PUBLIC RECORD

Dates: 07/10/2025 - 10/10/2025

Doctor:	Dr Steven ROBERTS
GMC reference number:	3657034
Primary medical qualification:	MB ChB 1992 University of Leeds

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Julian Weinberg
Lay Tribunal Member:	Mr Rob McKeon
Registrant Tribunal Member:	Dr Laura Florence

Tribunal Clerk:	Mr Michael Murphy

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Paul Williams, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts - 08/10/2025

Background

1. Dr Roberts qualified in the UK in 1992. At the time of the events in the Allegation Dr Roberts was practising at Hull Royal Infirmary (the Infirmary), a part of Hull University Teaching Hospitals NHS Trust (the Trust), as a Consultant Anaesthetist.

2. The Allegation that has led to this hearing can be summarised as Dr Roberts, whilst working at the Infirmary, has been accused of acting towards Ms A and Ms B, both healthcare professionals, in a way which constituted sexual harassment and was sexually motivated. The GMC alleged that Dr Roberts touched Ms A by grabbing hold of her waist with both of his hands and by not letting go of her waist when she pushed him away. The GMC alleged that Dr Roberts, on one or more occasions, made a growling sound at Ms B and fixated his eyes on her breasts. The GMC also alleged that Dr Roberts touched Ms B by grabbing hold of her wrists, pushing her hands up underneath her breasts, pushing her breasts up with her hands and jiggled her breasts by shaking her wrists which he was holding. The GMC further alleged that Dr Roberts made inappropriate and sexually motivated comments to both Ms A and Ms B.

3. The referral to the GMC was further to a local investigation which arose from Dr Roberts' treatment of Ms A and Ms B.

4. On 26 October 2019, Ms A submitted a grievance form relating to Dr Roberts' behaviour on 9 October 2019. An informal meeting was held on 7 January 2020 with Dr C, who at the time was the Medical Director for Surgery and Anaesthetics at the Trust, Mr D, who was the Medical Director at this time and Dr Roberts. Details of this meeting were emailed to the GMC on 25 February 2025 by the Trust.

5. On 13 September 2023, Ms B reported Dr Roberts' behaviour to Ms E, the XXX Matron at the Infirmary and then to Dr F, the Clinical Director of the Trust. On 14 September 2023, Dr Roberts had been suspended from his employment at the Infirmary following a meeting with Dr F, Dr G, Chief Medical Officer, and Mr H, the Director of Workforce. A formal *'Maintaining High Professional Standards'* process was started by the Trust and Dr I, was appointed as the Case Investigator. He separately interviewed Ms B, Ms J, Dr K and Dr F on 13 December 2023. He also interviewed Dr Roberts on 20 December 2023.

The Outcome of Applications Made during the Facts Stage

6. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to proceed in Dr Roberts' absence. The Tribunal's full decision on the application is included at Annex A.

7. The GMC applied for Nurse A and Nurse B to be amended to refer to them as Ms A and Ms B as they are not nurses. The Tribunal determined that there was no unfairness or injustice in allowing the proposed amendments as they merely reflected the fact that Ms A and Ms B were not nurses. The nature and gravity of the Allegation otherwise remained unchanged. The Tribunal therefore granted the GMC's application, made pursuant to Rule 17(6) of the Rules, to amend the Allegation.

The Allegation and the Doctor's Response

8. The Allegation made against Dr Roberts is as follows:

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

~~Nurse A~~ Ms A amended under Rule 17(6)

1. On 9 October 2019, whilst working at Hull Royal Infirmary (the Infirmary) you:

   a. touched ~~Nurse A~~ Ms A by: amended under Rule 17(6)

      i. grabbing hold of her waist with both of your hands; To be determined

      ii. not letting go of her waist when she pushed you away. To be determined

b. made inappropriate comments to ~~Nurse A~~ Ms A as set out in Schedule 1. amended under Rule 17(6)
To be determined

2. Your actions as described in paragraph 1:

a. constituted sexual harassment as defined in section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of ~~Nurse A~~ Ms A, or creating an intimidating, hostile, degrading, humiliating and offensive environment for ~~Nurse A~~ Ms A; amended under Rule 17(6)
To be determined

b. were sexually motivated. To be determined

~~Nurse B~~ Ms B amended under Rule 17(6)

3. On 13 September 2023, whilst working at the Infirmary, you: To be determined

a. on one or more occasions made a growling sound at ~~Nurse B~~ Ms B; amended under Rule 17(6)
To be determined

b. on one or more occasions fixated your eyes on ~~Nurse B~~ Ms B's breasts; amended under Rule 17(6)
To be determined

c. touched ~~Nurse B~~ Ms B by: amended under Rule 17(6)

i. grabbing hold of her left and right wrists; To be determined

ii. pushing her hands up underneath her breasts; To be determined

iii. pushing her breasts up with her hands; To be determined

iv. jiggled her breasts by shaking her wrists which you were holding. To be determined

d. made inappropriate comments to ~~Nurse B~~ Ms B as set out in Schedule 2. amended under Rule 17(6)
To be determined

4. Your actions as described in paragraph 3:

   a. constituted sexual harassment as defined in section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of ~~Nurse B~~ Ms B, or creating an intimidating, hostile, degrading, humiliating and offensive environment for ~~Nurse B~~ Ms B; amended under Rule 17(6)
   To be determined

   b. were sexually motivated. To be determined

Witness Evidence

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

- Ms A, subject of the Allegation;
- Ms B, subject of the Allegation;
- Ms E, XXX Matron at the Infirmary;
- Ms J, XXX Practitioner at the Infirmary;
- Dr K, FY1 doctor at the Infirmary;
- Mr L, Line Manager for Paediatric Acute Services at Hull Royal Infirmary;
- Dr F, Clinical Director for the Trust;
- Mr M, former Chief Medical Officer and Responsible Officer at the Trust;
- Dr C, former Medical Director for Surgery and Anaesthetics at the Trust.

10. Dr Roberts did not provide a witness statement to this Tribunal but it was provided with an undated statement he provided to the Trust during the local investigation.

Documentary Evidence

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

- Ms A's grievance form, dated 26 October 2019;
- Ms A's initial complaint, dated 26 October 2019;
- Handwritten notes from meeting held on 7 January 2020;
- Ms B's Trust witness statement, dated 20 September 2023;

- Ms E's Trust witness statement, undated;
- Record of meeting between Ms J and the Trust, dated 13 December 2023;
- Record of meeting between Dr K and the Trust, dated 13 December 2023;
- Record of meeting between Dr F and the Trust, dated 13 December 2023;
- Record of meeting between Dr Roberts and the Trust, dated 20 December 2023.

The Tribunal's Approach

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

The Tribunal's Analysis of the Evidence and Findings

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

Paragraphs 1(a)(i), 1(a)(ii) and 1(b) of the Allegation

14. The Tribunal considered if, on 9 October 2019, Dr Roberts touched Ms A by grabbing hold of her waist with both of his hands and by not letting go of her waist when she pushed him away and also if he made inappropriate comments towards her.

15. The Tribunal had regard to Ms A's witness statement in which she said:

> *'When I turned around, I was face to face with Dr Roberts. Dr Roberts grabbed my waist with both of his hands. Both of his arms were around my waist, making a circle with his hands around my waist. I leaned backwards at this point as Dr Roberts was very close to my face but I couldn't step back because his arms were holding my waist. It felt like he got hold of me so I couldn't step back on my own. As I leaned backwards, I physically tried to brace myself away from Dr Roberts as we were so close face to face. I pressed both of my forearms against Dr Roberts' chest to create a gap between us. I tried to push Dr Roberts away by using my forearms to push his chest as I couldn't push myself away due to him holding my waist.*

As I tried to push him away using my forearms, I said "what are you doing?" and Dr Roberts replied "I'm doing this". Dr Roberts still didn't let go at this point and still held on to my waist. I then replied, "absolutely not". Dr Roberts still tried to persuade me. Dr Roberts replied, "not even a little one?" to which I replied "no".

…

Dr Roberts told me that he felt bad about his actions and stated he didn't think he had grabbed me, and that he didn't mean to offend me with his actions on 9 October 2019.'

16. The Tribunal had regard to Ms A's grievance form, dated 26 October 2019, and noted that this was made soon after the events of 9 October 2019. It considered Ms A's witness statement to be a clear, credible and a consistent account of the events. The Tribunal whilst being mindful that the burden of proof rests on the GMC, noted that no evidence had been submitted to challenge Ms A's evidence or to suggest that she was motivated by malice or had embellished her evidence in any way.

17. The Tribunal had regard to the handwritten notes from a meeting held on 7 January 2020 about the allegations raised by Ms A in which Dr Roberts indicated that he misread the situation with Ms A.

18. In all the circumstances, the Tribunal was satisfied that Ms A's account of events was reliable and accurately reflected the events in question in relation to paragraphs 1(a)(i), 1(a)(ii) and 1(b).

19. In relation to paragraph 1(b) of the Allegation, the Tribunal accepted that Dr Roberts said the words alleged. These sexualised comments were made in the context of a clinical working environment whilst making unsolicited and unwanted physical contact with Ms A. In the circumstances, the Tribunal found that the comments made were inappropriate.

20. The Tribunal therefore found, on the balance of probabilities, paragraphs 1(a)(i), 1(a)(ii) and 1(b) of the Allegation proved.

Paragraph 2(a) of the Allegation

21. The Tribunal considered if Dr Roberts' actions towards Ms A constituted sexual harassment. In doing so, it had regard to Ms A's witness statement in which she said:

> *'I was so shaken by Dr Roberts actions prior to this that it was distracting me from my work.* [Mr N] *and the registrar just thought it was a human error and didn't think anything of it since I was* [XXX]*, but I felt it was out of character and what Dr Roberts did to me was mentally affecting me. I couldn't shake it off.*
>
> *I was reluctant to raise my concerns with anyone on 9 October 2019. I just tried to carry on with my work. I felt like I couldn't leave work or take a break as I didn't want to leave the theatre team short staffed. I knew if I raised it on that night shift, or asked my colleagues for support, Dr Roberts would be confronted at that time, and I didn't want that to happen. I didn't want to raise a complaint, I just wanted to move on from it, but I could see how Dr Roberts' actions were affecting my work and my mental state.*
>
> *Dr Roberts told me that he felt bad about his actions and stated he didn't think he had grabbed me, and that he didn't mean to offend me with his actions on 9 October 2019. I said something along the lines of "I really didn't like it Steve". He then repeated that he didn't mean to offend me and asked whether I was offended. I was still breaking down boxes at this point. I replied something along the lines of "I don't want to talk about it, just leave it". Dr Roberts didn't leave. I didn't specifically tell him to leave but I implied through my body language that I didn't want to speak to him. I didn't say much and looked busy so I thought it would be enough for him to leave but he didn't. I left the box and walked out of the disposal room, past Dr Roberts, who was still in the doorway, and left to go back to theatre. I just wanted to leave as he made me feel uncomfortable, I didn't want to be around him. It made me feel anxious and trapped that there was only one exit from the disposal room and Dr Roberts was standing in the doorway, so I left.'*

22. The Tribunal noted that this showed how Ms A felt at the time and that it had affected her work. In her grievance form, dated 26 October 2019, Ms A reported:

> *'The incident on Wednesday night left me feeling anxious and sick. It happened at the beginning of the night shift so I had to continue the shift feeling panicked and*

distracted. [XXX]*, and had to ask the other […] to get one for me, which shows how completely distracted I was from my work…*

…I spent the night shift feeling too sick to eat, and felt nervous going to the upstairs bathroom in case he was in the anaesthetic department. His actions took me completely by surprise, as prior to this he had never acted inappropriately with me or done anything that made me feel I should put space between us. I was re-examining all my past interactions with him to try and see if I'd accidentally encouraged this behaviour but couldn't see anything that would make him believe grabbing me when alone in an anaesthetic room was acceptable, particularly as he'd already stated that the books were never meant as anything more than a shared interest. I felt let down by him, because I thought we good colleagues, and never expected to be put in this situation by him. I felt very vulnerable for the remainder of the shift and didn't want to leave theatre on my own in case I saw him again, turning down breaks unless I knew there was already someone in the coffee room.

I also felt uncomfortable and vulnerable when he caught me alone again in the disposal room, because I just wanted to avoid him and didn't want to think about what had happened, because it would upset me and affect my practice'.

23. The Tribunal was satisfied that this demonstrated that Ms A became upset and distracted by Dr Roberts' behaviour. In the circumstances, the Tribunal found that the actions found proved at paragraph 1 of the Allegation had the effect of violating the dignity of Ms A and created an intimidating, hostile, degrading, humiliating and offensive environment for her.

24. The Tribunal therefore found, on the balance of probabilities, paragraph 2(a) of the Allegation proved.

Paragraph 2(b) of the Allegation

25. The Tribunal considered whether Dr Roberts' actions toward Ms A were sexually motivated. It concluded that given the personal nature of Dr Roberts' physical contact with Ms A, viewed in the context of the words used, that it was a proper inference to draw that Dr Roberts' actions were motivated by an element of sexual gratification.

26. In the absence of any alternative credible explanation for Dr Roberts' conduct, the Tribunal concluded that his conduct, as found at paragraph 1 of the Allegation, was sexually motivated.

27. The Tribunal therefore found, on the balance of probabilities, paragraph 2(b) of the Allegation proved.

Paragraphs 3(a), 3(b), 3(c)(i), 3(c)(ii), 3(c)(iii) and 3(c)(iv) of the Allegation

28. The Tribunal considered if, on 13 September 2023, Dr Roberts on one or more occasions made a growling sound at Ms B and fixated his eyes on her breasts. It also considered if Dr Roberts touched Ms B by grabbing hold of her wrists, pushing her hands up underneath her breasts, pushing her breasts up with her hands and jiggled her breasts by shaking her wrists which he was holding.

29. The Tribunal had regard to Ms B's witness statement in which she said:

> *'Dr Roberts noticed my new unform and he said, "I don't know where to look". He looked me up and down and growled when he said this. His growl sounded like a dirty minded growl, I felt very incomfortable. It felt like a sexually sugestive growl…*
>
> *…the music was quite catchy, so I swayed my body to dance to the music, As I did this, Dr Roberts made a comment to me. I don't remember exactly what he said. He said something about my breasts jiggling. He only made the one comment. I feel like he said it in a mucky minded and dirty way…*
>
> *…Dr Roberts came in front of me and said "ohhh I don't know where to look" and growled at me. His hands were gesturing, kind of like "jazz hands". Hi hands were moving in the air and his eyeswere more fixated on my breasts. It was the same growl he did the first time earlier in the day. He didn't say anything else. I felt as though this was again mucky minded and it made me uncomfortable as Dr Roberts was more fixated on my breasts…*
>
> *…Dr Roberts then held both my wrists with both his hands. He used his right hand to hold my left wrist and his left hand to hold my right wrist, so they were parallel. He then used my wrists as he was still holding them, to push my hands underneath both my breasts and pushed my breasts up. He shook my qrists with his hands so my*

breasts jiggled…Dr Roberts stared at my breasts and made the same growling noise he had been making throughout the day. This lasted around 20 seconds. I thought this was quite mucky minded again…

…he pushed my breasts up with my hands for around 20 seconds.'

30. The Tribunal then had regard to the witness statement of Ms J in which she said:

'I am not trying to say what Dr Roberts said about [Ms B]'s uniform was sexual, but I just personally felt like the conversation could turn sexual as [Ms B]'s uniform was quite fitting. It made me uncomfortable, so I walked away [XXX]. *I am not saying Dr Roberts liking [Ms B]'s uniform was sexual, I just personally felt uncomfortable from that…*

'Dr Roberts said something like "ho ho ho" behind [Ms B]. Dr Roberts also made a gesture at the same time he made the noise. Both of his shoulders went up and down as he made this noise. It was like his whole upper body moved up and down from laughing. [Ms B] also made a noise as well, I don't know what noise exactly, but she sounded shocked. It sounded like a noise where someone makes you jump. She made this noise before I turned around. [Ms B] and Dr Roberts made a noise at the same time. This lasted a matter of seconds and I immediately looked at them when I heard the noise. I didn't even realise Dr Roberts and [Ms B] were at the scrub bay until I turned around, I have no idea why they were both at the scrub bay. Apart from these noises, I didn't hear anything else. There was no other noise going on at this point and I could only hear Dr Roberts and [Ms B] which is why I was cross as the noises were distracting me from my work…

…I thought the noise Dr Roberts made to [Ms B] was inappropriate. It felt sexual to me, just like how Dr Roberts said he liked [Ms B]'s uniform prior to this which was said to me by [Ms B]. I didn't hear Dr Roberts actually commenting on the uniforms, but [Ms B] did say that Steve also liked them, so I assume Dr Roberts made a comment about [Ms B]'s uniform before I spoke to [Ms B]. I thought the noise Dr Roberts made was a concern as it sounded unprofessional.'

31. The Tribunal then had regard to the witness statement of Ms E in which she provided corroborating evidence as follows:

'[Ms B] told me in the office that she couldn't go back into theatre. I was concerned as this is a staffing issue and I asked what happened that was so bad that she couldn't go back into theatre. [Ms B] said something along the lines of that she was working with Dr Roberts and couldn't work with him anymore. She was crying at this point. She said that she had just finished the safety huddle with the theatre team. The safety huddle is a discussion involving all the staff involved in the patient operations for that day where they discuss the risks and patient details. She said Dr Roberts had grabbed both of her arms and put her palms on her breasts and pushed her breasts up using her palms. I can't remember what else was said or if I said anything. I tried to calm [Ms B] down as she was crying. [Ms B] showed me with her hands what Dr Roberts did to her. [Ms B] was facing Dr Roberts and said he grabbed both of her forearms and put them together. [Ms B] showed this to me by putting her hands in like a praying position. Dr Roberts didn't touch [Ms B]'s breasts; he used her forearms to push her breasts up. [Ms B]'s arms were grasped together, and Dr Roberts pushed her arms under her breasts, so her forearms pushed her breasts up.'

32. The Tribunal also had regard to the witness statement of Dr K in which he provided corroborating evidence as follows:

'When I turned around, I saw Dr Roberts take both of [Ms B]'s forearms by the elbow almost and used her forearms to push her breasts up. Dr Roberts used both his arms to hold [Ms B]'s forearms to push up her breasts with her hands. I don't remember whether Dr Roberts held [Ms B]'s forearms firmly, I couldn't tell. Dr Roberts used [Ms B]'s forearms to push her own breasts. [Ms B]'s forearms were placed under her breast, so her forearms were touching her breasts. I'm pretty sure that Dr Roberts was stood right in front of [Ms B], I remember he was facing her. I didn't see what they were doing before I witnessed this, I just turned around and saw Dr Roberts pushing [Ms B]'s breasts up with her two forearms…

…Dr Roberts pushed up [Ms B]'s arms so they would her breasts would be pushed up. I described it as "inappropriate" in in my Trust account as I thought Dr Roberts and [Ms B] were friends or knew each other well and it was their kind of joke to each other. I viewed it as inappropriate after I found out that Dr Roberts and [Ms B] weren't friends. When I first witnessed the incident, I didn't know [Ms B] or Dr Roberts, so I just assumed they were friends. I just remember Dr Roberts pushed [Ms B]'s breasts up using her forearms'

33. In his statement to the Trust, Dr Roberts said:

> *'I approached her and briefly placed my outstretched hands beneath her crossed forearms. I then slightly lifted her crossed forearms while we were continuing having a discussion.*
>
> *I have reflected upon this and realise that it was a completely inappropriate action and fully admit that I was wrong to do it.'*

34. In the record of the meeting between Dr Roberts and the Trust, dated 20 December 2023, it was recorded that Dr Roberts had said *'As a joke I approached [Ms B] when she had crossed arms and squashed her forearms'.* When asked if he made any sounds when he touched Ms B, Dr Roberts' response was *'I don't believe so. Why would I do something so stupid in the theatres?'.* In addition, when asked if anything like this had happened before he replied *'Physical contact has on occasion, initiated by her'.*

35. It considered Ms B's witness statement to be a clear, credible and a consistent account of the events. Her version of events was corroborated by a number of witnesses and to a significant degree, accepted by Dr Roberts. The Tribunal whilst being mindful that the burden of proof rests on the GMC, noted that no evidence had been submitted to challenge Ms B's evidence or to suggest that she was motivated by malice or had embellished her evidence in any way.

36. Having found the facts of paragraphs 1 and 2 of the Allegation proved, the Tribunal also considered whether those findings were cross admissible to establish whether those findings were demonstrative of a propensity to act as alleged in relation to paragraphs 3 and 4 of the Allegation. It concluded that such evidence was capable of being cross admitted given the similarity of the alleged sexualised conduct towards both Ms A and Ms B. In the circumstances, the Tribunal concluded that its findings in relation to paragraphs 1 and 2 of the Allegation were cross admissible in establishing a propensity to act as alleged at paragraphs 3 and 4 of the Allegation.

37. The Tribunal therefore found, on the balance of probabilities, paragraphs 3(a), 3(b), 3(c)(i), 3(c)(ii), 3(c)(iii) and 3(c)(iv) of the Allegation proved.

Paragraph 3(d) of the Allegation

38. In relation to paragraph 3(b) of the Allegation, the Tribunal accepted that Dr Roberts said the words alleged. These sexualised comments were also made in the context of a clinical working environment whilst making unsolicited and unwanted physical contact with Ms B. In the circumstances, the Tribunal found that the comments made were inappropriate.

39. The Tribunal therefore found, on the balance of probabilities, paragraph 3(d) of the Allegation proved.

Paragraph 4(a) of the Allegation

40. The Tribunal considered if Dr Roberts' actions towards Ms B constituted sexual harassment.

41. In her witness statement Ms B said *'I walked straight out of theatre as soon as this happened, and I went straight into* [Ms E]*'s office. This was within a minute of leaving theatre.* [Ms E] *was my Matron. I told* [Ms E] *what Dr Roberts has been doing the whole day, including the inappropriate comments he made to me during the day and how he touched me inappropriately in the Aneasthetic room'.*

42. Ms B stated that Dr Roberts' behaviour was *'mucky minded'* and made her feel uncomfortable and that she promptly told both Ms E and Dr F how uncomfortable Dr Roberts made her feel.

43. The Tribunal was satisfied that this demonstrated that Ms B became upset and made to feel uncomfortable by Dr Roberts' behaviour. In the circumstances, the Tribunal found that the actions found proved at paragraph 3 of the Allegation had the effect of violating the dignity of Ms B and created an intimidating, hostile, degrading, humiliating and offensive environment for her.

44. The Tribunal therefore found, on the balance of probabilities, paragraph 4(a) of the Allegation proved.

Paragraph 4(b) of the Allegation

45. The Tribunal considered if Dr Roberts' actions toward Ms B were sexually motivated. It concluded that given the personal nature of Dr Roberts' physical contact with Ms B, which included trying to jiggle Ms B's breasts, viewed in the context of the words used, that it was a proper inference to draw that Dr Roberts' actions were motivated by an element of sexual gratification.

46. In the absence of any alternative credible explanation for Dr Roberts' conduct, the Tribunal concluded that his conduct, as found at paragraph 3 of the Allegation, was sexually motivated.

47. The Tribunal therefore found, on the balance of probabilities, paragraph 4(b) of the Allegation proved.

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):

~~Nurse A~~ Ms A amended under Rule 17(6)

1. On 9 October 2019, whilst working at Hull Royal Infirmary (the Infirmary) you:

   a. touched ~~Nurse A~~ Ms A by: amended under Rule 17(6)

      i. grabbing hold of her waist with both of your hands; Determined and found proved

      ii. not letting go of her waist when she pushed you away. Determined and found proved

   b. made inappropriate comments to ~~Nurse A~~ Ms A as set out in Schedule 1. amended under Rule 17(6) Determined and found proved

2. Your actions as described in paragraph 1:

a. constituted sexual harassment as defined in section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of ~~Nurse A~~ Ms A, or creating an intimidating, hostile, degrading, humiliating and offensive environment for ~~Nurse A~~ Ms A; amended under Rule 17(6)
Determined and found proved

b. were sexually motivated. Determined and found proved

~~Nurse B~~ Ms B amended under Rule 17(6)

3. On 13 September 2023, whilst working at the Infirmary, you:

a. on one or more occasions made a growling sound at ~~Nurse B~~ Ms B;
amended under Rule 17(6)
Determined and found proved

b. on one or more occasions fixated your eyes on ~~Nurse B~~ Ms B's breasts;
amended under Rule 17(6)
Determined and found proved

c. touched ~~Nurse B~~ Ms B by: amended under Rule 17(6)

i. grabbing hold of her left and right wrists; Determined and found proved

ii. pushing her hands up underneath her breasts; Determined and found proved

iii. pushing her breasts up with her hands; Determined and found proved

iv. jiggled her breasts by shaking her wrists which you were holding.
Determined and found proved

d. made inappropriate comments to ~~Nurse B~~ Ms B as set out in Schedule 2.
amended under Rule 17(6)
Determined and found proved

4. Your actions as described in paragraph 3:

a. constituted sexual harassment as defined in section 26(2) of the Equality Act 2010, in that you engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of ~~Nurse B~~ Ms B, or creating an intimidating, hostile, degrading, humiliating and offensive environment for ~~Nurse B~~ Ms B; amended under Rule 17(6)
Determined and found proved

b. were sexually motivated. Determined and found proved

Determination on Impairment - 09/10/2025

49. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Roberts' fitness to practise is impaired by reason of misconduct.

The Evidence

50. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary.

Submissions

51. On behalf of the GMC, Mr Williams referred the Tribunal to the following paragraphs of Good Medical Practice (2013) (GMP):

> *'**1** Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*
>
> ***35** You must work collaboratively with colleagues, respecting their skills and contributions.*
>
> ***36** You must treat colleagues fairly and with respect.'*

52. Mr Williams also referred the Tribunal to the following paragraphs of the Sanctions Guidance (2024) (SG):

'136 Doctors are expected to work collaboratively with colleagues to maintain or improve patient care.

137 Colleagues include anyone a doctor works with, whether or not they are also doctors.

138 More serious outcomes are likely to be appropriate if there are serious findings that involve:

a bullying
b sexual harassment

149 This encompasses a wide range of conduct from criminal convictions for sexual assault and sexual abuse of children (including child sex abuse materials) to sexual misconduct with patients, colleagues, patients' relatives or others.

150 Sexual misconduct seriously undermines public trust in the profession. The misconduct is particularly serious where there is an abuse of the special position of trust a doctor occupies, or where a doctor has been required to register as a sex offender. More serious action, such as erasure, is likely to be appropriate in such cases'

53. Mr Williams submitted that Dr Roberts' behaviour amounted to a senior clinician abusing his position of power over junior colleagues and that this amounts to a serious breach of GMP. He stated that Dr Roberts' actions deeply affected the two complainants and the staff around them. Mr Williams submitted that Dr Roberts' colleagues and the wider public would find Dr Roberts' actions deplorable and that they constitute serious misconduct.

54. Mr Williams submitted that Dr Roberts' behaviour was brazen and that he did not consider the impact his actions would have on the complainants and on the people around him. He submitted that the evidence indicates an escalation of Dr Roberts' behaviour as his behaviour towards Ms B was more serious than his behaviour towards Ms A given the more intimate nature of the physical contact.

55. Mr Williams submitted that a reasonable and properly informed member of the public would find Dr Roberts' behaviour shocking which can only undermine public confidence

in the medical profession and proper standards of behaviour for members of the profession. He also submitted that a message needs to be sent to the medical profession that this type of behaviour is not acceptable.

56. Mr Williams stated that there is no evidence of Dr Roberts apologising to the complainants nor is there any evidence of any remorse, regret or remediation. He went on to submit that Dr Roberts has not provided any evidence of insight as he has not engaged with these proceedings and that as such, the risk of repetition remains high. As such, Mr Williams submitted that Dr Roberts' fitness to practise is impaired by reason of misconduct.

The Relevant Legal Principles

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

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

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

60. In its deliberation, the Tribunal had regard to the questions posed by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v NMC and Grant* [2011] EWHC 927 (Admin), as follows:

> *'Do our findings of fact in respect of the doctor's misconduct… show that his/her fitness to practise is impaired in the sense that s/he:*
>
> > *a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
> > *b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or
d…'

The Tribunal's Determination on Impairment

Misconduct

61. In its deliberations the Tribunal had regard to the paragraphs of GMP referred to by Mr Williams. It considered these to be engaged in this case along with the following additional paragraphs of GMP:

'37 You must be aware of how your behaviour may influence others within and outside the team.

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

62. In assessing the seriousness of Dr Roberts' conduct, the Tribunal also had regard to the paragraphs of the SG referred to by Mr Williams. It considered these to be engaged in this case along with the following additional paragraphs of the SG:

'140 Discrimination undermines public confidence in doctors and has the potential to pose a serious risk to patient safety. This includes views about a patient's or colleague's lifestyle, culture, or their social or economic status, as well as the characteristics covered by equality legislation

141 More serious outcomes are likely to be appropriate where a case involves discrimination (as defined by equality legislation) against patients, colleagues or other people who share protected characteristics, either within or outside their professional life. This does not affect a doctor's right to opt out of providing a particular procedure because of their personal beliefs or values, as long as this does not result in direct or indirect discrimination against, or harassment of, individual patients or groups of patients.'

63. The Tribunal bore in mind that Dr Roberts' sexual harassment of Ms A and Ms B, and repeated sexually motivated behaviour, was directed towards two junior colleagues on two occasions four years apart. It identified that there was a risk to patient safety in this

case due to the impact Dr Roberts' actions had upon both Ms A and Ms B who were healthcare professionals and who outlined the impact Dr Roberts' conduct had on their ability to work effectively immediately following the incidents in question.

64. Having had regard to the identified breaches of GMP and the SG, the Tribunal concluded that Dr Roberts' conduct fell seriously short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

65. The Tribunal therefore found that Dr Roberts' conduct, as found proved in relation to both Ms A and Ms B, both individually and collectively amounts to misconduct.

Impairment

66. The Tribunal having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Roberts' fitness to practise is currently impaired.

67. The Tribunal has identified the risk posed to patients and conduct demonstrative of a failure to act collaboratively with colleagues which have been found to amount to sexual harassment and inappropriate and sexually motivated behaviour. The Tribunal therefore concluded that limbs a, b and c of the approach in the case of *Grant* apply in this case. The Tribunal was satisfied that such conduct fundamentally undermined public confidence in the medical profession.

68. In determining the question of current impairment, the Tribunal has considered the level of Dr Roberts' insight and steps towards remediation.

69. The Tribunal concluded that the level of Dr Roberts' insight was limited. It noted that in his statement to the Trust, Dr Roberts said *'I wish to apologise again to [Ms B], I never meant to offend or upset her. What I did was wrong and I fully admit that'*. This was the only meaningful evidence the Tribunal had of any attempt by Dr Roberts to show insight, noting that it only related to one of the complainants. Furthermore, the Tribunal noted an absence of demonstrable insight that Dr Roberts recognised the impact of his behaviour on the reputation of the profession generally.

70. The Tribunal was mindful that misconduct, in relation to attitudinal issues, is difficult to remediate. Given that Dr Roberts has not engaged with this hearing, he has not availed

himself of the opportunity to demonstrate that he has taken steps to address his misconduct. Given his limited insight and absence of evidence of remediation, the Tribunal was satisfied that it remained highly likely that his misconduct might be repeated.

71. Given the ongoing risk of repetition, the Tribunal concluded that a finding of impairment was necessary to protect patients, to maintain public confidence in the medical profession and to declare and uphold proper standards of conduct. It was satisfied, in the circumstances, that public confidence in the medical profession would be undermined if a finding of impairment were not made in the particular circumstances of this case.

72. In reaching that decision, the Tribunal has adopted the principle derived from the case of *GMC & PSA for Health and Social Care v Dugboyele [2024] EWHC 2651 Admin* which indicated the that Tribunals must consider whether a finding of no impairment would leave the public with a sense that doctors can *'get away with years of sexually harassing their colleagues and/or that sexual harassment is not treated with sufficient seriousness by the Tribunal'*.

73. Whilst the Tribunal cannot be certain of Dr Roberts' current circumstances, it is suggested that Dr Roberts may have retired from practice. Having regard to the case of *GOC v Clarke [2018] EWCA Civ 1463,* the Tribunal concluded that even if Dr Roberts has retired from practice, this did not obviate the need for a finding of current impairment.

74. The Tribunal therefore determined that Dr Roberts' fitness to practise is impaired by reason of misconduct on all three limbs of the overarching objective.

Determination on Sanction - 10/10/2025

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

The Evidence

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

Submissions

77. On behalf of the GMC, Mr Williams submitted that a sanction of erasure was appropriate in this case. He referred to the Tribunal's finding that Dr Roberts lacks insight and submitted that either imposing no order or imposing an order of conditions was insufficient to meet the gravity of the misconduct in this case.

78. Mr Williams referred the Tribunal to paragraph 97 of the SG which states:

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

a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.

…

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

…

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

79. Mr Williams submitted that even a long period of suspension would not meet the gravity or the seriousness of the misconduct in this case. As such, Mr Williams referred the Tribunal to the following paragraphs of the SG:

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

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

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate

…
d Abuse of position/trust

f Offences of a sexual nature

j Persistent lack of insight into the seriousness of their actions or the consequences'

80. Mr Williams submitted that Dr Roberts' name should be erased from the medical register as the nature of his impairment is fundamentally incompatible with continued medical registration.

The Tribunal's Determination on Sanction

81. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement.

82. In reaching its decision, the Tribunal has taken account of the SG and GMP. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

83. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Roberts' interests with the public interest. It has already given a detailed determination on impairment in which it referred to certain paragraphs of the SG and has taken these into account during its deliberations on sanction.

Aggravating and Mitigating factors

84. The Tribunal then identified what it considered to be the aggravating and mitigating factors in this case. It was mindful that it needed to consider and balance any such factors against the central aim of sanctions, which is to uphold the overarching objective to protect the public.

85. The Tribunal considered the aggravating factors in this case to be:

- that the harassment and sexual misconduct was repeated;
- Dr Roberts' inappropriate comments as set out in Schedule 1 demonstrated an indifference to Ms A's justified and genuine concerns as to his conduct;

- Dr Roberts' behaviour towards Ms B was brazen in that his conduct took place in the presence of other colleagues;
- the impact on Ms A and Ms B both emotionally and in their ability to continue working effectively;
- Dr Roberts' limited insight,
- the imbalance of power between Dr Roberts' professional position to that of Ms A and Ms B;
- there was no evidence of remediation.

86. The Tribunal considered the mitigating factors in this case to be:

- that Dr Roberts demonstrated some, but limited, acceptance of responsibility for his actions;
- Dr Roberts' expression of regret, albeit limited;
- That he has no previous adverse regulatory history.

No action

87. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to conclude by taking no action.

88. The Tribunal concluded that, given the aggravating factors identified, the gravity of Dr Roberts' misconduct was such that taking no action was wholly inappropriate. The Tribunal determined that there were no exceptional circumstances to justify taking no action and that taking no action would not address the concerns raised in this case.

Conditions

89. The Tribunal had regard to the following paragraphs of the SG which identified those circumstances where such an outcome would be appropriate:

'81 Conditions might be most appropriate in cases:

a involving the doctor's health

b involving issues around the doctor's performance

c where there is evidence of shortcomings in a specific area or areas of the doctor's practice

d where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.

82 Conditions are likely to be workable where:

a the doctor has insight

b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings

c the tribunal is satisfied the doctor will comply with them

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

90. The Tribunal bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

91. The Tribunal was not satisfied that any conditions could be formulated to address the attitudinal concerns raised in this case. It noted that Dr Roberts has only demonstrated limited insight and given his lack of engagement with the regulatory process, it was not satisfied that imposing conditions on his registration would be practicable or workable.

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

Suspension

93. The Tribunal then went on to consider whether imposing a period of suspension on Dr Roberts' registration would be appropriate and proportionate.

94. The Tribunal has borne in mind those circumstances as set out in the SG where the imposition of a suspension order might be appropriate. It had particular regard to

paragraph 97, noting that whilst amounting to a serious departure from GMP, it has identified that Dr Roberts' failing would be difficult to remediate. It noted importantly that those factors referred to at paragraphs 97e and 97g which might otherwise suggest that suspension could be appropriate, were absent in this case.

95. For these reasons, the Tribunal determined that suspension would not be an appropriate sanction.

Erasure

96. The Tribunal had regard to the paragraphs of the SG referred to by the GMC and was satisfied that they apply in this case except for paragraph 109f which relates to criminal offences rather than sexually motivated behaviour. It took the view that paragraph 109b of the SG was also engaged which states:

'109 Any of the following factors being present may indicate erasure is appropriate

…

b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.'

97. The Tribunal was satisfied that Dr Roberts' attitudinal issues, lack of insight and lack of any demonstrable remediation indicated that his misconduct was fundamentally incompatible with continued medical registration. This led the Tribunal to conclude that erasure is the only appropriate and proportionate sanction.

98. The Tribunal was satisfied that erasure is the only means of protecting patients, maintaining public confidence in the profession and declaring and upholding proper standards of conduct. The Tribunal therefore determined to erase Dr Roberts' name from the Medical Register.

Determination on Immediate Order - 10/10/2025

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

Submissions

100. On behalf of the GMC, Mr Williams submitted that an immediate order is necessary to protect the public and is otherwise in the public interest in this case. He referred the Tribunal to the following paragraphs of the SG:

> *'172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order*
>
> *173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.*
>
> *178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.*

101. Mr Williams submitted that Dr Roberts used his senior position over junior colleagues and that it was not appropriate for him to continue in unrestricted practice before the substantive order takes effect. He stated that Dr Roberts may have retired but that the Tribunal can not be sure of this.

The Tribunal's Determination

102. In its deliberations, the Tribunal had regard to the paragraphs of the SG referred to by Mr Williams and was satisfied that they apply in this case.

103. For the reasons set out in its determination on sanction, the Tribunal was satisfied that an immediate order was necessary for the protection of the public and otherwise in the public interest.

104. The Tribunal therefore determined to impose an in immediate order of suspension on Dr Roberts' registration.

105. This means that Dr Roberts' 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.

106. The interim order will be revoked when the immediate order takes effect.

107. That concludes the case.

ANNEX A – 07/10/2025

Determination on service and proceeding in the doctor's absence

108. Dr Roberts is neither present nor represented at these proceedings. The Tribunal has considered whether notice of this hearing has been properly served upon him in accordance with Rules 15 and 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended)(the Rules) and Schedule 4, Paragraph 8 of the Medical Act 1983 (as amended). In so doing, the Tribunal has taken into account all the information placed before it, together with the submissions on behalf of the General Medical Council (GMC).

109. The Tribunal noted an email from Dr Roberts' representatives at the MDU, dated 15 August 2025, which requested that the Notice of Hearing be sent to them.

110. The Tribunal has been provided with a service bundle, containing a copy of the Notice of Hearing, dated 29 August 2025, which was emailed to Dr Roberts' legal representatives at the MDU. The MDU acknowledged receipt of this on 29 August 2025. The service bundle also contained a copy of the Notice of Allegation, dated 26 August 2025, which was emailed to Dr Roberts' legal representatives at the MDU. The MDU acknowledged receipt of this on 26 August 2025. Having considered all the information, the Tribunal is satisfied that notice of this hearing had been properly served on Dr Roberts.

111. The Tribunal went on to consider whether to proceed with the case in Dr Roberts' absence in accordance with Rule 31 of the Rules. In doing so, it had regard to the judgments in the cases of *R v Jones [2003] 1AC1* and *GMC v Adeogba [2016] EWCA Civ 162*. The Tribunal bore in mind its discretion to proceed with the case in the doctor's absence and noted that this discretion is to be exercised with caution with the overall fairness of the proceedings in mind. The Tribunal should have regard to all the circumstances including the following:

- The nature and circumstances of the doctor's behaviour in absenting himself, in particular, whether the behaviour was voluntary and therefore waived the right to be present;
- Whether an adjournment would resolve the matter;
- The likely length of any such adjournment;
- The public interest that a hearing should take place within a reasonable time;

- The effect of any delay on the memories of witnesses.

112. The Tribunal bore in mind that its discretion to proceed in the practitioner's absence must be exercised with caution and with regard to the overall fairness of the proceedings. The Tribunal has balanced the interests of the practitioner, including fairness to him, against the public interest, including the need to protect patients.

113. The Tribunal has been provided with an email from the MDU, dated 7 July 2025, which stated 'Dr Roberts does not intend to attend the fitness to practise hearing in October 2025'. It was provided with emails from the MDU, dated 15 August 2025, which stated, *'I can confirm that Dr Roberts will not be represented at the hearing'* and *' I can confirm that Dr Roberts will not be attending the hearing'.* The MDU stated in another email, dated 17 September 2025, that *'Dr Roberts is not engaging with the hearing'.*

114. On the basis of the information provided the Tribunal is satisfied that Dr Roberts has voluntarily waived his right to be present and represented at this hearing and that he is aware that the hearing can proceed in his absence. The Tribunal considers that were it to adjourn today, it is very unlikely that Dr Roberts would attend a future hearing. The Tribunal therefore determined that it is in the public interest to exercise its discretion to proceed with the case in his absence.

Schedule 1

Inappropriate comment from Dr Roberts to ~~Nurse A~~ Ms A (amended under Rule 17(6))

'I'm doing this' in response to ~~Nurse A~~ Ms A asking 'what are you doing' when you put your arms round her waist amended under Rule 17(6)

'Not even a little one' in response to ~~Nurse A~~ Ms A saying 'absolutely not' when you had your hands around her waist amended under Rule 17(6)

'I had to try' in response to ~~Nurse A~~ Ms A telling you 'no'. amended under Rule 17(6)

Schedule 2

Inappropriate comment from Dr Roberts to ~~Nurse B~~ Ms B (amended under Rule 17(6))

'I don't know where to look' in respect of ~~Nurse B~~ Ms B new uniform amended under Rule 17(6)

'something about her bum and breasts jiggling' or words to that effect when you saw ~~Nurse B~~ Ms B dancing amended under Rule 17(6)

'I have an itch, are you going to scratch it?'

'ohhh I don't know where to look' whilst you had your eyes fixated on ~~Nurse B~~ Ms B breasts amended under Rule 17(6)