

PUBLIC RECORD**Dates:** 07/04/2025 - 08/04/2025**Doctor:** Dr Edward Finn**GMC reference number:** 7420044**Primary medical qualification:** BM BS 2013 University of Nottingham

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Mark Scott
Lay Tribunal Member:	Mr Stephen Chappell
Registrant Tribunal Member:	Dr Juliet Bennett

Tribunal Clerk:	Mr Sewa Singh
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Attendance and Representation:

Doctor:	Not present, not represented
Doctor's Representative:	None
GMC Representative:	Mr Carlo Breen, 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 - 07/04/2025

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

Background

2. Dr Finn qualified in 2013 from the Queens University of Nottingham.

3. The background events which have given rise to this hearing are that on 19 January 2025 Dr Finn was convicted at Nottingham Crown Court for the following:

- Taking indecent photograph/pseudo-photographs of a child x 3;
- Making indecent photograph/pseudo-photograph of a child x 3;
- Voyeurism - recording a private act x 2;
- Assault of a girl under 13 by touching.

4. As a result of the convictions, Dr Finn was sentenced to twelve years imprisonment (eight years with an extension period of four years); a requirement to register as a sex offender indefinitely; a Restraining Order; and a Sexual Harm Prevention Order.

5. On 25th October 2024 Nottinghamshire police provided the General Medical Council ('GMC') with documentation relating to its criminal investigation in respect of Dr Finn.

The Outcome of Applications Made during the Facts Stage

6. The Tribunal accepted submissions by Mr Carlo Breen, counsel for the GMC, that the Notice of the Hearing had been served on Dr Finn in accordance with Rule 40 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'). The Tribunal granted Mr Breen's application, made pursuant to Rule 31 of the Rules, that the Tribunal should proceed to hear the case in Dr Finn's absence. The Tribunal's full decision on these matters is included at Annex A.

The Allegation and the Doctor's Response

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

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

1. On 19 January 2024 at Nottingham Crown Court, you were convicted of:

- a. Taking indecent photograph/pseudo-photographs of a child x 3;
To be determined
- b. Making indecent photograph/pseudo-photograph of a child x 3;
To be determined
- c. Voyeurism - recording a private act x 2;
To be determined
- d. Assault of a girl under 13 by touching.
To be determined

2. On 28 June 2024 at Nottingham Crown Court, you were sentenced to:

- a. 12 years imprisonment (eight years with an extension period of four years);
To be determined
- b. a requirement to register as a sex offender indefinitely;
To be determined
- c. a Restraining Order;
To be determined
- d. a Sexual Harm Prevention Order.
To be determined

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

To be determined

The Facts to be Determined

8. As Dr Finn was neither present nor represented, and no facts were admitted, the Tribunal had to consider and make a determination in relation to each paragraph of the Allegation, as set out above.

Documentary Evidence

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

- Correspondence from Nottinghamshire Police dated 25 October 2024 informing the GMC of these matters;
- Certificate of conviction and sentencing relating to Dr Finn's convictions on 19 January 2024 and his sentencing on 28 June 2024;
- Documents received from Nottinghamshire Police in relation to the case;
- The Judge's Sentencing Remarks from the sentencing hearing on 28 June 2024.

The Tribunal's Approach

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

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

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

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

14. The Tribunal also reminded itself that rule 34(3) of the Rules provides as follows:

"34

...

(3) Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed."

The Tribunal's Analysis of the Evidence and Findings

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

Paragraphs 1a, b, c and d and Paragraphs 2a, b, c and d

16. The Tribunal has considered these paragraphs together.

17. The Tribunal took account of the certificate of conviction which relates to the offences, as set out in paragraphs 1a – d of the Allegation. The offences set out in the certificate of conviction align with the matters set out at paragraphs 1a – d. The Tribunal took into account that Dr Finn pleaded guilty to all the convictions as set out in the Allegation. There is no evidence before the Tribunal to suggest that Dr Finn denied that he was the person referred to in the certificate.

18. The Tribunal noted that the certificate confirms the information contained within paragraphs 2a – d of the Allegation.

19. In the circumstances, the Tribunal was satisfied that, in accordance with the Rules, the certificate of conviction should be accepted as conclusive evidence of the offences committed. It accepted the accuracy of the information recorded in respect of the sentence(s) imposed and the resulting notification requirements.

20. The Tribunal therefore found paragraph 1a, b, c and d, and paragraph 2a, b, c and d of the Allegation, proved.

The Tribunal's Overall Determination on the Facts

21. The Tribunal has therefore made the following findings:

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

1. On 19 January 2024 at Nottingham Crown Court, you were convicted of:

- a. Taking indecent photograph/pseudo-photographs of a child x 3;
Determined and found proved
- b. Making indecent photograph/pseudo-photograph of a child x 3;
Determined and found proved
- c. Voyeurism - recording a private act x 2;
Determined and found proved
- d. Assault of a girl under 13 by touching.
Determined and found proved

2. On 28 June 2024 at Nottingham Crown Court, you were sentenced to:
 - a. 12 years imprisonment (eight years with an extension period of four years);
Determined and found proved
 - b. a requirement to register as a sex offender indefinitely;
Determined and found proved
 - c. a Restraining Order;
Determined and found proved
 - d. a Sexual Harm Prevention Order.
Determined and found proved

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

To be determined

Determination on Impairment - 08/04/2025

1. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved, Dr Finn's fitness to practise is impaired by reason of his convictions.

The Evidence

2. In reaching its determination, the Tribunal took into account all the evidence received during the facts stage of the hearing. No further evidence was received at this stage.

Submissions on Impairment

On behalf of the GMC

3. Mr Breen submitted that Dr Finn's fitness to practise is currently impaired. He reminded the Tribunal of the matters which Dr Finn was convicted of and sentenced for. These included taking of indecent photographs/pseudo-photographs of a child on three occasions; making of indecent photographs/pseudo-photographs of a child on three occasions; voyeurism on two occasions, and assault of a girl under the age of thirteen by touching. He added that Dr Finn was also required to register with the police and made subject to a sexual harm prevention order and also a restraining order. Mr Breen referred the Tribunal to the sentencing remarks made by the Judge in Dr Finn's case.

4. Mr Breen referred the Tribunal to Rule 34(3) and 34(5) of the Rules stating that a production of a certificate of conviction is conclusive evidence of the offences committed. He added that Dr Finn has not denied that he is the person mentioned in the certificate nor provided any evidence to that effect. Mr Breen submitted that the criminal convictions in this case are a very significant departure from Good Medical Practice (GMP)(2013 version) and he drew the Tribunal's attention to the relevant paragraph which applied in this case, namely that a doctor must make sure that his conduct justifies his patients' trust in him and the public's trust in the profession.

5. Mr Breen submitted that limbs a, b and c of the case of *CHRE v NMC and Grant [2011] EWHC 927 Admin* applied. He went on to say that Dr Finn's actions had irrevocably breached the overarching objective. Mr Breen said that an ordinary and well-informed member of the public would find Dr Finn's actions abhorrent, adding that his actions undermined and violated fundamental tenets of GMP, and the standard and conduct expected of medical professionals. Mr Breen submitted that a finding of impaired fitness to practise is required to maintain confidence in the medical profession.

The Relevant Legal Principles

6. The Tribunal reminded itself that, in reaching a decision as to whether Dr Finn's fitness to practise is impaired as a result of his convictions, there is no burden or standard of proof, and the decision on impairment is a matter for the Tribunal's judgement alone.

7. The Tribunal was mindful of the case of *Cohen v GMC (2008) EWHC 581* in which the Court held that the task of the panel, in considering impairment, is to take account of the practitioner's misconduct and then consider it in light of all the other relevant factors known to them. The Court stated that it will be highly relevant in determining if fitness to practise is impaired to consider:

- whether the practitioner's misconduct is easily remediable;
- whether the misconduct has been remedied; and
- whether the misconduct is likely to be repeated.

8. The Tribunal must determine whether Dr Finn's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then. It should also consider whether a finding of impairment is warranted taking into account the wider public interest.

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

- a. to protect, promote and maintain the health, safety, and wellbeing of the public

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

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

11. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Grant*. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

'..the tribunal should consider whether the findings of fact in respect of the doctor. ... show that his fitness to practise is impaired in the sense that he:

- a. *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession...*

The Tribunal's Decision

12. The Tribunal first considered whether Dr Finn's convictions, and his actions leading to those convictions, breached any paragraphs of Good medical practice (2013 version). Taking into account the circumstances of Dr Finn's convictions and offending, the Tribunal determined that paragraphs 1, 53 and 65 of GMP were engaged in this case. These state:

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.

53 You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.

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

13. The Tribunal also had regard to the following paragraphs of the Sanctions Guidance 2024 (SG), which deal with cases involving '**Sex offenders and child sex abuse materials**'.

'151 Any doctor who has been convicted of, or has received a caution for, a sexual offence listed in Schedule 3 to the Sexual Offences Act 2003 must notify the police (register) under section 80 of the Sexual Offences Act 2003 and may need to undertake a programme of rehabilitation or treatment. Sexual offences include accessing and viewing or other involvement in child sex abuse materials, which involves the exploitation or abuse of a child. These offences seriously undermine patients' and the public's trust and confidence in the medical profession and breach a number of principles set out in Good medical practice (paragraph 65 regarding honesty and integrity, particularly paragraph 47 regarding respecting patients' dignity, and paragraph 27 regarding children and young people).

152 Taking, making, distributing or showing with a view to being distributed to publish, or possession of, an indecent photograph or pseudo-photograph of a child is illegal and regarded in UK society as morally unacceptable. For these reasons, where there is any involvement in child sex abuse materials by a registered doctor the tribunal should consider whether the public interest demands that their registration be affected.

153 While the courts distinguish between degrees of seriousness, any conviction for child sex abuse materials against a registered doctor is a matter of grave concern because it involves such a fundamental breach of the public's trust in doctors and inevitably brings the profession into disrepute. It is therefore highly likely that, in these cases, the only proportionate sanction will be erasure. However, the tribunal should bear in mind paragraphs 20–23 and 61–111 of this guidance, which deal with the options available to it, and the issue of proportionality. If the tribunal decides to impose a sanction other than erasure, it is important that it fully explains the reasons and the thinking that has led it to impose this lesser sanction so that it is clear to those who have not heard the evidence in the case.

154 The tribunal should be aware that any conviction relating to child sex abuse materials will lead to registration as a sex offender and possible inclusion on the Children's Barred List by the Disclosure and Barring Service under the Safeguarding Vulnerable Groups Act 2006 (as amended). The Council of the GMC has made it clear that no doctor registered as a sex offender should have unrestricted registration. The tribunal will therefore need to make sure that, in cases where it imposes a period of suspension or conditions, the case is reviewed before the end of this period to consider whether a further period is appropriate.'

14. The Tribunal considered that it was clear from the evidence before it that Dr Finn had significantly and seriously departed from GMP. The Tribunal considered that being able to trust doctors and be confident that they will act with integrity and within the law is fundamental to ensuring public confidence in the medical profession.

15. Offences of taking and making indecent photographs of a child, voyeurism by the recording of a private act, and assault of a minor by touching, are serious criminal offences.

The Tribunal considered that breaking the law and receiving a criminal conviction clearly amounts to improper conduct on the part of a doctor. Such actions bring the profession into disrepute and undermine public confidence in the medical profession.

16. Dr Finn's behaviour was repeated and sustained over a period lasting some eight years (2015 – 2023). The Tribunal also had regard to paragraph 53 of GMP, as set out above. Whilst Dr Finn did not use his professional position to *pursue* a sexual or improper relationship with his patients or anyone close to them, the Tribunal was of the view that he abused his professional position for his own sexual gratification by taking indecent images. One of the patients was unconscious (presumably anaesthetised by Dr Finn) at the time of Dr Finn's actions, and another patient was in the middle of a surgical procedure, and at least one of the aforementioned patients was a child. Clearly these patients were vulnerable and they and/or their parents had placed their trust in Dr Finn. The Tribunal noted that Dr Finn's behaviour also extended outside of the clinical setting in respect of a child XXX. The Tribunal noted the Judge's sentencing remarks where he stated:

'Mr Finn is an intelligent high-achieving man (even when in a state of distress). He would have fully understood the criminal nature of his actions and the potential impact that these would have had upon the victims. It is notable that he engaged in these criminal actions over a sustained period of several years. Many of the offences required a degree of planning, sophistication and deception. He did not attempt to seek help for his abnormal sexual appetites and it seems probable that, had he not been discovered in November 2023, he would have continued to offend.'

And later:

'Indecent images of children, as I have observed already today, are categorised as A, B and C, with category A being the most serious. You were ultimately found to have created -- and for these purposes that means and equates with possession -- 179 category A images -- this count 1 -- 268 category B images -- at count 2 -- and 3,461 images, including two movies, at count 3. Almost every image is of a girl, the youngest being, the estimate says, about 12 months old -- a baby -- the oldest being about 14 years old.'

17. The Tribunal was satisfied that Dr Finn's actions were extremely serious, were in breach of GMP, and breached fundamental tenets of the medical profession. Patients, the public and fellow doctors would consider Dr Finn's actions as deplorable, morally unacceptable and disgraceful conduct.

Insight, remediation, and risk of repetition

18. The Tribunal considered whether Dr Finn's conduct and his consequent conviction was remediable, whether it had been remedied and whether there was any likelihood of repetition. It also considered the level of Dr Finn's insight. The Tribunal had regard to the Judge's sentencing remarks in relation to the risk of repetition. He stated:

'I am required to consider the issue of dangerousness. That is whether there is in this case a significant risk of you committing further specified offences and, if there is, whether there is a significant risk of your causing serious harm thereby. I am satisfied to the criminal standard that you do present such a continuing risk.'

And then:

'Accordingly I have considered whether a standard determinate sentence is appropriate. If imposing such a sentence the very least period of detention I could have imposed in all the circumstances of your case, including giving you full credit for your pleas of guilty, would have been one of eight years' imprisonment. Such a sentence, however, would not fully address the risk that you currently represent and I do consider it necessary to impose an extended sentence in order to protect the public in the future.

The extended sentence that I impose upon you is made up of two parts.

Firstly, a custodial period which will be no longer than the eight-year period I mentioned. Then an extended period of four years, making a total extended sentence of twelve years' duration in total.'

19. The Tribunal considered that Dr Finn's actions, the consequent convictions and the sentence he received, would be very difficult to remediate. The Tribunal was mindful that Dr Finn pleaded guilty to the offences. This is the only evidence before the Tribunal which could possibly be considered as demonstrating any insight into his actions. There is no other evidence before the Tribunal of the steps taken by Dr Finn to develop insight or any attempts at remediation. There is no evidence of remorse, regret, contrition or apology to the victims of his crimes.

20. Dr Finn has not engaged with his regulator in relation to this case nor has he provided any evidence demonstrating any understanding of the impact of his actions on patients, colleagues, the medical profession, and the wider public interest or public confidence in the medical profession.

21. Based on the evidence before it, and in the circumstances of this case, the Tribunal considered that there is a high risk of Dr Finn repeating his behaviour.

Impairment

22. The Tribunal reminded itself of the purpose of the overarching objective, which is to protect, promote and maintain the health, safety, and wellbeing of the public; to maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

23. The Tribunal reminded itself that Dr Finn is currently serving a custodial sentence totalling 12 years imprisonment and he has been placed on the Sexual Offenders Register indefinitely.

24. Taking into account the evidence and the conclusions outlined above, the Tribunal determined that Dr Finn's fitness to practise is currently impaired on all three limbs of the overarching objective.

25. The Tribunal considered that given the nature and seriousness of Dr Finn's actions, and the restrictions imposed by the court regarding contact with minors and vulnerable adults, a finding of impairment of fitness to practise is necessary to protect, promote and maintain the health, safety, and wellbeing of patients and the wider public.

26. The Tribunal also considered that a finding of impairment is required to maintain public confidence in the profession and to uphold proper professional standards. It considered that public confidence in the medical profession would be seriously undermined if a finding of impairment were not made.

27. The Tribunal therefore determined that Dr Finn's fitness to practise is impaired by reason of his conviction.

Determination on Sanction - 08/04/2025

1. Having determined that Dr Finn's fitness to practise is impaired by reason of his convictions, the Tribunal must now decide in accordance with Rule 17(2)(n) of the Rules what action, if any, it should take with regard to Dr Finn's registration.

The Evidence

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

Submissions

On behalf of the GMC

3. Mr Breen submitted that there is no further evidence to be provided at this stage. He reminded the Tribunal of its findings as set out in its determination on impairment, particularly highlighting the Tribunal's references to paragraphs of the Sanctions Guidance (SG). Mr Breen said that the Tribunal should bear in mind the overarching objective as set out in the Medical Act 1983, and he submitted that all three limbs were engaged in this case, as found by the Tribunal in its determination on impairment.

4. Mr Breen reminded the Tribunal that in considering the appropriate sanction to be imposed, it should start with the least restrictive, weighing the interests of the public against Dr Finn's interests.

5. In relation to mitigating and aggravating factors, Mr Breen submitted that there are no mitigating factors in this case, as identified by the Tribunal in its determination on impairment. Further, there is no evidence of any remediation, reminding the Tribunal of its finding that the conduct in this case is difficult to remediate. Mr Breen submitted that there is no evidence of any insight by Dr Finn into his actions or the impact of his actions on patients, his colleagues, the medical profession or the wider public interest. In this regard, Mr Breen referred the Tribunal to paragraphs 51 and 52 of the SG, stating that there no expression of regret or any apology on the part of Dr Finn for his actions.

6. Mr Breen went on to say that paragraphs 55(d)(i) and (ii) and 56(c) and (d) are engaged as Dr Finn abused his professional position and his behaviour was predatory. He submitted that in the circumstances of this case, taking no action, or imposing a period of conditional registration, was not appropriate.

7. Mr Breen said that the only options available were the sanction of suspension or erasure from the medical register. He took the Tribunal to paragraphs 14, 15, 16, 17 and 19 of its determination on impairment, stating that Dr Finn's actions had brought the medical profession into disrepute, he abused his position, his actions were deliberate, and there is no evidence of remorse nor an apology. Mr Breen also referred to the Tribunal's references to the Judge's sentencing remarks. He said that these findings are significant and should lead to a sanction of erasure. However, in relation to suspension, Mr Breen referred the Tribunal to paragraphs 91, 92 and 93 of the SG, adding that Dr Finn's conduct falls short of being compatible with continued registration on the medical register. He drew the Tribunal's attention to paragraph 97 of the SG and submitted that none of the factors which suggest that suspension might be appropriate applied.

8. Mr Breen then took the Tribunal to paragraph 107 which deals with when erasure might be appropriate. He submitted that paragraph 109(a), (b), (d), (e) and (f) are engaged. He also referred the Tribunal to paragraphs 112, 116, 117, and then 133 which deals with when more serious action is likely to be required. Further, he referred to paragraphs 142, 145, 146, 149 and 150 of the SG, all of which he submitted are engaged in this case.

9. Mr Breen submitted that Dr Finn's conduct is incompatible with continued registration, and he invited the Tribunal to erase Dr Finn's name from the medical register.

The Tribunal's Approach

10. The Tribunal noted that the decision as to the appropriate sanction, if any, is a matter for its own independent judgement, having regard to the SG, the overarching objective and

the circumstances of the case. The Tribunal should consider the overarching objective as a whole, not giving excessive weight to any one limb.

11. The Tribunal must bear in mind that the purpose of imposing a sanction is not to punish a doctor for past wrongdoing, however it is an obvious consequence that a sanction may have a punitive effect.

12. In reaching a decision, the Tribunal should evaluate any aggravating and mitigating factors and balance them against each other. It should also again consider whether Dr Finn's actions giving rise to his convictions are remediable and whether they have been remediated. It should also consider the level of Dr Finn's insight.

13. The Tribunal was mindful that, in reaching a decision on sanction, it should consider the least restrictive sanction first, before moving on to consider the other available sanctions in ascending order of severity.

14. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Finn's interests with the public interest.

The Tribunal's Determination

15. Before deciding what action, if any, to take in respect of Dr Finn's registration, the Tribunal considered the aggravating and mitigating factors present in this case.

Aggravating factors

16. The Tribunal identified the following aggravating factors in this case:

- Dr Finn has not engaged at all with the GMC or the regulatory process;
- Aside from Dr Finn pleading guilty to the offences, he has not provided any evidence to this Tribunal of insight into his actions, or the potential impact of his actions on his victims, patient safety, or the impact his actions had on the medical profession and the public interest;
- Dr Finn has not provided any evidence as to steps he has taken to remediate his conduct;
- Dr Finn's convictions are for serious offences relating to taking of indecent photographs/pseudo-photographs of a child on three occasions; making of indecent photographs/pseudo-photographs of a child on three occasions; voyeurism on two occasions, and assault of a girl under the age of thirteen by touching;

- Dr Finn's victims including persons who were vulnerable due to being a child and/or being anaesthetised and/or undergoing a surgical procedure at the time of his offending behaviour;
- Dr Finn abused his special position of trust as a doctor; and
- Dr Finn's offending behaviour occurred over a period time, it was repeated and it only came to light because of the courageous actions of those who identified it and brought it to the attention of the police.

Mitigating factors

17. The Tribunal identified the following mitigating factors in this case:

- Dr Finn has no previous criminal convictions;
- He has no previous adverse regulatory history with the GMC.

No action

18. The Tribunal first considered whether to conclude the case by taking no action. The Tribunal considered paragraphs 68-70 of the SG which highlight that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

19. The Tribunal determined that, given the seriousness of Dr Finn's convictions and the absence of any identified exceptional circumstances, it would not be sufficient or proportionate, would not protect the public, and would not be in the public interest, to conclude this case by taking no action.

Conditions

20. The Tribunal next considered whether to impose conditions on Dr Finn's registration. The Tribunal bore in mind paragraphs 82 and 85 of the SG:

'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.'*

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

21. The Tribunal bore in mind that any conditions imposed should be proportionate, workable and measurable, as well as appropriate in the context of the statutory overarching objective.

22. The Tribunal reminded itself of its conclusions regarding insight, remediation and risk of repetition, as previously outlined in its determination on impairment. It considered that in the circumstances, appropriate conditions could not be formulated which would be workable and proportionate. Further, the Tribunal took into account the seriousness of Dr Finn's convictions and, the aggravating factors in this case. It determined that a sanction of conditional registration would not be sufficient to protect the public, maintain public confidence in the profession and uphold proper professional standards.

Suspension

23. The Tribunal went on to consider whether imposing a period of suspension on Dr Finn's registration would be appropriate, proportionate and sufficient to satisfy the overarching objective. In doing so, the Tribunal referred to paragraphs 91 - 93, 97 and 130 of the SG, which read as follows:

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

'92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).

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

...

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.

b

c

d

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

f No evidence of repetition of similar behaviour since incident.

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

....

130 A particularly important consideration in these cases is whether a doctor has developed, or has the potential to develop, insight into these failures. Where insight is not evident, it is likely that conditions on registration or suspension may not be appropriate or sufficient.'

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

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

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

25. The Tribunal was mindful that suspension may be appropriate where there has been acknowledgment of fault and where the Tribunal was satisfied that there was a low risk of repetition. In this regard, the Tribunal was mindful that Dr Finn pleaded guilty to his offences.

26. However, the Tribunal again reminded itself of its conclusions regarding Dr Finn's lack of insight, remediation and of its finding that there is a high risk of Dr Finn repeating his behaviour, as outlined in its determination on impairment. There is no evidence of remorse, regret, contrition or apology to the victims of his crimes.

27. Dr Finn has not engaged with his regulator in relation to this case nor has he provided any evidence demonstrating any understanding of the impact of his actions on his victims, patients, colleagues, the medical profession, and the wider public interest or public confidence in the medical profession.

28. Further, the Tribunal took into account the seriousness of Dr Finn's convictions and, the aggravating factors in this case. The Tribunal concluded that none of the factors in the SG, which point toward suspension, as set out at paragraph 23 above, applied in this case. It determined that a sanction of suspension would not be sufficient to protect the public, maintain public confidence in the profession and uphold proper professional standards.

Erasure

29. Having regard to the SG in relation to erasure, the Tribunal considered that paragraphs 108, 109 (a), (b), (d), (e), (f) and (i) of the SG were particularly relevant:

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

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

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

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

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

(e) Violation of a patient's rights/exploiting vulnerable people (see Good medical practice, paragraph 27 on children and young people, paragraph 54 regarding expressing personal beliefs and paragraph 70 regarding information about services).

(f) Offences of a sexual nature, including involvement in child sex abuse materials (see further guidance below at paragraphs 151 - 159).

....

- (i) *Putting their own interests before those of their patients (see Good medical practice paragraph 1: – ‘Make the care of [your] patients [your] first concern’ and paragraphs 77–80 regarding conflicts of interest).’*

30. In addition, the Tribunal considered that paragraphs 51, 55(d)(i) and (ii) and 56(c) and (d), 149 and 150 were engaged in this case:

Lack of insight

51 *It is important for tribunals to consider insight, or lack of, when determining sanctions. It is particularly important in cases where the doctor and the GMC agree undertakings or the tribunal imposes conditions. The tribunal must be assured that this approach adequately protects patients, in that the doctor has recognised the steps they need to take to limit their practice to remediate.*

Circumstances surrounding the event

55 *Aggravating factors that are likely to lead the tribunal to consider taking more serious action include:*

- (d) *abuse of professional position
(see paragraphs 142–150), particularly where this involves:*
- i *vulnerable patients
(see paragraphs 145–146)*
- ii *predatory behaviour
(see paragraphs 147–148)*

Conduct in a doctor’s personal life

56 *Tribunals are also likely to take more serious action where certain conduct arises in a doctor’s personal life, such as (this list is not exhaustive):*

.....

- (c) *inappropriate behaviour towards children or vulnerable adults (see paragraphs 145–146 and 151–159)*
- (d) *misconduct involving violence or offences of a sexual nature (see paragraphs 149–150)’*

Sexual misconduct

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. See further guidance on sex offenders and child sex abuse materials at paragraphs 151–159.

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.'

31. The Tribunal was also mindful of paragraphs 151 – 154 of the SG, as set out in its determination on impairment, together with paragraph 130 of the SG, set out above.

32. The Tribunal considered that most of the factors in the SG which have been referred to above, and which indicate that erasure may be the appropriate sanction, applied in this case.

33. Dr Finn's convictions are serious criminal offences and his actions breached fundamental tenets of the medical profession and GMP.

34. The Tribunal reminded itself of its conclusions regarding insight, remediation and the risk of repetition. Dr Finn has not provided any evidence to demonstrate that he has attempted to address the concerns identified in this case. The Tribunal reminded itself that remediation in this case is likely to be particularly difficult in light of the nature of the offences for which Dr Finn was convicted and sentenced.

35. Dr Finn has not demonstrated an understanding of the impact of his actions on his victims, patients, colleagues, the medical profession, the wider public interest or public confidence in the medical profession. Further, he has not engaged with his regulator or these proceedings.

36. The Tribunal again noted that Judge's sentencing remarks which emphasise the seriousness of Dr Finn's criminal behaviour, and that he was deemed as presenting a high risk of repeating his behaviour. The remarks also referenced the position of trust Dr Finn occupied and then abused when taking advantage of his victims when they were vulnerable.

37. The Tribunal also bore in mind that Dr Finn is currently subject to the Sexual Offenders Register indefinitely.

38. The Tribunal considered that Dr Finn's actions and his consequent convictions, are incompatible with his continued registration as a doctor. In the circumstances, the Tribunal

considered that the only proportionate and appropriate sanction which will meet all three limbs of the statutory overarching objective, is erasure.

39. The Tribunal therefore determined to erase Dr Finn's name from the medical register.

Determination on Immediate Order - 08/04/2025

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

Submissions

2. On behalf of the GMC, Mr Breen submitted that an immediate order is necessary for the protection of the public and is otherwise in the public interest, and to meet the requirements of the overarching objective. He added that Dr Finn had abused a doctor's special position of trust in this case.

The Tribunal's Determination

3. The Tribunal took account of the submissions made by Mr Breen and the specific basis upon which it had reached its determination on sanction. It also took into account its findings at the impairment stage. The Tribunal had regard to paragraphs 172 to 178 of the SG. Paragraphs 172, 173 and 178 state:

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

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

'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.'

4. The Tribunal determined that, given the very serious nature of the matters in this case, Dr Finn's conviction and his sentence, and the need to protect the public, uphold proper standards of conduct and behaviour and maintain public confidence in the medical profession, it is necessary to impose an immediate order in this case.

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5. This means that Dr Finn's registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, unless he appeals in the interim. If he does appeal, the immediate order will remain in force until the appeal has concluded.
6. The Tribunal revoked the interim order of suspension upon Dr Finn's registration with immediate effect.
7. That concludes the case.

ANNEX A – 08/04/2025

Application on Service and Proceeding in Absence.

ANNEX A: Service and Proceeding in Absence (Rule 40)

Service of Notice of the Hearing

1. Dr Finn is neither present nor represented at this hearing.
2. Mr Carlo Breen, Counsel for the GMC, submitted that the Notice of Hearing had been properly served on Dr Finn in accordance with the Rules and invited the Tribunal to proceed with the hearing in his absence.
3. The Tribunal noted the email from Ms A, Safer Custody Officer at HMP XXX to the GMC, dated 15 January 2025, in which she the Safety Custody Officer at HMP XXX confirmed that Dr Finn had been transferred from HMP XXX to HMP XXX, and that the sealed envelope (which contained information required under Rule 34(9) and the Notice of Allegation (NoA), as well as details of today's hearing) had been handed to Dr Finn at 16:45 and that Dr Finn had opened and read the correspondence. and '*He reflected he was fine and had been expecting it. When I asked if he was going to respond, he said he did not need to respond and was not going to do so.*'
4. The Tribunal also noted that the Medical Practitioners Tribunal Service (MPTS) sent the Notice of Hearing (NoH) to Dr Finn at HMP XXX on 4 March 2025. The NoH included details of the hearing as required by the Rules and also stated that the hearing would be conducted virtually. The NoH also advised Dr Finn that the Tribunal can hear and make a decision about his case in his absence under the relevant rules. The Royal Mail Track and Trace service shows that the NoH was delivered on 5 March 2025 at 10:07 and signed for by an officer of the Prison.
5. On 18 March 2025, the GMC wrote to Dr Finn informing him of the 'proposed sanction submission', and again advised him of his right to attend the hearing. The Tribunal noted the Royal Mail delivery note shows that this was delivered at HMP XXX on 20 March 2025 at 09:45 and signed for.
6. From the information before it, the Tribunal was satisfied that the NoH included details of today's hearing and that it had been served upon Dr Finn in accordance with Rule 40 of the Rules.

Proceeding in Absence

7. Having determined that the NoH has been properly served in accordance with the Rules, the Tribunal went on to consider, under Rule 31, whether it should proceed with the

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hearing in Dr Finn's absence. In reaching its decision, the Tribunal took into account Mr Breen's submissions.

8. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest. It noted that the GMC and the MPTS have served the NoA and NoH upon Dr Finn in accordance with the relevant rules. It took into account that Dr Finn is currently incarcerated and noted the email from the Safety Custody Officer as set out at paragraph 3 above, and that the MPTS NoH makes clear to Dr Finn that the Tribunal can consider his case in his absence.

9. The Tribunal was mindful that the concerns in this case are serious such that they could have a detrimental impact on the role of the regulator, the medical profession and the public confidence in the medical profession, if this case were to be adjourned. The Tribunal considered that there is a public interest in disposing of the case expeditiously. In the circumstances of this case, in light of the information before it, the Tribunal considered that there would be no disadvantage to Dr Finn in proceeding in his absence and that he had voluntarily absented himself from these proceedings.

10. In all the circumstances, given the seriousness of the concerns in this case, the Tribunal determined to proceed with the case in Dr Finn's absence.