you recorded a male doing a private act, namely urination, knowing that the male did not consent to you recording the act with that intention;
To be determined

g. a multiple incident count in accordance with CPR 10.2.2 of voyeurism, contrary to section 67(3) of the Sexual Offences Act 2003, in that between 26 July 2012 and 30 September 2022, on not less than six occasions, for the purposes of obtaining sexual gratification, you recorded a male doing a private act, namely showering, knowing that the male did not consent to you recording the act with that intention;
To be determined

h. a multiple incident count in accordance with CPR 10.2.2 of voyeurism, contrary to section 67(3) of the Sexual Offences Act 2003, in that between 26 July 2012 and 30 September 2022, on not less than two occasions, for the purposes of obtaining sexual gratification, you recorded a male doing a private act, namely drying themselves, knowing that the male did not consent to you recording the act with that intention;
To be determined

i. a multiple incident count in accordance with CPR 10.2.2 of voyeurism, contrary to section 67(3) of the Sexual Offences Act 2003, in that between 26 July 2012 and 30 September 2022, on not less than two occasions, for the purposes of obtaining sexual gratification, you recorded a male doing a private act, namely using the toilet, knowing that the male did not consent to you recording the act with that intention;
To be determined

j. a multiple incident count in accordance with CPR 10.2.2 of voyeurism, contrary to section 67(3) of the Sexual Offences Act 2003, in that between 26 July 2012 and 30 September 2022, for the purposes of obtaining sexual gratification, you recorded a male doing a private act, namely masturbating, knowing that the male did not consent to you recording the act with that intention;
To be determined

k. three counts of making indecent images of children.
To be determined

2. On 5 March 2026 at Bournemouth Crown Court, you were sentenced to six years imprisonment.
To be determined

3. As a result of the conviction and sentence set out in paragraphs 1 and 2, you became subject to:

a. indefinite notification requirements pursuant to sections 80 and 82 of the Sexual Offences Act 2003;
To be determined

b. a Sexual Harm Prevention Order until further order.
To be determined

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

The admitted facts

14. Neither Dr Girling nor his legal representative attended the hearing and therefore no admissions were made.

The facts to be determined

15. In light of no response from Dr Girling to the Allegation made against them the Tribunal is required to determine whether he was convicted and sentenced for the above offences.

16. Dr Girling did not provide a witness statement.

Documentary evidence

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

- Fitness to Practise referral, dated 21 August 2023;
- Dr Girling's trial indictment, dated 3 February 2026;
- His Honour Judge Fuller's summing up, dated 9 -10 February 2026;
- His Honour Judge Fuller's sentencing remarks, dated 5 March 2026;
- Certificate of Conviction, dated 27 March 2026;
- XXX;
- XXX.

The Tribunal's approach

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

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

20. The Tribunal reminded itself that it must form its own judgment about the evidence presented to it.

21. The Tribunal was mindful that its task at this stage is to consider the evidence and submissions and make findings in relation to the factual allegations, which are in dispute. Each paragraph of the Allegation has to be considered separately and in turn.

22. The Tribunal had regard to paragraphs 35 – 37 of the MPTS Guidance (effective from 24 November 2025). These state:

> *'35. Convictions refer to a decision by a criminal court in the British Islands, or a finding by an overseas court of an offence, which, if committed in England and Wales, would constitute a criminal offence.*
>
> *36. If the MPT receives in evidence a signed certificate of a conviction, unless it also receives evidence to the effect that the doctor is not the person referred to in the conviction, then it must accept the certificate as conclusive evidence that the offence was committed. This means that the GMC does not have to re-prove the facts of the matter giving rise to the allegation.*
>
> *37. However, before accepting a signed certificate of a conviction from an overseas court as conclusive evidence that the offence was committed, the MPT must first be satisfied that the matter detailed in the certificate amounts to an equivalent offence in England and Wales.'*

The Tribunal's analysis of the evidence and findings

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

Paragraphs 1a – 1k, and paragraphs 2 and 3

24. The Tribunal has considered these paragraphs together.

25. The Tribunal took account of the certificate of conviction which relates to the offences. It noted that there was no evidence before it to suggest that Dr Girling denied that he was the person referred to in the certificate. It noted the email from Dr Girling's legal representative to the GMC, dated 1 October 2026, in which they state:

> *'Thank you for your e mail and the draft bundle and witness list.*
>
> *I have no further comments on the bundle or its contents. ….'*

26. The Tribunal was satisfied that Dr Girling did not seek to challenge the conviction or that he was the person referred to in the certificate of conviction.

27. The Tribunal noted that there is no Indictment within the hearing bundle containing the three Counts relating to the Making of Indecent Images of Children (paragraph 1K of the Allegation). The Tribunal note that these three offences/Counts are mentioned in the Sentencing Remarks of the Learned Judge who in turn passed concurrent sentences for these three Counts together with passing sentence on the Indictment containing 10 Counts (which the Tribunal have in the hearing bundle). The Tribunal was able to conclude, without seeing the second Indictment, that Dr Girling pleaded guilty to three Counts of Possession of Indecent Images of Children on a second separate Indictment which in turn formed part of the Honourable Judge's sentence. The Tribunal was further satisfied that Dr Girling pleaded guilty to these three Counts given that within the certificate of conviction it is stated:

> *'and further was upon his own confession, convicted on indictment of Making Indecent Images of Children x 3'*

28. The Tribunal noted that the certificate confirms the information contained within paragraphs 1a – 1k, and paragraphs 2 and 3 of the Allegation.

29. The Tribunal was satisfied that, in accordance with the Rules, the certificate of conviction should be accepted as conclusive evidence of the offences having been committed. It accepted the accuracy of the information recorded in respect of the sentence imposed and the resulting Notification Requirements and Sexual Harm Prevention Order being imposed.

30. Accordingly, the Tribunal found paragraphs 1a – 1K, and paragraphs 2 and 3 of the Allegation, proved.

The Tribunal's overall determination on the facts

31. The Tribunal has determined the facts as follows: 1. On 11 February 2026 at Bournemouth Crown Court, you were convicted of:

a. sexual assault, contrary to section 3 of the Sexual Offences Act 2003, in that on 17 November 2020, you intentionally touched a male, the circumstances being that the touching was sexual, the male did not consent to it, and you did not reasonably believe that the male consented;
Determined and found proved

b. sexual assault, contrary to section 3 of the Sexual Offences Act 2003, in that on 11 May 2022, you intentionally touched a male, the circumstances being that the touching was sexual, the male did not consent to it, and you did not reasonably believe that the male consented;
Determined and found proved

c. voyeurism, contrary to section 67(3) of the Sexual Offences Act 2003

and section 1 of the Criminal Attempts Act 1981, in that on 10 February 2023, for the purposes of obtaining sexual gratification, you recorded a male doing a private act, knowing that the male did not consent to you recording the act with that intention;
Determined and found proved

d. sexual assault, contrary to section 3 of the Sexual Offences Act 2003, in that on 7 July 2023, you intentionally touched a male, the circumstances being that the touching was sexual, the male did not consent to it, and you did not reasonably believe that the male consented;
Determined and found proved

e. attempted voyeurism, contrary to section 67(3) of the Sexual Offences Act 2003 and section 1 of the Criminal Attempts Act 1981, in that on 1 August 2023, for the purposes of obtaining sexual gratification, you attempted to record a male doing a private act, knowing that the male did not consent to you recording the act with that intention;
Determined and found proved

f. a multiple incident count in accordance with CPR 10.2.2 of voyeurism, contrary to section 67(3) of the Sexual Offences Act 2003, in that between 26 July 2012 and 30 September 2022, on not less than four occasions, for the purposes of obtaining sexual gratification, you recorded a male doing a private act, namely urination, knowing that the male did not consent to you recording the act with that intention;
Determined and found proved

g. a multiple incident count in accordance with CPR 10.2.2 of voyeurism, contrary to section 67(3) of the Sexual Offences Act 2003, in that between 26 July 2012 and 30 September 2022, on not less than six occasions, for the purposes of obtaining sexual gratification, you recorded a male doing a private act, namely showering, knowing that the male did not consent to you recording the act with that intention;
Determined and found proved

h. a multiple incident count in accordance with CPR 10.2.2 of voyeurism, contrary to section 67(3) of the Sexual Offences Act 2003, in that between 26 July 2012 and 30 September 2022, on not less than two occasions, for the purposes of obtaining sexual gratification, you recorded a male doing a private act, namely drying themselves, knowing that the male did not consent to you recording the act with that intention;
Determined and found proved

i. a multiple incident count in accordance with CPR 10.2.2 of voyeurism, contrary to section 67(3) of the Sexual Offences Act 2003, in that between 26

July 2012 and 30 September 2022, on not less than two occasions, for the purposes of obtaining sexual gratification, you recorded a male doing a private act, namely using the toilet, knowing that the male did not consent to you recording the act with that intention;
Determined and found proved

j. a multiple incident count in accordance with CPR 10.2.2 of voyeurism, contrary to section 67(3) of the Sexual Offences Act 2003, in that between 26 July 2012 and 30 September 2022, for the purposes of obtaining sexual gratification, you recorded a male doing a private act, namely masturbating, knowing that the male did not consent to you recording the act with that intention;
Determined and found proved

k. three counts of making indecent images of children.
Determined and found proved

2. On 5 March 2026 at Bournemouth Crown Court, you were sentenced to six years imprisonment.
Determined and found proved

3. As a result of the conviction and sentence set out in paragraphs 1 and 2, you became subject to:

a. indefinite notification requirements pursuant to sections 80 and 82 of the Sexual Offences Act 2003;
Determined and found proved

b. a Sexual Harm Prevention Order until further order.
Determined and found proved

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

Determination on Impairment - 27/10/2026

32. 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 Girling's fitness to practise is impaired by reason of misconduct.

The evidence

33. The Tribunal has reviewed its findings of fact.

Submissions on Impairment

On behalf of the GMC

34. Mr Martin Mensah, Counsel, submitted that Dr Girling's fitness to practise is impaired by reason of his conviction. He reminded the Tribunal that Dr Girling was sentenced to six years imprisonment for a total of 13 Counts on Indictment. Mr Mensah reminded the Tribunal that Dr Girling was convicted by a Jury in relation to ten offences on one Indictment and submitted that Dr Girling admitted three further Counts of Making Indecent Images of Children only after he was found guilty to the previous 10 offences. Mr Mensah reminded the Tribunal of the Judge's sentencing remarks in relation to all of these offences.

35. Mr Mensah also reminded the Tribunal of the facts of the offending. Some of the victims in the Counts were patients of Dr Girling at the sexual health clinic where he worked and the nature of his offending against them involved his touching of their genitalia in an inappropriate manner. Dr Girling was also convicted of offences of Voyeurism and Attempted Voyeurism in that he covertly filmed his victims' genitalia with his mobile phone whilst examining patients as part of his work within the sexual health clinic. Dr Girling had also installed a camera within the bathroom of his home address, invited males to stay at the property, and then covertly filmed them urinating, washing and masturbating. Dr Girling made indecent images of children which consisted of two Category C images (Count 1), three Category B images (Count 2) and three Category A images (Count 3).

36. Mr Mensah reminded the Tribunal of Rule 34(3) and (5) of the Fitness to Practise Rules 2004, stating that production of a certificate of conviction was conclusive evidence of the offence committed and that rebuttal of this was limited to him being able to demonstrate that he is not the person referred to in the certificate.

37. Mr Mensah submitted that the Tribunal must have regard to the statutory overarching objective. He referred the Tribunal to relevant case law and reminded the Tribunal that it must look forward and not back when assessing the doctor's fitness to practise. In assessing the risk of repetition, Mr Mensah stated that the Tribunal should consider the extent of the doctor's insight. Mr Mensah submitted that in this case, there is no evidence of insight from Dr Girling.

38. Mr Mensah submitted that Dr Girling's criminal conviction represents a significant departure from Good Medical Practice (GMP) (2024 version), in particular paragraph 81 (Acting with honesty and integrity). Mr Mensah referred the Tribunal to the MPTS Guidance (effective from 24 November 2025) ('the MPTS Guidance') when considering impairment. He submitted that there was a legal basis for the Tribunal to consider impairment and that all three limbs of public protection were engaged in this case having referred the Tribunal to the test set out in Dame Janet Smith's Fifth Shipman Report. Mr Mensah submitted that a well-informed member of the public would find Dr Girling's actions deeply concerning and that his

actions undermined public confidence in the medical profession and breached fundamental tenets of the profession.

39. He submitted that Dr Girling's conviction is serious and violated such fundamental principles of the profession that a finding of impairment of his fitness to practice is necessary to maintain standards of conduct and confidence in the profession. Mr Mensah invited the Tribunal to find that Dr Girling's fitness to practise is impaired.

The relevant legal principles

40. There is no burden or standard of proof at this stage of the proceedings and the decision upon impairment is a matter for the Tribunal's judgment alone. The Tribunal will 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;
- to promote and maintain proper professional standards and conduct for members of the profession.

41. In approaching their 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 that misconduct which was serious poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

42. To assess whether Dr Girling poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

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

The Tribunal's determination on impairment

<u>The Guidance on impairment: Steps 2a to 2e</u>

43. When determining the impairment stage, the Tribunal had regard to the *MPTS Guidance for Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e))*.

Misconduct

44. The Tribunal first considered whether the facts found proved amounted to misconduct as set out in paragraph 11 of the MPTS Guidance.

45. The Tribunal noted that it will only make a finding of impairment where it determined that the doctor poses a current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response. It made its assessment as to impairment by reference to the facts found proved at the first stage of the hearing.

46. The Tribunal was satisfied that the multiple offences for which Dr Girling was convicted amounted to misconduct which is serious.

47. Having made a finding of misconduct by virtue of his conviction, the Tribunal went on to consider Steps 2a – 2e, as set out in the MPTS Guidance.

Step 2a: decide whether there is a legal basis for considering impairment

48. The Tribunal was satisfied that Dr Girliing's behaviour amounted to misconduct that was serious and that, therefore, there was a legal basis for considering impairment. It had regard to the table set out at paragraph 11 of the MPTS Guidance where it states:

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

Step 2b: Where on the spectrum of seriousness do the allegations lie?

49. In initially assessing where the misconduct was placed on the spectrum of seriousness, the Tribunal bore in mind that the nature of the offending in this case involved the inappropriate touching of patients in a sexual way and that some of these patients were evidently vulnerable. The offending also included acts of Voyeurism whereby Dr Girling covertly recorded young males performing various private acts, both in the clinical setting and at his home address, without their knowledge or consent. Dr Girling had also made

Indecent Images of Children which were categorised as A, B and C and were images of males aged 14 years and under.

50. In identifying the starting point on the spectrum of seriousness, the Tribunal had regard to paragraphs 63 and 66 of the Introduction Document to the MPTS Guidance ('the Introduction Guidance'). These paragraphs state:

> *'Seriousness*
>
> *63. …. Even a single incident of sexual misconduct can have a significant harmful impact and pose a high level of risk to public protection.'*
>
> *66. Most allegations relating to sexual misconduct have a starting point of a high level of seriousness and therefore fall at the higher end of the spectrum of seriousness. This means the starting point for assessing current and ongoing risk to public protection will usually be high.'*

51. The Tribunal also had regard to paragraph 31 of the MPTS Guidance, where it is stated that:

> *31 Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:*
>
> - *sexual assault, indecency or sexual harassment;*
> - *a criminal conviction or other court sanction resulting in a custodial sentence (whether immediate or suspended).*
> - *a criminal conviction, caution or other disposal that has resulted in a doctor being required to register on the sex offenders register.*

52. The Tribunal considered that this case involved behaviour of a sexual nature in relation to several patients and individuals. It also involved the making of indecent images of children.

53. The Tribunal also considered any features throughout the case that may increase the level of seriousness as set out in paragraph 36 of the MPTS Guidance. It considered the following factors to be applicable in this case:

- *The behaviour or poor performance was persistent or repeated;*
- *The behaviour was premeditated.*
- *The behaviour was predatory.*
- *There was an abuse of a professional position.*
- *There was a reckless disregard for patient safety and professional standards.*
- *Dr Girling put his own interests before the interests of the patients.*

- *The behaviour or poor performance was persistent or repeated.*

54. Dr Girling's behaviour was repeated and occurred over a period of time, despite a previous investigation into allegations of a similar nature which resulted in no further action.

Premeditated behaviour and *predatory behaviour*

55. The Tribunal was of the view that patients attending a sexual health clinic are often vulnerable because of the sensitive nature of their condition. Dr Girling used his professional position as a doctor specialising in the area of sexual health to take advantage of these patients.

56. The Tribunal noted the sentencing Judge's remarks when summarising the Victim Impact Statements made by the victims of Dr Girling. One of Dr Girling's victims' states:

> *'He told the officer that it's the first time that he'd been in a sexual health clinic and I quote from his interview:*
>
> > *"I was a very, very vulnerable person back then. I wasn't confident and I was in a really dark place, so I guess, like, things would be different now, but he proceeded to examine my body. Then he pulls up a chair, sits down and tells me to stand up, so he's like eye level with my penis, and he proceeds to…."*

57. The Tribunal also had regard to the comments of the sentencing Judge where he stated:

> *'Well, the Victim Personal Statements have not been read out. There is no need to and I have read them on no less than two occasions. They make sad reading, and you must have an understanding of the effect you have had on these trusting patients. (name 1) talks of his crisis in his mental health and his ability to trust others following this incident. I have no need to go into the detail of what that crisis was but you have read it and when somebody goes to such extremes and points the finger at an incident and the incident is yours, you should wear that heavily on your conscious [sic].*
>
> *(name 2), he speaks of the vulnerability and being taken advantage of by a doctor in whom one would expect to trust. He said his anxiety which spiralled after this episode and four years on he says he avoids going to the doctors wherever possible.*
>
> *(name 4) speaks of a total violation and misuse of the power granted to you. You exploited, he says, his vulnerability during what can be an embarrassing and shameful time, and he expresses his disgust.*
>
> *You had young men going there saying they had gonorrhoea. They had to give explanations about the numbers of partners they had. All this you were taking on*

board and all this time you just have sexual desires in your focus which you were going to satisfy.

(name 3), he describes himself as a confident person but also says that the impact on him had been large and his ability to put trust in healthcare practitioners as a result has diminished, and it has had a wider impact, which you will have read about if you care to read these impact statements, on both his family life and his business.'

And then:

'I turn now to the guidelines. Sexual assaults, Counts 1, 2, and 4, the harm is category 2, it is culpability A, this was a gross breach of trust, a really gross breach of trust. The starting point is 2 years with a range of up to 4 years. Aggravating features. Well, the question is asked were these particularly vulnerable individuals? If vulnerable because of the circumstances of the examination, that would in my view properly fall under the breach of trust factor as I have discussed with [Miss C]. If notwithstanding that the patient because of his characteristics was particularly vulnerable, then that could be another and additional aggravating feature.'

58. In relation to the Counts of Voyeurism relating to recordings made by Dr Girling in his home, the Tribunal took into account that Dr Girling would have publicised his home for the purpose of letting to young men attending for the London Olympics with the result that he then recorded them in private moments in the bathroom of his home. He did so by installing hidden cameras to covertly film/record the males using the bathroom during which time they showered, dried themselves, urinated and masturbated. The installing of the camera and the inviting of males to stay in his address was premeditated.

- *Abuse of professional position*
- *A reckless disregard for patient safety or professional standards*
- *Dr Girling put his own interests before the interests of the patients*

59. The Tribunal bore in mind the power disparity between Dr Girling as a professional and his patients. Dr Girling had responsibility for the well-being of his patients, but instead, he chose to exploit and take advantage of his position for his own sexual gratification.

60. By virtue of the length of the custodial sentence passed upon Dr Girling he will be registered indefinitely on the sex offenders register. Dr Girling was also made subject to a Sexual Harm Prevention Order until further Order, which is a discretionary order made by the sentencing Judge having reflected upon the nature of the offending committed by Dr Girling and the need for its imposition.

61. Therefore, the Tribunal was satisfied that this misconduct fell at the higher end of the spectrum of seriousness.

What is the impact of any relevant context known about Dr Girling and/or their working environment?

62. The Tribunal noted that whilst evidence of relevant context may decrease the level of risk to public protection posed by a doctor, it will carry less weight in cases that fall at the higher end of the spectrum of seriousness.

63. There is no evidence to suggest that Dr Girling has any previous adverse history with the GMC.

Working Environment

64. There is no information or evidence before the Tribunal to suggest that there were any issues in Dr Girling's working environment which may have contributed to his behaviour.

Personal

65. The Tribunal noted that there was no evidence relating to personal context submitted by Dr Girling to the Tribunal over and above the reports of XXX.

66. XXX

67. XXX

68. This information was presented in evidence at Dr Girling's criminal trial and he relied upon it in pursuance of his defence, namely, that his acts were not sexual in their nature or in their intent. However, the Tribunal noted that XXX was clearly not accepted by the Jury when determining guilt nor was it accepted by the sentencing Judge in his sentencing remarks. The Jury had rejected XXX and determined that the actions of Dr Girling were sexually motivated.

69. Whilst the Tribunal XXX, it considered that the information before it would suggest that Dr Girling acted in the way he did for his own sexual gratification and sexual motivation. For the avoidance of doubt, the Tribunal agrees with the sentencing Judge's remarks set out below:

> *'[XXX]*
>
> *I consider that your offending was selective. It was with guile and in the face of repeated internal investigations. [XXX]. My conclusion is that your interest was a sexual one and that the sexual activity was of your own choosing. The reality is that you simply used your position to gratify your particular sexual interests.'*

70. The Tribunal also noted that XXX. Accordingly, there is no evidence before the Tribunal that the Making of Indecent Images of Children was in any way linked to XXX.

71. The Tribunal considered that Dr Girling's chosen area of specialism afforded him the opportunity to exploit his position and to obtain sexual gratification.

72. The Tribunal determined that the seriousness of the misconduct had not been reduced by any issue of context and that the current and ongoing risk to public protection remained high.

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

73. When considering how Dr Girling has responded to the allegations, the Tribunal considered what evidence there was before it to demonstrate that Dr Girling had insight into his misconduct and had remedied it.

74. The Tribunal first had regard to how Dr Girling responded at the time of the events and/or prior to and during his criminal trial. It noted that Dr Girling never admitted to committing Sexual Assault, Voyeurism or Attempt Voyeurism and that he was found guilty of all of this offending by a Jury during a full criminal trial. The Tribunal noted that Dr Girling had initially denied the allegations relating to Making of Indecent Images of Children and was awaiting a full criminal trial on those offences also; he only admitted to those offences after the Jury had found him guilty of 10 other Counts of Sexual Assault, Voyeurism and Attempt Voyeurism.

75. The Tribunal had regard to paragraph 81 of the MPTS Guidance which sets out factors that indicate insight:

- 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 positive, 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.

76. None of the above apply in this case.

77. XXX

78. The Tribunal had regard to paragraph 109 of the MPTS Guidance which states:

> *'109. Cases involving the following features can be more difficult to remediate:*
>
> - *there is a high risk of harm to patients due to the doctor's deliberate, reckless, persistent, or repeated behaviour*
> - *the nature of, or circumstances giving rise to, the allegation suggests there is an underlying issue with the doctor's attitude, and/or*
> - *the allegation falls at the higher end of the spectrum of seriousness and is capable of damaging public confidence in the professions.'*

79. The Tribunal is satisfied that there is no evidence before the Tribunal of any insight or remediation presented by Dr Girling. The Tribunal considered that the level of seriousness remains at the higher end of spectrum of seriousness.

80. The Tribunal determined that there remains a risk of repetition.

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

81. In determining whether Dr Girling poses any current and ongoing risk to public protection, the Tribunal bore in mind paragraph 134 of the MPTS Guidance:

> *134 In cases where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current and ongoing risk to public protection will be high. Evidence of relevant context that decreases risk and evidence of insight and remediation that decreases risk may have less impact and carry less weight because these types of allegations can be more difficult to remediate. Evidence of the doctor having kept their knowledge and skills up to date may also be less relevant. This should be considered by the MPT when they are reaching a view on risk and a conclusion that the doctor poses a current and ongoing risk to one of more of the three parts of public protection requiring restrictive action in response may be needed, particularly as the allegation is likely to engage public confidence.*

82. As demonstrated for the reasons above, these allegations fall at the higher end of the spectrum of seriousness. Further, there is no evidence before the Tribunal of any insight or remediation. It has also determined that there remains a risk of Dr Girling repeating his behaviours. Bearing this in mind, the Tribunal has determined that Dr Girling poses a current and ongoing risk to public protection and the level of risk is high.

83. The Tribunal went on to consider whether a finding of impairment was required in order to uphold any of the three limbs of public protection.

84. In respect of the first limb, that being to protect, promote and maintain the health, safety and well-being of the public, the Tribunal determined that Dr Girling had put patients at risk of harm and had caused them harm. It considered that patients should feel they can consult doctors without the fear of being treated inappropriately. A member of the public would be concerned that a doctor was using and taking advantage of their professional position in the way that Dr Girling had for their own sexual gratification.

85. In respect of the second limb of public protection, that being to promote and maintain public confidence in the profession, the Tribunal noted that doctors hold a position of trust. Where a doctor abuses that position, in the way Dr Girling did, public trust would be seriously undermined and patients would not feel comfortable going see that doctor, especially knowing they had been convicted of such criminal acts. The Tribunal concluded that public confidence in the profession and the regulator would be seriously undermined were a finding of impairment not made in the circumstances.

86. In respect of the third limb of public protection, there is substantial evidence that Dr Girling breached professional standards and tenets of GMP. The Tribunal concluded that it would be failing to uphold the third limb of public protection, namely, to promote and maintain proper professional standards and conduct for members of the profession, were a finding of impairment not made.

87. The Tribunal therefore determined that a finding of current impairment was necessary in respect of all three limbs of public protection.

88. The Tribunal has therefore determined that Dr Girling poses a current and ongoing risk to public protection, and his fitness to practise is impaired by reason of conviction.

Determination on Sanction - 28/10/2026

The evidence

89. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account any relevant evidence received during the earlier stages of the hearing. The Tribunal noted that beyond XXX, it has not been provided with any evidence of insight or remediation from Dr Girling or from his legal representatives on his behalf.

Submissions

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

90. Mr Mensah submitted that having found Dr Girling's fitness to practise is impaired, the Tribunal now needs to decide what sanction is appropriate to protect the public. He reminded the Tribunal that it needed to give careful consideration to the Sanctions Guidance ('the SG') and that whilst a sanction is not imposed to punish a doctor, it may have a punitive effect. He submitted that the Tribunal must have regard to its findings at the facts and impairment stages and consider the appropriate sanction starting with the least restrictive option first.

91. Mr Mensah referred the Tribunal to the sanctions banding set out in the MPTS Guidance. He submitted that this indicated a sanction of 12 months suspension to erasure in a conviction case. Mr Mensah submitted that a sanction of suspension would not be sufficient to protect the public, given that the nature of the allegations found proved were so serious. Mr Mensah submitted that public trust in the medical profession is undermined by the convictions and their facts.

92. Mr Mensah referred the Tribunal to paragraph 255 of the Introduction Document to the MPTS Guidance ('the Introduction Guidance') which sets out matters dealing with Case type 8 (criminal convictions, cautions, court sanctions and determinations by another body responsible for the regulation of a health or social care profession). He submitted that the guidance confirms that when considering the length of sanction, the Tribunal should bear in mind the impact on public protection where a doctor has been convicted of a serious criminal offence resulting in an immediate or suspended custodial sentence and that they should not be permitted to hold unrestricted practise until they had completed their sentence. He also submitted that no doctor registered on the sex offenders register should be allowed to hold unrestricted practice, reminding the Tribunal that Dr Girling has been sentenced to six years imprisonment and put on the Sex Offenders Register indefinitely. Mr Mensah submitted that in the circumstances, a sanction of suspension would not be appropriate. He reminded the Tribunal that the maximum period a suspension can be imposed for was 12 months which would not be sufficient to cover the length of Dr Girling's prison term and therefore would mean that Dr Girling would be able to practise unrestricted after being released from the custodial element of his sentence thereby posing a high risk to public protection.

93. Mr Mensah referred the Tribunal to paragraph 57 of the MPTS Guidance which deals with when erasure is the appropriate sanction. He submitted that Dr Girling's behaviour caused serious harm and the risk of harm recurring cannot be sufficiently mitigated. He also referred the Tribunal to paragraph 24 of its determination on impairment where it had identified the level of vulnerability of the patients involved and the extracts from the Victim Impact Statements, as well as from the Judge's sentencing remarks. He reminded the Tribunal that it had found Dr Girling had used his professional position to sexually gratify himself in circumstances of most intimate and sensitive situations which the Judge concluded was a seriously aggravating feature of the case. Mr Mensah reminded the Tribunal that the Judge, and it too, had found that Dr Girlinig's XXX did not contribute to his behaviours.

94. Mr Mensah submitted that Dr Girling has shown a lack of insight into the seriousness of his actions and behaviours. He reminded the Tribunal that Dr Girling did not admit the

charges of Making Indecent Images of Children until after he was found guilty of the other charges against him which further demonstrated a lack of insight. He also reminded the Tribunal that it had found at paragraph 49 of its determination on impairment that there remains a risk of repetition. Further, he reminded the Tribunal that they had found all three limbs of public protection to be engaged in this case. Mr Mensah submitted that the seriousness of the conviction increases the risk to public protection and will undermine public confidence in the profession, hence erasure has to be the only appropriate sanction sought.

95. Mr Mensah submitted that there are no factors which suggest that suspension could be appropriate in this case. He submitted that given Dr Girling's behaviour was premeditated, predatory, targeted towards vulnerable patients, carried out in the context of sexual health clinics and displayed a reckless disregard for the principles in good medical practise, the obvious conclusion is that his registration is fundamentally incompatible with his continued registration on the medical register.

96. Mr Mensah acknowledged that, whilst it is a matter for the Tribunal exercising its own independent judgement, erasure is the only appropriate sanction. He invited the Tribunal to erase Dr Girling's name from the medical register.

On behalf of the Registrant

97. The Tribunal did not receive any evidence or hear any submissions on the issue of sanction from Dr Girling or his legal representatives.

The Tribunal's determination on sanction

98. The Tribunal was reminded that the decision as to the appropriate sanction to impose, if any, is a matter for its independent judgement. When determining the appropriate sanction, if any, it should have regard to the principle of proportionality and should start by considering the least restrictive option.

99. The Tribunal reminded itself that the main reason for imposing a sanction is to protect the public and that sanctions are not imposed to punish or discipline doctors, even though they may have a punitive effect. The Tribunal must balance Dr Girling's interests against the public interest. The reputation of the medical profession as a whole is more important than the interests of an individual doctor.

100. The Tribunal had regard to paragraph 62 of the relevant section of the MPTS Guidance, which sets out the sanction bandings for specific types of cases. The Tribunal had regard to its findings at the impairment stage that Dr Girling's conduct was at the higher end of the spectrum of seriousness and that he poses a high level of current and ongoing risk to public protection.

101. The suggested sanction in conviction cases under the sanction bandings at the higher level of risk is one of 12 months' suspension to erasure.

102. In making its decision on sanction, the Tribunal has reviewed its decisions on both the facts and impairment stages, and has considered the level of current and ongoing risk Dr Girling poses to public protection.

103. The Tribunal reminded itself of its finding at the impairment stage that the ongoing risk to public protection was high on the facts of this case. The Tribunal had determined that all three limbs of public protection were engaged.

104. Although the Guidance includes indicative sanctions bandings as set out above, the Tribunal acknowledged that these are indicative rather than binding and any decision on sanction is one ultimately for the Tribunal. Accordingly, the Tribunal started its consideration at the lowest possible sanction.

105. Throughout its deliberations, the Tribunal had regard to the statutory overarching objective to protect patients set out in section 1 of the Medical Act 1983:

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

No action

106. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action.

107. The Tribunal considered that there were no exceptional circumstances in this case which would justify taking no action. The Tribunal concluded that given the nature and seriousness of its findings, taking no action would not be an appropriate nor a proportionate response and would fail to uphold the three limbs of public protection.

Conditions

108. The Tribunal next considered whether to impose a period of conditions on Dr Girling's registration. In doing so it noted Mr Mensah's submissions that conditional registration would not be appropriate or a sufficiently proportionate sanction in this case.

109. In reaching its decision the Tribunal had regard to the relevant paragraphs of the Guidance, in particular paragraphs 23 and 30 which state:

23. Conditions are likely to be workable where:
a. the doctor has shown insight

b. time is needed for the doctor to take steps to address the findings (remediate), for example through retraining, study, supervision and/or seeking medical treatment
c. the doctor is willing to remediate, and
d. the MPT is satisfied the doctor will comply with them.

30. Conditions are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor's behaviour fall at the higher end of the spectrum of seriousness and/or suggest an underlying problem with their attitude.

110. The Tribunal reminded itself that Dr Girling is currently serving a six-year term of imprisonment by way of sentence for a total of 13 Counts on Indictment. Dr Girling was convicted by a Jury in relation to ten offences on one Indictment and admitted three further Counts of Making Indecent Images of Children on a second Indictment. The Tribunal reminded themselves of their findings at Stages 1 and 2 and that there was no evidence of insight or remediation from Dr Girling.

111. The Tribunal concluded that, whilst conditions would not be appropriate in the circumstances of this case given Dr Girling is currently in prison, the risk to public protection could not be adequately managed by conditions. Conditions were not appropriate nor proportionate and would fail to reflect the seriousness of its findings or uphold the three limbs of public protection.

Suspension

112. The Tribunal then considered whether to impose a sanction of suspension on Dr Girling's registration.

113. The Tribunal reminded itself that Dr Girling's actions did amount to a serious breach of GMP and had breached fundamental tenets of the medical profession. Dr Girling's misconduct fell at the high end of the spectrum of seriousness with a number of factors that increased the seriousness of his misconduct, particularly that his behaviour was premeditated, predatory, and for his own sexual gratification, as determined at stage 2 of the hearing.

114. The Tribunal had regard to paragraph 251 of the Introduction Guidance which states:

'251. While the courts distinguish between degrees of seriousness, any conviction for child sex abuse materials will undermine public confidence in the professions. The only proportionate action in these cases will usually be erasure and any departure from this will need to be carefully explained.'

115. Paragraph 255 of the Introduction Guidance states:

'255. When considering length of sanction, the tribunal should bear in mind that where a doctor has been convicted of a serious criminal offence resulting in an immediate or suspended custodial sentence, the impact on public protection means they should not be permitted to hold unrestricted practice until they have completed their sentence. Similarly, no doctor registered as a sex offender should be able to hold unrestricted registration.'

116. The maximum length of suspension the Tribunal could impose is that of 12 months. This maximum period of suspension would expire before Dr Girling's prison sentence had expired and he was released from prison and hence the Tribunal concluded that a period of suspension would be ineffective and inappropriate and would not serve to protect the public. Further, Dr Girling has been put on the Sex Offenders Register indefinitely.

117. The Tribunal reminded itself of the persistent and premeditated nature of Dr Girliing's misconduct, with the events found proven taking place over a period of time and involving inappropriate sexual behaviour towards numerous individuals, including patients who were vulnerable. Dr Girling abused his professional position to take advantage of the vulnerable patients. The Tribunal reminded itself of the particularly serious features of this case in that Dr Girling's actions were premeditated and predatory, were sexually motivated and were carried out for his own sexual gratification.

118. The Tribunal was not provided with any evidence of insight or remediation from Dr Girling nor was any provided on his behalf by his legal representatives. The Tribunal determined that Dr Girling presents a current and ongoing risk to public protection.

119. The Tribunal concluded that suspension would not be sufficient to protect the public. The Tribunal, therefore, determined that suspension was not an appropriate sanction.

Erasure

120. The Tribunal went on to consider whether to impose a sanction of erasure on Dr Girling's registration.

121. The Tribunal considered paragraphs 55 and 57 of the guidance, which state:

'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 effective, 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.
…

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.*'

122. The Tribunal was of the view that all of the factors set out in paragraph 57 above apply.

123. The Tribunal reminded itself that it has not been provided with any evidence of insight and remediation. The Tribunal had also found that there was no relevant context in Dr Girling's professional life that would mitigate the seriousness of his misconduct. Whilst there was some evidence of context in Dr Girling's personal life XXX, the Tribunal has already determined that this did not mitigate the misconduct which led to his conviction. It had found the risk to public protection remains high.

124. The Tribunal had found aggravating factors which included the gross breach of Dr Girling's professional position and the trust placed in him by vulnerable patients and other individuals. His behaviour has caused serious harm to vulnerable patients and to the reputation of the medical profession as a whole; public trust is severely damaged by Dr Girling's sexually motivated conduct.

125. The Tribunal determined that the current and ongoing level of risk to public protection is such that erasure is the only appropriate sanction, as continued registration would undermine public confidence in the profession. It determined that erasure is also necessary due to the adverse effect his misconduct has on the public and the profession as a whole and to maintain standards.

Determination on Immediate Order - 28/10/2026

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

Submissions

127. On behalf of the GMC, Mr Mensah submitted that such an order is necessary to protect members of the public and is otherwise in the public interest.

The Tribunal's determination

128. The Tribunal had regard to *the 'Immediate and interim orders following sanction'* section within Part C of section three of the MPT guidance. It noted, with regard to paragraph 79, that:

> *"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 suspension or erasure, it may impose an immediate order of suspension"*

129. The Tribunal reminded itself of the Guidance and took into account the submission of Mr Mensah. The Tribunal considered that an immediate order was required in this case as it is necessary to protect members of the public and is otherwise in the public interest. The Tribunal balanced these considerations with the interests of Dr Girling. The Tribunal noted that Dr Girling would not be returning to work pending the appeal as he is currently serving a six year prison sentence. The Tribunal had regard to paragragh 84 of the Guidance and were of the view that Dr Girling poses a risk to patient safety, a risk to one or more parts of public safety which is high and immediate action is needed to maintain public confidence in the medical profession.

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

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

132. That concludes this case.

ANNEX A – 26/10/2026

Application on Service and Proceeding in Absence

133. Dr Girling was neither present nor legally represented at this hearing. The Tribunal noted that in order to proceed with the hearing in Dr Girling's absence, it needed to be satisfied that Dr Girling had been properly served with the Notice of Hearing (NoH) and whether it was appropriate for the hearing to proceed in his absence.

134. The Tribunal was provided with a copy of a proof of service bundle from the General Medical Council (GMC). This included correspondence between the GMC, the MPTS and Dr Girling's legal representatives – Weightmans Solicitors.

GMC's Submissions

135. Mr Martin Mensah, Counsel for the GMC, referred the Tribunal to the proof of service bundle and in particular to an email from Dr Girling's legal representatives, dated 22 September 2026 to the GMC, in which they stated 'This has been received' in reply to receipt of the Rule 15 allegation. He also drew the Tribunal's attention to an email from Dr Girling's legal representatives, dated 1 October 2026, in which they confirmed receipt of the hearing bundle and witness list, and stated:

> *'I have no further comments on the bundle or its contents. In relation to attendance neither Dr Girling nor myself will be attending the hearing. I would ask if you could send me a copy of the determination(s) once available.'*

136. Mr Mensah submitted that the Tribunal can be satisfied that the NoH had been served in accordance with the relevant rules and that the hearing could proceed in Dr Girling's absence.

Tribunal's Determination

Service

137. The Tribunal had regard to Rule 20 and Rule 40 of the Rules which required notice of hearing to be served on the practitioner no later than 28 days before the hearing and that such notice or document required to be served under the Rules may be served by ordinary post, or by electronic mail to an electronic mail address, that the practitioner had notified to the Registrar as an address for communications.

138. The Tribunal noted that the MPTS sent the NoH via email to Dr Girling's legal representatives on 17 September 2026. In an email dated 20 September 2026, Dr Girling's legal representatives confirmed receipt of the NoH stating *'received'*.

139. The Tribunal noted that Dr Girling is currently in prison. Based upon the evidence before it, the Tribunal was satisfied that the NoH had been served upon Dr Girling via his legal representatives, in accordance with Rules 20 and 40 of the Rules.

Proceeding in Dr Girling's Absence

140. In making its determination the Tribunal noted that the decision as to whether or not the hearing should proceed in Dr Girling's absence was a matter for its discretion and that such discretion was to be exercised with care and caution. The Tribunal noted Rule 31 for determining applications to proceed in absence which sets out:

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

141. The Tribunal had regard to the email from Dr Girling's legal representatives, dated 1 October 2026, to the GMC, as set out above.

142. The Tribunal was mindful that Dr Girling chose not to attend his hearing. In the circumstances, it determined that it was appropriate and necessary to proceed with Dr Girling in his absence.

143. The hearing will therefore proceed in Dr Girling's absence.