PUBLIC RECORD

Dates: 16/12/2025 - 18/12/2025
22/06/2026 - 26/06/2026

Doctor: Dr William GUNN

GMC reference number: 3131929

Primary medical qualification: MB ChB 1986 University of Aberdeen

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

Summary of outcome

Erasure
Immediate suspension

Tribunal:

Legally Qualified Chair	Ms Melissa Coutino
Lay Tribunal Member:	Miss Naomi Gyane
Registrant Tribunal Member:	Dr Suzanne Joels

Tribunal Clerk:	Michael Murphy (16 – 18/12/25) Fiona Johnston (22 – 25/06/26) Laurence Millea (26/06/26)

Attendance and Representation:

Doctor:	Present, represented – 16 – 18/12/2025 Not present, represented – 22 – 26/06/2025
Doctor's Representative:	Mr David Morris, Counsel, instructed by BTO Solicitors LLP
GMC Representative:	Ms Fiona McNeil, 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 - 23/06/2026

1. At the outset of this hearing, the Tribunal announced that parts of the hearing should be heard in private in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules) as some of the matters under consideration relate XXX.

Background

2. Dr Gunn qualified in 1986 from the University of Aberdeen. Prior to the events which are the subject of the hearing, Dr Gunn worked in various posts as a SHO (Senior House Officer) in Scotland and England before passing the MRCPsych exam in 2010. He worked in Addictions Psychiatry for nearly six years, until late 2017, when he started working as a Locum Consultant. At the time of events Dr Gunn was employed as a Locum Consultant Psychiatrist with NHS Fife.

3. The allegations that have led to Dr Gunn's hearing relate to an allegation that, on 31 January 2024, police were contacted in relation to a male taking photographs and videos on his mobile phone of a group of three 15-year-old girls wearing school uniform within Starbucks coffee shop, in Fife Central Retail Park. The male was observed by another group of teenagers to be using his mobile phone camera to zoom in on the feet and legs of the three schoolgirls. One of these witnesses also captured a video on her mobile phone of the man's screen whilst he was filming. Staff at the coffee shop were alerted by the teenagers and the police were contacted immediately. This incident was captured on CCTV in full.

4. Various systems checks were carried out by the police which provided the male's details as William Gunn. Following the submission of an intelligence log, this returned that Dr Gunn was currently employed as an Adult Psychiatry Consultant at Ward 2, Queen Margaret Hospital, Dunfermline, Fife.

5. On 15 February 2024, Dr Gunn was arrested, interviewed and charged in relation to a Section 38 Criminal Justice and Licensing (Scotland) Act 2010, threatening or abusive behaviour.

6. On 6 March 2024 Dr Gunn made a self-referral to the GMC.

7. On 25 June 2024, Dr Gunn was convicted of committing a breach of the peace in that, on 31 January 2024 in a coffee shop, Dr Gunn conducted himself in a disorderly manner by covertly and inappropriately taking photographs and videos. It is further alleged that, on 23 July 2024 at Kirkcaldy Sheriff Court, Dr Gunn was fined £700.

The Outcome of Applications made during the Facts Stage

8. On 17 December 2025 on behalf of Dr Gunn, Mr David Morris made an application inviting the Tribunal to determine whether the case had formally opened in accordance with Rule 17(1) and (2) of the Medical Practitioners Tribunal Rules. This application was made in the context of whether the Tribunal should determine a Voluntary Erasure Application, that was currently sitting with the Voluntary Erasure Team of the GMC administratively. Ms Fiona McNeil, on behalf of the GMC did not oppose the application.

9. The Tribunal determined that the proceedings had not formally commenced for the purposes of Rule 17. Its full reasoning is set out in Annex A. This was to allow the Voluntary Erasure Team to make a decision if they considered this appropriate. The Voluntary Erasure Team decided that the decision on voluntary erasure should be for this Tribunal. This Tribunal determined that a decision on voluntary erasure was not practical or appropriate pending a hearing on the relevant facts where these were not admitted. Parties agreed. On this basis the hearing began.

10. On 18 December 2025 on behalf of Dr Gunn, Mr Morris made a second application, pursuant to Rule 29(2) of the Rules that the case should be adjourned XXX. Ms McNeil did not oppose the application.

11. The Tribunal therefore determined to grant Mr Morris' application to adjourn. Its full reasoning is set out in Annex B.

The Allegation and the Doctor's Response

12. The Allegation made against Dr Gunn is as follows:

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

1. On 25 June 2024, you were convicted of committing a breach of the peace in that on 31 January 2024 at Starbucks you conducted yourself in a disorderly manner by covertly watching and staring at female children, covertly photographing and taking videos of the bodies of the said female children and attempting to take videos of the bodies of the said female children. Admitted and found proved.

2. On 23 July 2024 you were sentenced at Kirkcaldy Sheriff Court to a fine of £700. Admitted 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.

The Admitted Facts

13. At the outset of these proceedings, Dr Gunn through his Counsel, Mr David Morris made admissions to the paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the 'the Rules'. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs of the Allegation as admitted and found proved.

14. However, on behalf of the GMC, Ms McNeil of Counsel, made it clear that the GMC considered that the offending had a sexual component. This was denied by the doctor, as was made explicit by Mr Morris of Counsel following questioning from the Tribunal. Accordingly, the focus was on whether there was a sexual element to the admitted behaviour.

The Hearing

15. The Tribunal has considered the Allegation and the evidence in this case. The doctor has admitted the factual particulars of Allegation 1 and Allegation 2. The central issue for the Tribunal to determine is whether the admitted conduct was sexual, as asserted by the GMC and denied by the doctor.

16. As the doctor has indicated a wish to apply for voluntary erasure, in accordance with the GMC's guidance, it was agreed that an application for voluntary erasure can only be

considered after the Tribunal has determined the facts. The Tribunal therefore proceeded to determine the factual issues before it.

Evidence Considered

17. The Tribunal has considered the doctor's admissions, the GMC's position regarding the alleged sexual nature of the conduct, the doctor's oral and written evidence denying sexual motivation, the wider context in which the conduct occurred and the documentary evidence from XXX along with emails from lawyers dealing with Dr Gunn's criminal case.

Witness Evidence

18. The Tribunal received oral evidence from Dr Gunn, and a reflective statement dated December 2025. Dr Gunn was cross-examined by GMC Counsel, but the Tribunal indicated that it too had questions for Dr Gunn. However, prior to these questions being asked, the hearing had to be adjourned XXX.

19. On resumption of the hearing, Dr Gunn indicated through his Counsel that he would not be attending to resume the giving of evidence. XXX. An adjournment was not applied for on behalf of Dr Gunn. As a result of Dr Gunn's non-attendance the Tribunal has not been able to ask the questions it had prepared in relation to the issue in dispute.

Documentary Evidence

20. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included, but was not limited to, the following: Dr Gunn's self-referral, Dr Gunn's work details form, various correspondence from Police Scotland, and NHS Fife, Dr Gunn's CV, NHS investigation report, police disclosure report, the extract of conviction, the NHS Fife investigation outcome, XXX correspondence from the court in Scotland, emails from Dr Gunn's solicitor in the criminal case and letters from Dr Gunn's GP.

21. An officer of the court in Scotland, having checked the court files, indicated that there was a sexual modifier to the offence recorded and that a sexual component was reflected on the file, along with the fact that the girls were minors. The solicitor who represented Dr Gunn in the criminal court did not have access to the original file but gave his recollection that any such modifier was removed and that no sexual aggravating feature was noted in the conviction or sentencing remarks. The Tribunal had asked for the documentary evidence of what was on the court file, or what documents had been checked, noting that the extract of conviction did not indicate any sexual modifier and that evidence from the officer of the court and Dr Gunn's previous solicitor were hearsay. Unfortunately, even with a long adjournment, no further documentary evidence was produced.

The Tribunal's Approach

22. The Tribunal has reminded itself that its task at this stage is to determine the facts on the balance of probabilities, based solely on the evidence it accepts. The burden of proving any disputed factual characterisation rests with the GMC.

23. The Tribunal noted that some of the evidence before it was hearsay in nature which means that there may be a question over whether the evidential record concerning conviction is incomplete in certain respects. The Tribunal has therefore assessed the weight to be attached to such evidence with care and in the absence of any resolution consider the facts set out in the extract of conviction.

24. The Tribunal has applied the ordinary meaning of the term "sexual", informed by the GMC's Sanctions Guidance (2024), which recognises that conduct may be sexual because of its intrinsic nature, the context in which it occurred, or the purpose or motivation behind it. The Tribunal considered both the nature of the conduct itself and the surrounding circumstances in which it occurred.

25. The Tribunal has reminded itself that sexual motivation may be inferred from the circumstances. However, the Tribunal must not infer sexual motivation unless satisfied that this is more likely than not. It must consider whether any credible non-sexual explanation remains.

26. The Tribunal has considered whether the conduct was covert and if so, the relevance of any covert aspects of the behaviour. Conduct may be covert if it was carried out in a concealed or secretive manner, even if it was later discovered. Covert behaviour may be relevant to whether the conduct was sexual, but the Tribunal did not assume sexual motivation solely because the behaviour was covert.

27. The Tribunal also considered the evidence relied upon by the doctor, XXX. The Tribunal determined what weight, if any, should be attached to that evidence when considering the doctor's motivation and the circumstances surrounding the conduct.

28. Having considered all of the evidence in the round, the Tribunal made findings of fact that are consistent with the criminal conviction and supported by the evidence before it. The Tribunal provided reasons for its findings, identifying the evidence and factors it had taken into account, the inferences it had drawn, and any matters that it had not considered relevant to its determination.

29. The Tribunal had not treated any single factor as determinative of whether Dr Gunn's conduct was sexual.

30. Given that this is a case concerning criminal convictions, the Tribunal has applied the relevant principles in the cases of *Re Shepherd [1985], Jeyaretnam v Law* Society of Singapore [1989] and *Barnett v GMC [2015].* In accordance with *Re Shepherd*, the Tribunal has not sought to challenge the validity of Dr Gunn's criminal conviction in these proceedings and go behind them. In accordance with the case of *Jeyaretnam* the Tribunal has accepted the facts of the conviction but is not blind to the evidence before the criminal court. In accordance with *Barnett*, as it is unclear whether the conviction included a sexual element, the Tribunal considered the issue reaching its own assessment. Accordingly, the Tribunal has considered the wording of the charge to which Dr Gunn entered his guilty plea. Further, in accordance with the leading authorities including the cases of *Shepherd*, *Jeyaretnam* and *Barnett*, is has had regard to the surrounding matrix of facts to evaluate the gravity of the conduct and what occurred without altering or denying the conviction itself.

31. The Tribunal does not seek to go behind the conviction and must accept what was before the criminal court. That conviction is conclusive proof that the conduct occurred. In accordance with established case law, the Tribunal will not make findings that are inconsistent with it. However, the Tribunal is not confined to the statutory label of the offence and may consider the full factual circumstances of the conduct as found to be before the criminal court, including any contextual features that formed part of the factual basis of the conviction. The Tribunal recognises that conduct may be found to be sexual even where it does not amount to, or result in, a conviction for a sexual offence. There was some less than satisfactory information and hearsay evidence concerning what had occurred in court, with inconsistencies between the extract of conviction the Tribunal had been provided with, what an officer of the court had said was the conviction and what the solicitor who had represented Dr Gunn in Scotland said. Accordingly, the Tribunal placed focus on what the facts of the conviction were and Dr Gunn's evidence to determine whether or not there was a sexual element.

The Tribunal's Analysis of the Evidence and Findings on whether the conduct was sexual

32. The Tribunal accepts that the doctor engaged in the conduct admitted. The question for the Tribunal is whether the conduct was sexual in nature.

33. In considering the nature of the acts, the context, and the doctor's explanations, the Tribunal has given thought to whether the conduct was carried out in a covert manner and whether this supports an inference of sexual motivation. It has taken into account the XXX and documentation concerning the conviction. Further, it has had regard to the oral evidence and submissions of parties.

34. The Tribunal has reminded itself that the fact that conduct was covert does not automatically make it sexual. However, covert behaviour may indicate an awareness that the

conduct was inappropriate and may support an inference of sexual purpose where the surrounding circumstances point in that direction.

35. The Tribunal has considered whether the GMC has established, on the balance of probabilities, that the conduct was sexual in nature or motivated by sexual gratification. The Tribunal has also considered whether the doctor had provided a credible non-sexual explanation for his behaviour. Alternatively, whether there was a non-sexual reason supported by psychiatric opinion.

36. The Tribunal, bore in mind the applicable burden and standard of proof throughout its determination of facts, accepting that where a doctor has been convicted of a criminal offence, that conviction is conclusive proof that the conduct occurred. The Tribunal accepts the conviction certificate that is before it. The Tribunal would have been assisted by any non-hearsay evidence concerning the factual basis of conviction, but in the absence of this, focused on the charge which Dr Gunn pleaded guilty to. In accordance with established case law, the Tribunal will not make findings that are inconsistent with the conviction. However, the Tribunal can consider any contextual features that formed part of the factual basis of the conviction and look at the context more closely for its own regulatory purpose.

37. In determining whether any aspect of the conduct was sexual in nature, the Tribunal considered all of the evidence before it. It considered both the nature of the conduct itself and the surrounding circumstances in which it occurred. The Tribunal recognised that conduct may be sexual by reason of its intrinsic character, its context, or the motivation and purpose behind it, and that conduct may be found to be sexual even where it does not amount to, or result in, a conviction for a sexual offence.

Finding

38. The Tribunal has been provided with the Extract of conviction:

'DATE OF CONVICTION: 25th June 2024 · DATE OF SENTENCE: 2rd July 2024 OFFENCE(S):

1. *On 31st January 2024 at Starbucks, 15, Fife Central Retail Park, Chapel • Park, Kirkcaldy, you WILLIAM GUNN did conduct yourself in a disorderly manner and covertly watch and stare at female children there, covertly photograph and take videos of said female children, attempt to take videos of their bodies and commit a breach of the peace.*

   The accused pled Guilty to charge 1 as amended.

ORDER OF COURT: Charge 1: The Court fined the accused £700 with a Protection of vulnerable' groups victim surcharge of £40.'

39. The Tribunal also noted Dr Gunn's self-referral form to the GMC in relation to the charges dated 6 March 2024 in which he says '*I took pictures of a person in a cafe without their permission. I was charged by the police, as yet, I have had no paperwork from them, I have spoken with a lawyer, and contacted the Medical Protection Society.'* The Tribunal considered this as evidence Dr Gunn fully accepts his conviction. However, the Tribunal noted that his explanation for his conduct on that day, points not to malign intent, but to XXX.

40. The Tribunal considered the circumstances underlying Dr Gunn's conviction. It had regard to the Extract of Conviction, the evidence before it concerning CCTV and contemporaneous evidence of the viewing and reporting of Dr Gunn's behaviour, what Dr Gunn had to say about his behaviour, XXX.

41. The Tribunal noted Dr Gunn's account that his conduct arose during a period of significant stress and XXX. This mitigation had been relied upon during his criminal case, XXX. However, whilst the Tribunal accepted that Dr Gunn may have been experiencing personal difficulties XXX at the time, it was not satisfied that there was sufficient evidence before it to establish that his behaviour in covertly recording the schoolgirls was caused by XXX. Further, the Tribunal took into account that Dr Gunn admits knowing when he started recording a video of the schoolgirls, even if none was found on his telephone by the time he attended the police. Further the Tribunal noted that Dr Gunn in his oral evidence indicated that he did not think the girls were minors, indicating that he had given thought to his actions at the time.

42. The Tribunal noted the prosecution evidence that Dr Gunn positioned himself in the coffee shop in a manner which enabled him to focus on the children, that he took photographs, and that he focused on the girls, zoomed in and out, whilst recording them on his mobile telephone, and started at their feet before focusing on an upward trajectory following their legs. His behaviour was captured on CCTV.

43. The Tribunal was not persuaded by Dr Gunn's explanation that his conduct was the result of an "*out of body experience*" or a particularly difficult day. It considered that such an explanation did not adequately account for the nature, duration and deliberate features of the behaviour. His own acknowledgement was that he recalled starting the recording but lost track of time and was not thinking about what was "right" or "wrong". The Tribunal noted that when Dr Gunn became aware that others had noticed what he was doing, he immediately collected his belongings and he left the coffee shop, before the Police who had been contacted arrived.

44. Having considered all of the evidence, the Tribunal concluded that the more likely explanation for Dr Gunn's conduct was that it was sexual. The Tribunal considered that a reasonable person, viewing the circumstances objectively, would regard the covert filming and photographing of schoolgirls in the manner described as behaviour of a sexual nature. Mr Morris in submissions put forward an alternative explanation for the described conduct, namely that Dr Gunn had an intention to cause fear. The Tribunal rejected this possible alternative explanation, noting that while Dr Gunn's evidence was incomplete, he had not provided such an explanation either to the police, the Tribunal or in his reflective statement.

45. The Tribunal noted that on balance there was no credible non-sexual explanation for the conduct either from the admitted facts or from Dr Gunn in his evidence. In relation to whether the conduct was covert, the Tribunal noted that notwithstanding the submissions from Mr Morris that the recording was not in fact covert, there had been an admission to covert photography and recording by Dr Gunn in the criminal court. This admission was repeated when the GMC allegation was put to him in these proceedings. On both occasions Dr Gunn was legally represented. The Tribunal therefore finds that Dr Gunn did covertly photograph and video female children. The Tribunal considered that the fact that the covert behaviour was discovered, does not diminish the secretive nature of what had occurred, as Mr Morris submitted, but rather goes to how inefficacious the person was in their desire for their behaviour to remain hidden.

46. Having considered all the evidence, the Tribunal finds that the conduct was sexual. The combination of:

a) the nature of the behaviour in photographing and videoing the legs of young girls,
b) the covert manner in which the behaviour was carried out,
c) the context in which it occurred in a coffee shop where there was no obvious connection between the girls and Dr Gunn,
d) Dr Gunn's departure as soon as he saw that people were looking at him and had potentially discovered his behaviour,[?]
and
e) the absence of any credible non-sexual explanation provided by Dr Gunn at any time, leads the Tribunal to conclude that the GMC has established a sexual component/motivation on the balance of probabilities.

47. The Tribunal, having therefore determined the facts in accordance with the findings above, will ask if any application for voluntary erasure remains outstanding. It can be considered at the appropriate stage, now that the factual issues have been resolved should there be a renewed request for this.

The Tribunal's Overall Determination on the Facts

48. The Tribunal has determined the facts as follows:

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

1. On 25 June 2024, you were convicted of committing a breach of the peace in that on 31 January 2024 at Starbucks you conducted yourself in a disorderly manner by covertly watching and staring at female children, covertly photographing and taking videos of the bodies of the said female children and attempting to take videos of the bodies of the said female children. Determined and found proved

a. On 23 July 2024 you were sentenced at Kirkcaldy Sheriff Court to a fine of £700. Admitted 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

49. The Tribunal having considered the wording of the conviction and noting the charge which Dr Gunn entered a guilty plea to, in the absence of any credible non-sexual explanation for his covert behaviour, finds that a sexual component was present.

Determination on Impairment - 25/06/2026

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 involved XXX. This determination will be handed down in private but, as this case concerns Dr Gunn's conviction, a redacted version will be published at the close of the hearing.

2. The Tribunal now has to decide in accordance with Section 35C(2)(a) of the Medical Act 1983 as amended, and Rule 17(2)(l) of the Rules, whether, on the basis of the facts which it has found proved, Dr Gunn's fitness to practise is impaired by reason of his conviction. It followed the approach recommended by the most recent MPTS guidance on making a decision on impairment. This is set out in the Guidance for MPTS Tribunals, published in 2025 ("the Guidance").

3. 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; and to promote and maintain proper professional standards and conduct for members of the profession.

The evidence

4. No new evidence was provided to the Tribunal at this stage of proceedings. Accordingly, the Tribunal relied on the evidence provided previously at the Facts Stage of the hearing, including XXX prepared on behalf of Dr Gunn and his own reflective statement.

5. The Tribunal based its decision on impairment using the facts it had found proved, including that the doctor's conduct included a sexual element. The doctor has been convicted of an offence in the Sheriff Court. Under section 35C(2)(a) of the Medical Act 1983, a conviction may impair a doctor's fitness to practise.

Submissions

Submissions on behalf of the GMC

6. On behalf of the GMC, Ms McNeil submitted that all three limbs of public protection were engaged. She submitted that the conduct fell towards the higher end of the spectrum of seriousness, referring to paragraphs 15, 25, 26 and 31 of the Guidance and paragraph 63 of the MPTS Introduction to the Guidance which referred to sexual misconduct and seriousness. She submitted that the sexual element significantly increased seriousness, particularly as the behaviour involved those who were vulnerable, was deliberate, and occurred over a period of time.

7. Ms McNeil submitted that although the doctor had experienced personal difficulties, there was no expert evidence establishing a causal link between XXX and the sexual misconduct. She submitted that the personal context therefore had limited mitigating effect.

8. She submitted that the doctor's insight was developing but incomplete. While he had expressed remorse and shame, he had been unable to explain why the conduct occurred and continued to deny any sexual motivation. She submitted that this limited the Tribunal's ability to be reassured that the underlying causes had been identified and addressed.

9. Ms McNeil submitted that the steps taken towards remediation were at an early stage, and that there was insufficient evidence of ongoing treatment or support. She submitted that there remained a real likelihood of repetition, particularly in the absence of sustained treatment.

10. Finally, she submitted that the public component was clearly engaged. A finding of no impairment in a case involving sexual misconduct towards children would undermine public confidence and fail to uphold proper professional standards.

Submissions on behalf of Dr Gunn

11. On behalf of Dr Gunn, Mr Morris accepted that the Tribunal was likely to find impairment given the Tribunal's findings of fact, including the sexual component. He submitted that the conduct occurred in the context of XXX and should be regarded as an isolated aberrant incident.

12. He submitted that the Dr Gunn had shown remorse, had self-referred, had pleaded guilty, and had expressed concern for the impact on the girls. He submitted that insight was developing and that denial of sexual motivation did not preclude insight.

13. Mr Morris submitted that Dr Gunn had taken steps to address XXX. He submitted that the risk of repetition was low, given the absence of any similar behaviour in over two years and Dr Gunn's removal from the stressful working environment.

14. He submitted that Dr Gunn's personal context, XXX, should be given weight.

The relevant legal principles

15. There is no burden or standard of proof at this stage of the proceedings, and the decision of impairment is for the Tribunal's judgment. It determines whether the doctor's fitness to practise is impaired today, taking into account their conduct at the time of the events, and relevant factors since, including whether the matters are remediable, have been remedied and if there is any likelihood of repetition.

16. 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; and to promote and maintain proper professional standards and conduct for members of the profession.

17. The Tribunal has applied the MPTS Guidance and considered:

- the seriousness of the facts found proved;
- any relevant context about the doctor;
- how the doctor has responded to the allegation(s)

The Tribunal's determination on impairment

The Guidance on impairment: Steps 2A to 2E

18. At all times, the Tribunal had regard to the Guidance, focusing this time on the *MPTS Guidance for Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e))*.

Conviction

19. The Tribunal began by considering whether Dr Gunn's fitness to practise was impaired by reason of his conviction.

Step 2A: legal basis for considering impairment

20. The Tribunal had regard to the Guidance, which sets out that a conviction or caution is a legal basis for impairment. The Tribunal was satisfied as a result of this being a case of conviction, there was a legal basis for consideration of impairment.

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

21. The Tribunal first considered where on the spectrum of seriousness the allegation lies.

22. In considering the spectrum of seriousness, the Tribunal had regard to the Guidance, at paragraph 28 which states;

> *'Allegations that usually fall at the lower end of the spectrum of seriousness and due to their nature are more likely to be easily remediable include, but are not limited to:*
>
> *…a conviction or caution for a minor criminal offence that results in a discharge or fine.'*

23. And Paragraph 31and 32 which states;

> *'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)'*

32. The above list is not exhaustive and includes allegations that fall within different grounds of impairment. The examples given may also assist an MPT to reach a view on the starting point for assessing the seriousness of proven allegations that are similar in nature.

24. The Tribunal determined that the conviction did not fall at the lower end of the spectrum of seriousness, notwithstanding that the penalty Dr Gunn had imposed upon him was a fine. This is because the conviction was for the covert recording of underage girls which increases its seriousness significantly. In all the circumstances, the Tribunal assessed the starting point for its consideration of seriousness as being within the higher end of the spectrum of seriousness.

25. The Tribunal then considered whether there were any features which increased or reduced the seriousness of the conviction and the extent of the doctor's departure from professional standards. The Tribunal took into account that the conduct resulted in a criminal conviction reflecting behaviour which the public would rightly find concerning, given the predatory behaviour, targeting schoolgirls in uniform in a public place, photographing their bodies and taking photographs. It noted that the conduct was found by the Tribunal to have a sexual component involving minors. The Tribunal found these were all significant aggravating features.

26. The Tribunal balanced the aggravating features against a number of mitigating features. It noted that Dr Gunn had previously been of good character, that this was an isolated incident, and that there had been no evidence of any similar behaviour before or since the events in question. Dr Gunn had no previous fitness to practice history in a 30-year career. The Tribunal further noted that the incident occurred outside Dr Gunn's clinical practice and there was no evidence that patient safety had been directly affected by the conduct. It noted that the doctor was XXX and exercised poor judgment. While the Tribunal was not satisfied that those difficulties explained or excused the conduct, it accepted that they formed part of the relevant context.

27. The Tribunal considered the risk to all three limbs of public protection. The departure of Dr Gunn's behaviour from Good Medical Practice, paragraph 81 *'You must make sure that your conduct justifies patients' trust in you and the public's trust in your profession'* engaged all three limbs. The Tribunal noted that Dr Gunn's behaviour had shown a disregard for the law, and that he had not behaved with integrity, both of which are required by Good Medical Practice.

28. Taking all of these matters into account, the Tribunal concluded that the conviction represented a serious departure from the standards expected of a registered medical

practitioner, but that the aggravating and mitigating factors, when viewed together, supported its assessment that the case fell within the high-range of seriousness.

Step 2C – Relevant context

29. The Tribunal considered the relevance of Dr Gunn's personal context XXX. The Tribunal also took into account the evidence that the doctor was working in a difficult and pressurised working environment in a locum position and had experienced incidents of assault, lack of support from colleagues, heavy workload and XXX. The Tribunal considered that this XXX may have indirectly affected Dr Gunn's behaviour in terms of poor decision making, but it appears to concern Dr Gunn's judgement rather than explaining his actions in taking photographs and videos of young girls' bodies.

30. XXX

31. XXX

32. XXX

33. Taking these matters into account, the Tribunal concluded that whilst Dr Gunn's personal circumstances provided some context for the events, they did not materially reduce the seriousness of the conduct. The Tribunal remained concerned that the underlying causes of the behaviour had not been fully identified or addressed. XXX. Accordingly, it considered that there remained a significant risk to the public.

Step 2D – How the doctor responded to the allegations

34. The Tribunal considered the question of insight and remediation and whether Dr Gunn had demonstrated any insight into the concerns in this case. The Tribunal had regard to Paragraph 74 and 77 of the Guidance which states;

> *'74. The MPT should consider the evidence available to them to establish if the doctor has:*
>
> *a. shown insight into their own practice, behaviour and/or impact of a health condition*
>
> *b. taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation, and*
>
> *c. kept their knowledge and skills up to date.*
>
> *…*
>
> *77. When assessing evidence of insight and remediation, the key considerations are:*

Insight
Does the doctor understand what happened and accept how they could have acted differently?
Remediation
Is the allegation remediable?
Has the allegation been remedied?
Is the allegation likely to be repeated?'

35. The Tribunal considered how Dr Gunn had responded to the allegation. It noted that he had admitted the fact of his conviction in covertly recording young girls but not the sexual component of his behaviour. It also took into account that he had self-referred to the GMC and had pleaded guilty to the criminal offence. It noted that Dr Gunn had demonstrated remorse, shame and embarrassment regarding his conduct in his personal reflective statement, acknowledging the distress his behaviour may have had on the young girls he recorded.

36. The Tribunal accepted that these matters demonstrated the beginnings of insight. However, it concluded that Dr Gunn's insight remained limited and that remediation was at an early stage. In particular, the Tribunal noted that Dr Gunn had found it difficult to explain why he acted as he did.

37. The Tribunal had also found that the conduct contained a sexual element, which Dr Gunn continued to deny. It considered that the absence of any clear explanation for the conduct, coupled with the denial of a sexual component, limited the extent to which it could be reassured that the underlying causes of the behaviour had been identified and addressed.

38. The Tribunal further noted that Dr Gunn was not currently engaged in any structured treatment programme directed at his conduct. Whilst there was evidence that he had sought some support in relation to XXX, there was limited evidence of any ongoing therapeutic intervention aimed at reducing the risk of similar behaviour occurring in the future.

39. Taking these matters together, the Tribunal was not satisfied that Dr Gunn had fully remediated the concerns identified. It considered that insight remained developing rather than complete and that there remained a risk of repetition.

40. Accordingly, the Tribunal concluded that the current and ongoing risk to public protection remained significant.

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

41. The Tribunal considered each of the three limbs of public protection. It determined that limb one, protecting, promoting and maintaining the health, safety and wellbeing of the public, limb two, maintaining public confidence in the medical profession, and limb three, promoting and maintaining proper professional standards and conduct, were engaged.

42. The Tribunal accepted that there was no evidence that Dr Gunn's conviction gave rise to a direct risk to patient safety. However, it determined that public confidence in the profession required a finding of impairment. The Tribunal considered that members of the public would be gravely concerned if a doctor convicted of covertly photographing 15-year-old girls in a public place, in circumstances involving a sexual element, was found not to be impaired. It concluded that a finding of no impairment would fail adequately to mark the seriousness of the conduct and would undermine confidence in both the medical profession and its regulator.

43. The Tribunal also considered that the need to uphold proper professional standards was engaged. Having regard to its conclusions on the seriousness of the conduct, the limited insight and remediation demonstrated by Dr Gunn, and the continuing risk of repetition, it determined that a finding of impairment was necessary to uphold the standards expected of registered medical practitioners.

44. Taking all of the circumstances into account, the Tribunal determined that the level of current and ongoing risk to public protection was high.

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

Determination on Sanction - 26/06/2026

1. This determination will be handed down in private but, as this case concerns Dr Gunn's conviction, a redacted version will be published at the close of the hearing.

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

The Evidence

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

Submissions

On behalf of the GMC

4. On behalf of the GMC, Ms McNeil submitted that, having regard to the Tribunal's findings at the impairment stage, this case fell within the higher range of seriousness. She submitted that the Tribunal had assessed the level of current and ongoing risk to public protection as high and that there was nothing arising from the evidence which materially reduced that assessment. Whilst there was some relevant personal context relating to the XXX, Ms McNeil submitted that the conduct nevertheless represented a significant risk to the public.

5. Ms McNeil submitted that the appropriate and proportionate regulatory response, in order to protect the public and maintain confidence in the profession, was erasure. Whilst recognising that erasure is the most severe sanction available, she submitted that the seriousness of the conduct and the ongoing risk to public protection meant that the impact of such a sanction on the doctor should be accorded little weight.

6. Turning to the available sanctions, Ms McNeil submitted that taking no action would be wholly inappropriate. She submitted that there were no exceptional circumstances which would justify such a course and that, given the Tribunal's assessment of the risk as high, taking no action would fail to uphold the overarching objective.

7. In relation to conditions, Ms McNeil submitted that they would not be appropriate or proportionate. She submitted that the nature of the allegation, which the Tribunal had found fell within the higher end of the spectrum of seriousness, meant that conditions would be insufficient to address the concerns identified.

8. Turning to suspension, Ms McNeil accepted that suspension can, in some cases, serve as a deterrent and send a signal to both the profession and the public. However, she submitted that suspension would not be sufficient in this case. She argued that the Tribunal's findings demonstrated that the conduct was not easily remediable, that insight remained limited, and that there was a lack of full reflection upon and acceptance of the conduct. In

those circumstances, she submitted that suspension would not adequately protect the public and would not represent a proportionate response.

9. Ms McNeil submitted that erasure was the only appropriate sanction. She submitted that erasure is reserved for the most serious cases and serves both to protect the public and to mark conduct fundamentally incompatible with continued registration. Whilst acknowledging that this may not be the most serious example of its type, she submitted that there were significant aggravating features, most notably the sexual element to the conduct and the involvement of children.

10. Ms McNeil submitted that the doctor's lack of fully developed insight, limited remediation, and failure to accept full culpability for the conduct meant that the risk identified by the Tribunal could not be adequately mitigated by conditions or suspension. Accordingly, the GMC invited the Tribunal to conclude that erasure was the only sanction capable of maintaining public confidence, upholding professional standards, and protecting the public.

<u>On behalf of Dr Gunn</u>

11. On behalf of Dr Gunn, Mr Morris submitted that the appropriate and proportionate sanction was suspension rather than erasure.

12. Mr Morris accepted that this was a serious case. He acknowledged that the Tribunal found it involved a sexual element and that it involved minors, both of which were significant aggravating features. However, he submitted that there was a spectrum of seriousness within cases involving sexual misconduct and that this case did not fall within the category of the most serious cases warranting erasure.

13. Referring to the MPTS Guidance for Tribunals (2025) ('the Guidance'), Mr Morris submitted that, whilst conditions were not appropriate, the circumstances did not justify the ultimate sanction of erasure. He noted that Dr Gunn's conduct had not caused any serious physical harm and that, beyond the understandable shock and distress experienced by the children involved, there was no evidence of further harm.

14. Mr Morris accepted that the Tribunal had found limitations in Dr Gunn's insight. However, he submitted that this was not a case involving a persistent lack of insight of such a nature that there was no prospect of future development. He reminded the Tribunal that it had already accepted that Dr Gunn had demonstrated the beginnings of insight and

remediation, albeit neither was complete. He submitted that this was not a case of a doctor with a deep-seated attitudinal problem relating to sexual behaviour which rendered him fundamentally incompatible with continued registration.

15. Mr Morris further submitted that the Tribunal had accepted that, whilst Dr Gunn's XXX did not cause the conduct, the incident occurred at a time when his judgement was impaired by XXX. He acknowledged that XXX. He submitted that there remained a genuine commitment on Dr Gunn's part to continue that process.

16. Mr Morris argued that a period of suspension would provide Dr Gunn with an opportunity to continue remediation and develop insight. He submitted that a reviewing Tribunal would be able to assess, at the conclusion of any suspension period, whether sufficient progress had been made. If remediation and insight remained incomplete, the reviewing Tribunal would have the power to extend the suspension for a further period. Accordingly, he submitted that it did not follow that erasure was required simply because remediation could not yet be said to be complete.

17. In conclusion, Mr Morris submitted that, whilst the case was undoubtedly serious, it was not of such gravity that erasure was the only available sanction. He invited the Tribunal to conclude that suspension would provide an appropriate, proportionate and sufficient response to the concerns identified.

The Tribunal's Approach

18. The Tribunal had regard to the relevant sections of the Guidance.

19. In making its decision, the Tribunal had regard to the principle of proportionality, and it weighed Dr Gunn's interests with those of the public. Throughout its deliberations the Tribunal bore in mind that the purpose of a sanction is not to punish the doctor, although any sanction imposed may have a punitive effect. However, case law makes clear that the reputation of the medical profession as a whole is more important than the interests of an individual doctor.

20. In making its decision on sanction the Tribunal has to consider what in light of its findings of impairment is the proportionate response needed to protect the public. The Tribunal had determined that all three limbs of public protection were engaged in this case, and it has now to consider what regulatory action, if any, is needed to protect the public. The Tribunal referred to the sanctions banding(s) as set out in the Guidance (*MPT Hearings > Part*

C: stage three – sanction > Step 3: decide on sanction) and considered the level of current and ongoing risk the doctor poses to public protection. It also considered the impact of any specific sanction type, where applicable, and any other relevant factors or information that would inform its decision.

21. The Tribunal has also borne in mind that in deciding what sanction, if any, to impose, it should consider all the sanctions available, starting with the least restrictive and then consider each sanction in ascending order.

The Tribunal's Determination on Sanction

Sanction

22. In reaching its decision on the appropriate sanction, the Tribunal had regard to paragraphs 249, 250, 253, 254 and 256 which occur in the Introduction to the Guidance, which states in relation to Case Types involving criminal convictions:

> *'249. The proportionate sanction in response to an allegation relating to a conviction, caution, court sanction or determination will depend on the extent of the doctor's behaviour and the impact it's assessed to have on each of the three parts of public protection.*
>
> *250. Where the level of current and ongoing risk to public protection is medium or high, this will require consideration of suspension or erasure.*
>
> *253. When deciding on sanction, the MPT should consider the sanctions banding for conviction, caution, court sanction and determination cases in Part C of Section 3: MPT hearings.*

Lower level of risk to public protection	*Medium level of risk to public protection*	*Higher level of risk to public protection*
Conditions up to 12 months to Suspension up to 3 months	*Suspension 6 to 12 months*	*Suspension 12 months to Erasure*

> *254. In conviction, court sanction and determination cases falling at the higher end of the spectrum of seriousness, evidence about the impact of a specific type of*

restrictive action and references and testimonials, will have limited, if any, relevance to the MPT's decision about what sanction is appropriate.

256. For convictions, cautions or determinations relating to …, sexual misconduct, …, reference should also be made to the guidance and bandings set out in the relevant specific case type section. Where there is more than one type of proven allegation, the MPT should impose the sanction that addresses the most serious findings.'

No action

23. The Tribunal first considered whether to take no action.

24. It determined that there were no exceptional circumstances in this case which could justify it taking no action. It considered that neither party had submitted that to take no action would be appropriate or proportionate in the circumstances of this case and that this fell well below the indicative sanction banding.

25. Given the serious findings against Dr Gunn, the Tribunal determined that to take no action would be neither appropriate nor proportionate given its earlier findings and would fail to uphold the statutory overarching objective.

Conditions

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

27. It considered the Parties' submissions in relation to conditions and had regard to the Guidance relating to conditions.

28. The Tribunal concluded that conditions would not be appropriate or proportionate given the nature of its findings, nor would they mark the seriousness of the findings or uphold the second and third limbs of public protection.

Suspension

29. The Tribunal then went on to consider whether to impose a period of suspension. In doing so it considered the following paragraphs of the Guidance.

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

45. Suspension may be proportionate in cases where some, or all, of the following factors are present:

a. conditions are not appropriate, measurable and/or workable
b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or
c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.

30. The Tribunal recognised that suspension can, in appropriate cases, protect the public whilst allowing a doctor an opportunity to develop insight, undertake remediation and demonstrate that the concerns identified can be addressed. It took into account that Dr Gunn had engaged in some remediation in relation to XXX.

31. However, the Tribunal determined that suspension would not be sufficient in the particular circumstances of this case. It noted that the conduct was covert and involved minors. It also noted that it found proved that the conduct involved a sexual element and that Dr Gunn had continued to deny that aspect of the behaviour. Whilst the Tribunal accepted that Dr Gunn had demonstrated some insight into the distress and harm his actions may have caused to the young girls involved, it was not satisfied that he had demonstrated insight into the sexually motivated nature of the conduct itself.

32. The Tribunal considered that this significantly limited the extent of remediation that had taken place. It noted that the remediation undertaken to date had been directed primarily towards XXX rather than addressing the underlying behaviour which gave rise to the conviction. XXX.

33. The Tribunal therefore concluded that there was limited evidence that the concerns arising from the conviction had been meaningfully remediated. It was not satisfied that a period of suspension would be likely to result in sufficient remediation of those concerns, particularly given the absence of acceptance of the sexual element identified by the Tribunal.

34. The Tribunal further considered that there was already extensive evidence before it regarding Dr Gunn's XXX, insight and remediation. It was not persuaded that a review Tribunal would be assisted by the passage of time alone or that there was a realistic prospect that the concerns identified would be adequately addressed through a period of suspension.

35. Taking all matters into account, including the seriousness of the conduct, the limited insight and remediation, the risk of repetition, and its findings that all three limbs of public protection were engaged, the Tribunal determined that suspension would not be an appropriate or proportionate sanction. It concluded that suspension would be insufficient to protect the public, maintain public confidence in the profession, and uphold proper professional standards and conduct.

Erasure

36. The Tribunal then went on to consider whether erasure would be the appropriate and proportionate sanction in the circumstances of this case. In doing so it bore in mind paragraph 57 of the Guidance, namely:

> *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.*

37. The Tribunal considered that Dr Gunn's conduct, which led to his conviction, involved significant aggravating features, most notably the sexual element to the conduct and the involvement of children. The Tribunal reminded itself of the seriousness of Dr Gunn's conduct, as set out above, and of its finding that he posed a high level of current and ongoing risk to public protection. The Tribunal determined that all of the factors set out at paragraphs 57(a)–(d) of the Guidance were engaged in this case.

38. The Tribunal considered the impact of erasure on Dr Gunn as part of its assessment of proportionality. It bore in mind that Dr Gunn had indicated that he no longer intended to work and had the financial means to retire. As a result, not being able to work as a doctor would not cause him financial detriment.

39. The Tribunal was mindful of the negative signal that would be sent to the public if Dr Gunn were permitted to remain on the Medical Register, particularly given the limited insight he had demonstrated into the sexual element of his behaviour.

40. The Tribunal determined that the risk to public protection could not be adequately managed by any sanction short of erasure and that public confidence in the profession would be undermined by a lesser sanction. Accordingly, the Tribunal determined to direct that Dr Gunn's name be erased from the Medical Register.

Determination on Immediate order - 26/06/2026

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

Submissions

136. On behalf of the GMC, Ms McNeil submitted that an immediate order should be imposed. She submitted that the findings that the Tribunal have made lend themselves to a real risk of repetition and the allegations have been found to be at the highest end of the spectrum, and that in those circumstances it would not be appropriate to have a period of abeyance before the order for erasure is imposed.

137. Ms McNeil submitted that given the findings of the Tribunal and the commentary and observations that have been made, it would seem that the most appropriate and proportionate response would be for an immediate order in all the circumstances.

138. On behalf of Dr Gunn, Mr Morris indicated that he had no submissions to make in respect of an immediate order.

The Tribunal's Determination

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

140. The Tribunal had regard to the relevant paragraphs of the *Guidance for MPTS tribunals* (2025) ('the Guidance'), in particular paragraphs 83 and 84, which set out:

> *"83. The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.*
>
> *84 It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*
>
> *a. the doctor poses a risk to patient safety*
> *b. the risk to one or more parts of public protection is high, and/or*
>
> *immediate action is needed to maintain public confidence in the medical profession"*

141. The Tribunal considered that given it found the level of risk to public protection to be high, the seriousness of its findings, and that all three limbs of public protection were engaged, an immediate order was necessary in the circumstances of this case.

142. The Tribunal determined that it would be inconsistent with its earlier findings that Dr Gunn's actions were incompatible with continued registration, to allow Dr Gunn to practice unrestricted for the appeal period of 28 days or the duration of any appeal lodged. The Tribunal was also concerned that if an immediate order was not imposed it would fail to maintain public confidence.

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

144. The interim order currently in place on Dr Gunn's registration is hereby revoked.

145. That concludes this case.

ANNEX A – 17/12/2025

Application under Rule 17(1) and Rule 17(2) of the Rules.

Introduction

1. On behalf of Dr Gunn, Mr Morris made an application inviting the Tribunal to determine whether the case has formally opened in accordance with Rule 17(1) and (2)of the Medical Practitioners Tribunal Rules. This application was made in the context of whether the Tribunal should determine a Voluntary Erasure Application, that was currently sitting with the Voluntary Erasure Team of the GMC administratively.

The Relevant Rules

2. Rule 17(1) provides that a Medical Practitioners Tribunal shall consider allegations referred to it in accordance with the Rules and dispose of the case in accordance with sections 35D, 38 and 41A of the Medical Act 1983.

3. Rule 17(2) prescribes the mandatory order of proceedings at a hearing, including:

- the determination of preliminary legal arguments;
- confirmation of the practitioner's identity and GMC reference number;
- consideration of any amendments to the allegation;
- enquiry as to admissions; and
- the formal announcement of any admitted facts.

Submissions

On behalf of Dr Gunn

4. Mr Morris submitted that the crucial issue for the Tribunal to determine is whether these proceedings have formally commenced, describing this, and acknowledging that the Tribunal had already itself observed the previous day, as the "key question" in the case.

5. He reminded the Tribunal of the relevant guidance it had considered the previous day concerning the timing of Voluntary Erasure Application (VEA). He indicated that it provides amongst other things, that a hearing before a Medical Practitioners Tribunal will be considered to have commenced once the practitioner has been identified and the allegations, together with any admissions, have been confirmed.

6. Mr Morris submitted that this guidance directly reflects the procedural steps set out in Rule 17 of the Medical Practitioners Tribunal Rules.

7. He submitted that the requirements of Rule 17(2)(b) to (d) have, in substance, been complied with in this case. In particular:

- The practitioner's identity, including his name and GMC reference number, has been confirmed.
- There were no amendments sought by the GMC to the particulars of the allegation, satisfying Rule 17(2)(c).
- In relation to Rule 17(2)(d), Mr Morris submitted that this is a conviction case and that the fact of conviction is not in dispute. In those circumstances, he submitted that the conviction "proves itself" and that there were no admissions requiring further enquiry by the Chair.

8. Mr Morris therefore submitted that, applying both the guidance and Rule 17, the hearing should properly be regarded as having commenced.

On behalf of GMC

9. Ms McNeil submitted that, so far as the present hearing is concerned, the question of whether the proceedings have formally commenced is not straightforward given the circumstances of this case.

10. She submitted that, whilst it might be said that the hearing has begun in a general sense, the position is complicated by the lack of clarity surrounding the practitioner's admissions, and in particular, the precise basis upon which the practitioner accepts the conviction.

11. Ms McNeil submitted that there remains an equivocation as to the terms of the practitioner's acceptance of the conviction, and that this issue may have a material bearing on any future determination in relation to a VEA.

12. In those circumstances, Ms McNeil submitted that the safest and most appropriate course would be for the Tribunal to await the outcome of the determination by the Voluntary Erasure team who currently had Dr Gunn's VEA before them.

The Tribunal's Decision

13. The Tribunal considered whether the proceedings had formally commenced for the purposes of Rule 17 of the General Medical Council (Fitness to Practise) Rules.

14. The Tribunal had previously considered this issue in the context of the timing of a potential application for voluntary erasure and had regard to the guidance relating to when a hearing before a Medical Practitioners Tribunal is to be treated as having commenced. The Tribunal therefore carefully considered Rule 17 and the prescribed order of proceedings.

15. The Tribunal noted that, at the outset of the hearing, the usual protocol was followed whereby the Chair enquired whether there were any preliminary matters. It was indicated at that point that there were none. The practitioner was then asked to confirm his name and GMC reference number, which he did.

16. However, the Tribunal observed that, notwithstanding that indication, preliminary legal matters were then raised and addressed. In particular, the Tribunal heard submissions concerning two significant preliminary issues:

- First, the Tribunal was informed that a voluntary erasure application was being considered. It was not clear at that stage whether such an application had been formally made. (The practitioner interjected to clarify that he had attempted to submit an application for voluntary erasure but had not completed the process at that time.)

- Secondly, the Tribunal heard submissions regarding the alleged sexual component of the conviction. The defence submitted that references within Scottish Court and Tribunal Service documentation reference to a sexual element were erroneous and incorrect.

17. The Tribunal noted that, although it had enquired whether the practitioner wished to make any admissions under Rule 17(d), no unequivocal admission was made. Whilst it was stated that “a conviction proves itself” in submissions made by Mr Morris, there was no response to whether the Allegation should be formally put and admissions made.

18. The Tribunal further noted that when the Tribunal Chair asked if the Allegation should be read out for admissions to be made, Mr Morris indicated that the sexual component was not accepted. Accordingly, the Tribunal did not reach a stage at which the allegation was read

out, or the GMC did not open its case. The hearing was interrupted in order to deal with what properly fell within Rule 17(a), namely preliminary legal arguments.

19. The Tribunal did not consider that Dr Gunn had provided a clear and unambiguous admission sufficient to enable the Tribunal to comply with Rule 17(e), particularly given the dispute as to the nature and characterisation of the conviction, in circumstances where Ms McNeil had indicated that the GMC case, which had not yet been opened, was that there was a sexual component to the offending behaviour.

20. In addition, the Tribunal noted that it had not received a defence bundle, and that no formal application for voluntary erasure was before it, notwithstanding references to such an application during submissions.

21. There were clearly two issues to be dealt with as preliminary issues before the case could be properly progressed:

a) Whether the Voluntary Erasure team had sufficient information before it to make a decision about Dr Gunn's VEA – and whether this would be made by it or go before a Tribunal;
b) Whether the documentation from the Scottish Court and Tribunal Service (SCTS) was accurate or represented a mistake – with clarity provided.

22. The Tribunal had been told that a VEA was now properly before the relevant team and that the SCTS would be asked for further clarification.

23. The correspondence from the Scottish Court and Tribunal Service included an email to GMC dated 4 December 2024 at 15:51. It read:

> "Good afternoon, I have re-checked the papers in this case and can inform you that the accused William Gunn was charged and convicted under Scottish Common Law. He was convicted of the Common Law Offence of Breach of the Peace which carried the modifier – Sexual offence (Female over 13 and under 16yrs) and the aggravator – Offence against a child, sexual... "
>
> [The emphasis has been added by the Tribunal as these are matters of relevance.]

24. The sender indicated that he had *re-checked* the paperwork to clarify the position and could be contacted if there were further questions. He provided his availability and a telephone number and email.

25. In those circumstances, the Tribunal concluded that the identification of the practitioner and confirmation of his registration number occurred prematurely, as preliminary legal matters should properly have been determined first in accordance with Rule 17(a).

26. Accordingly, the Tribunal determined that the proceedings had **not** formally commenced for the purposes of Rule 17.

ANNEX B – 18/12/2025
Application to adjourn proceedings

1. Parts of this hearing were heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules). This determination will be handed down in private due to the confidential nature of matters under consideration. However, as this case concerns Dr Gunn's alleged conviction a redacted version will be published at the close of the hearing.

2. On the morning of the third day of the three day listing for this case, Mr Morris had informed the Tribunal that he wished to re-examine Dr Gunn, before the Tribunal asked any questions it had of him. Dr Gunn remained under his affirmation from the previous day when he had given evidence and been cross-examined.

3. XXX

4. Mr Morris was given permission by the Tribunal to canvass whether Dr Gunn felt able to continue giving evidence as he remained under his affirmation from the previous afternoon.

The Relevant Rules

5. In its deliberations, the Tribunal had regard to Rule 29(2) which states:

'Where a hearing of which notice has been served on the practitioner in accordance with these Rules has commenced, the Committee or Panel considering the matter may, at any stage in their proceedings, whether of their own motion or upon the application of a party to the proceedings, adjourn the hearing until such time and date as they think fit.'

Submissions

6. Mr Morris having spoken to Dr Gunn, informed the Tribunal that XXX. Dr Gunn had wanted to make progress with the case but XXX. Mr Morris accordingly applied for an adjournment.

7. XXX

8. On behalf of the GMC, Ms McNeil submitted that there is no objection to the adjournment as Dr Gunn's evidence should be given in the best circumstances possible.

The Tribunal's Decision

9. The Tribunal considered the submissions made by both Mr Morris and the GMC. In its deliberations it bore in mind that it should operate to be fair to the doctor and to the GMC. It took into account the public interest, in that all hearings should be heard in a timely manner. However, it was of the view that as Dr Gunn had not completed giving his evidence, that to proceed when Dr Gunn was not able to give his best evidence, would be unfair. It also took into account that there were no other witnesses' evidence being relied upon in this case.

10. Due to XXX, the Tribunal took the view that it would be in the interests of fairness to adjourn today. It identified five days for the hearing to reconvene from 22 June to 26 June 2026 with the agreement of all parties.

11. The Tribunal therefore determined to grant Mr Morris' application to adjourn proceedings and will reconvene for five days from 22 June to 26 June 2026.

12. Adjourned part heard.

ANNEX C – 24/06/2026

Application for Voluntary Erasure

1. On 24 June 2026, following the Tribunal's determination on facts and prior to submissions on the matter of impairment of fitness to practise, Mr Morris made an application on Dr Gunn's behalf for Voluntary Erasure ('VE') under the GMC (Voluntary Erasure and Restoration following Voluntary Erasure) Regulations Order of Council 2004/2609 (VE Regulations).

2. In accordance with paragraph 3(8) of the VE Regulations, The Tribunal was satisfied that it had jurisdiction to hear Dr Gunn's application for voluntary erasure.

Submissions

On behalf of Dr Gunn

3. Mr Morris referred the Tribunal to the Guidance on Voluntary Erasure and the Guidance to Tribunals for MPT Hearings. Mr Morris addressed the Tribunal on the overarching objectives of public protection. He highlighted that the limb of patient safety was not engaged. Mr Morris submitted that the substantive issue for the Tribunal was whether the second and third limbs relating to public protection were engaged.

4. Mr Morris submitted that the starting point was for the Tribunal to identify the level of seriousness. In this respect, he submitted that there was no evidence that Dr Gunn caused harm to the children concerned apart from natural alarm immediately upon being told of what happened. He submitted that there was no evidence that Dr Gunn distributed or retained the recordings.

5. Mr Morris accepted the conduct of Dr Gunn could be described as predatory applying the Guidance but submitted that Dr Gunn's offending fell at the lower end of the spectrum of seriousness. Mr Morris relied on the fact that the conduct was a single incident, Dr Gunn had a professional career lasting more than 30 years without any complaint of history of sexual misconduct and it was not filming of intimate parts of the body. Mr Morris also highlighted to the Tribunal that the conduct was not within Dr Gunn's professional practice. He argued that Dr Gunn's actions were aberrant but had occurred during a period of significant personal XXX difficulty.

6. Mr Morris submitted that due to XXX there was little to no likelihood that he would seek restoration to the register. He relied on the oral evidence of Dr Gunn during the hearing

in which he stated that he had no intention of returning and the medical evidence which stated that Dr Gunn's decision not to return was well reasoned and that he had the capacity to make such a decision. Mr Morris impressed upon the Tribunal that there were exceptional circumstances arising out of XXX to grant Voluntary Erasure.

7. Mr Morris submitted that as there were findings of fact there was sufficient transparency and taking into account Dr Gunn's age, XXX and the isolated nature of the conduct, the public interest could still be properly secured by allowing Voluntary Erasure at this stage.

On behalf of the GMC

8. Ms McNeil opposed the Application for Voluntary Erasure on the basis Voluntary Erasure would not satisfy the public interest and would undermine public confidence. She argued that Voluntary Erasure is not intended to permit a doctor to avoid scrutiny.

9. Ms McNeil submitted that the nature of the behaviour was serious. She asserted that the conduct fell at the higher end of the spectrum of seriousness. In those circumstances, the public interest was best served through a full Fitness to Practice hearing covering impairment and potential sanction.

10. Ms McNeil invited the Tribunal to reject the VE application and said that whilst she agreed with the approach adopted by Mr Morris, as the conduct had a sexual component which Dr Gunn had not demonstrated insight into, the likelihood of repetition remained. As a result she disagreed with the assessment of seriousness as low, and contended that Dr Gunn's failure to accept the full extent of his culpability meant the assessment of seriousness remained high. Further, this impacted the remediation that was possible and the likelihood of repetition.

11. Ms McNeil argued that there were no exceptional circumstances.

The Tribunal's Approach

12. When deciding whether or not to grant Dr Gunn's application for VE, the Tribunal had regard to the Voluntary Erasure Applications April 2026 Guidance ('the Guidance') which came into force this month, and the need to uphold the overarching objective. The Tribunal is also required to balance carefully the relevant factors to decide whether or not VE was in the public interest.

13. The decision as to whether or not to grant Dr Gunn's application for VE is a matter for this Tribunal alone to determine, exercising its own judgment. In reaching a decision on this matter, the Tribunal had regard to the Regulations, and the Guidance.

14. The Tribunal took into account Regulation 3(8) of the Regulations which states:

> *"Where, on the date the Registrar receives an erasure application, an allegation against the practitioner has been referred to the MPTS for them to arrange for it to be considered by a Medical Practitioners Tribunal under the Fitness to Practise Rules and the hearing before the Medical Practitioners Tribunal has commenced, the Registrar shall refer the application to the MPTS for them to arrange for it to be determined by the Medical Practitioners Tribunal, and the application shall be determined by the Medical Practitioners Tribunal accordingly."*

15. The Tribunal was satisfied that Dr Gunn's application for VE had been properly referred to the Tribunal in accordance with the Regulations and that it was appropriate for it to determine whether or not it should be granted.

16. In reaching its decision, the Tribunal has taken account of the statutory overarching objective, which includes protecting, promoting and maintaining the health, safety and wellbeing of the public, promoting and maintaining public confidence in the profession, and promoting and maintaining proper professional standards and conduct.

The Tribunal's Decision

17. In reaching its decision, the Tribunal had regard to the Overarching Objective. It also had regard to paragraph 34 of the Guidance, which states:

> *34. 'When deciding a VE application, the MPT should consider the following questions to inform their decision on whether to grant or refuse VE, taking into account all relevant information and evidence available to them:*
>
> *a. Are there any relevant public protection considerations?*
> *b. What is the risk associated with a future restoration application from the doctor?*
> *c. Are there any exceptional circumstances?*
> *d. Is a decision on impairment and/or consideration of sanction needed to maintain public confidence?'*

Are there any relevant public protection considerations?

18. The Tribunal had regard to paragraph 35 of the guidance:

> *39 The MPT needs to consider whether it would undermine public confidence and/or the maintenance of professional standards if the doctor was allowed to leave the register before the conclusion of the fitness to practise proceedings. Where it would, this weighs against granting VE.*
>
> *40 Relevant considerations include:*
> *the seriousness of the allegation, and*
> *the extent to which the allegation has been reviewed by other public/adjudicatory bodies and the outcome.*

19. In considering public protection, the Tribunal noted its finding that Dr Gunn's conviction involved conduct with a sexual element. It further noted that the conduct involved children who are vulnerable members of the public.

20. The Tribunal recognised that the conduct arose from a single incident.

21. Notwithstanding this, the Tribunal considered that the conduct was extremely serious. It was satisfied that the conviction concerned criminal behaviour involving vulnerable people and that such conduct strikes at the trust which the public places in doctors and the medical profession as a whole.

22. The Tribunal determined that the conduct was not at the lower end of the spectrum of seriousness. It considered that the behaviour represented a significant breach of the professional standards expected of a registered medical practitioner and undermined the integrity of the profession.

23. The Tribunal further considered that there remained a risk of repetition which could not be ignored, given that there had been no satisfactory explanation for Dr Gunn's behaviour from him, save for the fact that he was under stress and making poor judgements. In those circumstances, it assessed the risk to public protection as high.

24. The Tribunal emphasised, that while there was no indication before it that Dr Gunn posed a direct risk to patient safety, given the fact that his conviction related to vulnerable

members of the public, there is a risk to public safety. Further, the Tribunal considered that the impact on public confidence in the profession was substantial and that the public protection considerations in this case were clearly engaged. Having found that the behaviour is not at the lower end of the spectrum of seriousness, given the covert filming of children's bodies, even while acknowledging that there is more serious sexual misconduct that can occur, the Tribunal considered that this behaviour and conviction would concern the public, who are aware of this case, following the conviction in the criminal courts and press coverage. This behaviour represents a significant breach of professional standards expected of doctors and undermines the reputation and integrity of the profession as a whole.
What is the risk associated with a future restoration application from the doctor?

25. The Tribunal had regard to paragraphs 13 and 49 of the Guidance:

> *'13 Once a significant proportion of the allegation has been determined, there will be factual findings available to support a future assessment of any current and ongoing risk to public protection posed by the doctor if they apply to be restored to the medical register. As the MPT's determination on facts will be published on the MPTS website, this will also achieve transparency.*
>
> *49 When considering if VE is appropriate, the MPT should be mindful that any current and ongoing risk the doctor poses to public protection might still exist if they later apply for restoration to the medical register.'*

26. The Tribunal considered the risk associated with any future application by Dr Gunn for restoration to the Medical Register.

27. XXX

28. XXX

29. The Tribunal noted that it had not had the opportunity to question Dr Gunn in any detail regarding his future intentions or the likelihood of him seeking restoration. Whilst there was evidence suggesting that he did not presently intend to return to practice, the Tribunal was not satisfied that it could rule out the possibility of a future restoration application.

30. The Tribunal considered that XXX meant that it could not be certain that he would not, at some stage in the future, seek restoration to the Medical Register. There was no clear or definitive evidence before the Tribunal that he would never seek to return to practice.

31. The Tribunal also had regard to the importance of transparency within the regulatory process. It considered that the factual findings made in this case would remain available and would provide an important evidential basis for any future assessment of the risk posed by Dr Gunn should he make an application for restoration.

32. The Tribunal noted Dr Gunn's previous decision to continue practicing after indicating an intention to retire, which demonstrates that his career intentions have always been fixed. Accordingly, the Tribunal determined that it could not disregard the possibility of Dr Gunn applying for restoration in the future. It considered that the potential for a future restoration application remained a relevant factor in its assessment.

Are there any exceptional circumstances?

33. The Tribunal had regard to paragraphs 75 XXX of the Guidance:

> *75 In some cases, there may be exceptional circumstances which mean VE can be granted even when there are relevant public protection considerations and/or a significant risk arising from a future restoration application which would usually mean that VE should be refused.*
>
> *XXX*

34. The Tribunal has considered whether there are **exceptional circumstances** that would justify granting VE. XXX is noted and has been taken into account.

35. However, the Tribunal does not consider that the XXX, difficult though his circumstances are, amounts to an exceptional circumstance capable of outweighing the public interest in a full regulatory determination. The doctor has been able to participate in the hearing to the extent required for the Tribunal to make findings of fact. The Tribunal did note that the XXX.

36. The Tribunal therefore finds that **no exceptional circumstances** exist that would justify granting VE.

37. The Tribunal considered the importance of maintaining public confidence in the profession and the regulatory process. It concluded that there remained a strong public interest in ensuring transparency through public findings and a reasoned determination.

38. Taking all of these matters into account, the Tribunal was satisfied that there were no exceptional circumstances which displaced the public interest in the continued determination of the case.

Is a decision on impairment and/or consideration of sanction needed to maintain public confidence?

39. The Tribunal had regard to paragraph 82 – 85 of the Guidance:

> *82 This question only needs to be considered where the allegation falls at the higher end of the spectrum of seriousness and/or has resulted in significant public concern. This is because public confidence is most likely to be impacted in such cases.*
>
> *83 Generally, the level of public confidence will increase the further a hearing progresses. However, proceeding with an MPT hearing has resource implications and impacts on all those involved in the hearing, including patients, witnesses or members of the public. The MPT will therefore need to balance these considerations to decide whether the risk to public confidence is such that it is necessary for the fitness to practise process to reach its full conclusion.*
>
> *84 Usually, a decision on impairment and/or consideration of sanction will not be needed to maintain public confidence, even where the allegation falls at the higher end of the spectrum of seriousness and/or has resulted in significant public concern, provided that findings of fact have been made. This is because, once findings of fact have been made, the seriousness of the allegation will be clear and the MPT's determination will usually be published on the MPTS website in line with the Publication and Disclosure Policy.*
>
> *85 However, in rare cases, the seriousness and/or impact of an allegation may require a decision on impairment and/or sanction to be made to maintain public confidence before VE can be granted. When reaching a view on this, the MPT should bear in mind that any decision that a doctor's fitness to practise is impaired will be published on the register.*

40. The Tribunal noted that a public determination serves an important function in maintaining professional standards, providing transparency, and giving guidance to the profession. Those objectives could not be achieved through voluntary erasure alone.

41. XXX

42. Having considered all relevant factors under the VE Guidance, the Tribunal concludes that granting voluntary erasure at this stage would undermine the overarching objective, particularly the need to maintain public confidence and uphold proper professional standards.

43. The application for Voluntary Erasure is refused.

44. The hearing will therefore proceed to consider impairment.