

**PUBLIC RECORD****Dates:** 25/06/2025 - 27/06/2025

**Doctor:** Dr Lukasz WODA

**GMC reference number:** 7989346

**Primary medical qualification:** Lekarz 2008 Uniwersytet Mikołaja Kopernika w Toruniu

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

**Summary of outcome**

Erasure  
Immediate order imposed

**Tribunal:**

Legally Qualified Chair:	Miss Gill Batts
Lay Tribunal Member:	Mrs Jane Johnson
Registrant Tribunal Member:	Dr Jane Margetts

Tribunal Clerk:	Ms Jemine Pemu Ms Fiona Johnston
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**Attendance and Representation:**

Doctor:	Present, not represented
GMC Representative:	Miss Colette Renton, 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 and Impairment - 27/06/2025

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

## Background

2. Dr Woda qualified in 2008 from the Uniwersytet Mikołaja Kopernika w Toruniu in Poland. Prior to the events which are the subject of the hearing, Dr Woda completed his specialisation in general surgery and earned a doctoral degree in 2016, before qualifying as a vascular surgery specialist in 2021. Dr Woda stated that this qualification was formally recognised by the General Medical Council (GMC) in 2023. At the time of the events, Dr Woda was practising at Addenbrooke's Hospital, part of the Cambridge University Hospitals NHS Foundation Trust ('the Trust').

3. The allegations that have led to Dr Woda's hearing relate to his conviction for three offences of "*making*" (downloading and viewing) indecent photographs of children.

4. *Dr Woda self-referred to the GMC* on 5 December 2023 to say that he had been questioned by the Police on 2 December 2023 about allegations of downloading materials that might include child pornography. He stated that his electronic devices had been taken for investigation and he had informed his employer the following day.

5. Within the Police disclosure, it stated that, on 29 November 2023, Dr Woda's one laptop and two smartphones had been seized by the Police and later examined following the linking of his IP address to an investigation into the uploading of indecent images of children. A number of indecent images were found on Dr Woda's devices, and he was arrested on 2 December 2023. At Police interview Dr Woda denied downloading anything purposefully and stated that on one occasion he had downloaded and seen something that was not right and deleted it straight away.

6. Dr Woda was formally charged with three offences on 30 August 2024. Ms A, Associate Director of Workforce at the Trust, was not informed about the charge directly but found out on 11 September 2024 after enquiring with the Police. The Trust terminated Dr Woda's contract with them with immediate effect.

7. Dr Woda attended Cambridge Magistrates Court on 3 October 2024 and pleaded guilty at the first opportunity to the offences. He was sentenced at Cambridge Crown Court on 9 January 2025. Details of the number and category of indecent images, as well as the sentence, are set out in the Allegation below.

8. Within Judge Farrell's sentencing remarks on 9 January 2025, he stated that there were "*50 category A images and some of those images involved very young children and acts of rape*". Judge Farrell stated:

*"I hope now that you understand that, in viewing these types of images, you are encouraging the actual abuse of the children that were filmed or photograph, in order to produce these images, and that is why Courts take a serious view of this type of offending, because children have been abused."*

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

9. The Tribunal granted the GMC's application made pursuant to Rule 17(2)(a) of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), to admit into evidence an additional document which contained the Transcript of the Prosecution Opening and Defence Mitigation from Dr Woda's sentencing hearing at Cambridge Crown Court. Miss Renton, on behalf of the GMC, stated that the relevance of the document was that it set out the factual basis for sentence. Dr Woda did not oppose the application to admit the document. The Tribunal considered that it was fair and relevant to admit the document.

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

10. The Allegation made against Dr Woda is as follows:

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

1. On 03 October 2024 at Cambridge Magistrates Court you were convicted of the following offences:

**Record of Determinations –  
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a. between 04 October 2023 and 04 October 2023 at Cambridge in the county of Cambridgeshire made indecent photographs, namely 188 and 4 moving Category B images, of a child;

**Admitted and found proved**

b. between 04 October 2023 and 04 October 2023 at Cambridge in the county of Cambridgeshire made indecent photographs, namely 88 and 1 moving Category C images, of a child;

**Admitted and found proved**

c. between 04 October 2023 and 04 October 2023 at Cambridge in the county of Cambridgeshire made indecent photographs, namely 50 Category A images, of a child.

**Admitted and found proved**

2. On 09 January 2025 at Cambridge Crown Court you were sentenced:

a. in respect of the offence outlined at paragraph 1.a. to:

i. a suspended sentence order for 5 months imprisonment suspended for 18 months concurrent;

**Admitted and found proved**

ii. Rehabilitation Activity Requirement for up to 20 days concurrent;

**Admitted and found proved**

iii. Sex Offenders Register for 10 years;

**Admitted and found proved**

iv. Sexual Harm Prevention Order until 09 January 2035;

**Admitted and found proved**

b. In respect of the offence outlined at paragraph 1.b. to:

i. a suspended sentence order for 3 months imprisonment suspended for 18 months concurrent;

**Admitted and found proved**

ii. Rehabilitation Activity Requirement for up to 20 days concurrent;

**Admitted and found proved**

iii. Sex Offenders Register for 10 years;

**Admitted and found proved**

iv. Sexual Harm Prevention Order until 09 January 2035;

**Admitted and found proved**

- c. In respect of the offence outlined at paragraph 1.c. to:
  - i. a suspended sentence order for 10 months imprisonment suspended for 18 months concurrent;  
**Admitted and found proved**
  - ii. Rehabilitation Activity Requirement for up to 20 days concurrent;  
**Admitted and found proved**
  - iii. forfeiture and destruction of NDH12 Lenovo laptop HP2 Xiaomi SFO1 Phone in black case;  
**Admitted and found proved**
  - iv. a fine of £1,000;  
**Admitted and found proved**
  - v. Sex Offenders Register for 10 years;  
**Admitted and found proved**
  - vi. Sexual Harm Prevention Order until 09 January 2035.  
**Admitted and found proved**

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

### The Admitted Facts

11. At the outset of these proceedings, Dr Woda admitted all of the alleged facts, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation to be admitted and found proved.

### Impairment

12. In light of Dr Woda's response to the Allegation against him, there are no facts to be determined. The Tribunal therefore had to determine in accordance with Rule 17(2)(l) of the Rules whether Dr Woda's fitness to practise was impaired by reason of his conviction and misconduct.

### Outcome of applications made during the impairment stage

13. On day one of the hearing, the GMC made an application pursuant to Rule 41 of the Rules, that some parts of the GMC's opening should proceed in private. The areas of concern relate to Dr Woda's increased levels of stress, drinking alcohol, watching adult pornography, XXX following his breakup with his girlfriend XXX. The Tribunal refused this application as it considered that these matters relate to Dr Woda's emotional state XXX

### **Witness Evidence**

14. Dr Woda provided a witness statement dated 25 May 2025 and also gave oral evidence at the hearing.

#### Dr Woda's Witness Statement

15. Dr Woda stated that any restriction on his ability to practise would be both inappropriate and disproportionate. He stated that he had never been the subject of any complaints or concerns regarding his clinical practice.

16. He went on to explain that, following the personal distress caused by a relationship breakdown, he had unknowingly XXX in June 2023. He stated that the demanding nature of his profession had prevented him from recognising XXX. Dr Woda stated that, against that background, on 4 October 2023, he consumed excessive alcohol and inadvertently downloaded files via BitTorrent. He stated that he unintentionally acquired a folder containing indecent images that he immediately deleted upon recognition. He stated that he deeply regretted this incident and took full responsibility for the oversight. Further, it was an isolated occurrence, unrelated to his professional role and it did not reflect any inherent moral or ethical failing.

17. Following his arrest on 2 December 2023, Dr Woda maintained that he fully cooperated with the Police, the Trust, and the GMC by making a self-referral. He kept his position at the Hospital until September 2024 and had actively sought support by engaging with XXX and successfully completing the Safer Lives program.

18. Dr Woda stated that he deeply regretted the circumstances that led to this situation and stated that he fully accepted responsibility of his actions. He stated, however, that based on the Crown Court's findings, his exemplary professional record and proactive rehabilitation measures, he believed that restrictions on his practice would be unjustified and disproportionate.

19. Finally, Dr Woda stated that vascular surgery was widely recognised as the most demanding medical speciality, both physically and emotionally. He stated that the NHS is currently experiencing a severe shortage of experienced vascular surgeons and that restricting him would further exacerbate this shortage and adversely affect patient care and public health.

### Dr Woda's Oral Evidence

20. Dr Woda expanded on the contents of his written statement. He stated that, at the moment of downloading the files, due to the alcohol he had consumed, he was not fully aware of what he was doing. Upon further questioning, he stated that he had consumed 300ml of whiskey.

21. The Tribunal was informed by him that the Crown court considered the facts and made clear findings that this was an isolated Internet based offence with no direct contact involvement or risk to patients. Dr Woda stated that the court concluded that he does not pose a risk to children or vulnerable people and removed all restrictions concerning contact with minors and working with young people. He stated that the measures already in place regarding internet safety were considered adequate.

22. Dr Woda reminded the Tribunal that he has no prior convictions, and the Crown court noted that he has shown sincere remorse and willingness to rehabilitate. He stated that the Crown court found that there is a genuine prospect of rehabilitation as he has cooperated fully and accepted confiscation of relevant materials. He stated that the materials were deleted or inaccessible and no attempts were made to contact any minors. Dr Woda also stated that the court amended the sexual harm prevention order to remove all prohibitions related to unsupervised contact and professional engagement with individuals under 18, reflecting the Crown Courts conclusion that he does not present a direct risk.

### **Documentary Evidence**

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

- Dr Woda's self-referral to the GMC form dated 5 December 2023;
- Disclosure from Bedfordshire Police to the GMC dated 6 December 2023;
- Various correspondence between the Trust and Dr Woda and from the Trust to the GMC;
- Letter from Safer Lives dated 4 March 2024;
- Transcript of Judge Farrell's sentencing remarks on 9 January 2025;
- Crime Report and MG5 documentation from the Police;
- Certificate of Conviction dated 21 May 2025;
- Original and Amended Sexual Harm Prevention Order;
- Transcript of proceedings, prosecution opening of facts and mitigation, at Cambridge Crown Court, dated 9 January 2025.

## Submissions

### On behalf of the GMC

24. Miss Renton submitted that the Tribunal must consider whether Dr Woda's fitness to practice is currently impaired. She submitted that there is no burden and standard of proof in this regard, and it is a matter for the Tribunal.

25. It was submitted that each of the three convictions are not merely trivial or inconsequential. They are not a temporary lapse or something excusable or forgivable (*Khan V BSB [2018] EWHC 2184 (Admin)*). The Tribunal was referred to the case of *R(Campbell) v GMC [2005] 1 WLR 3488 CA*. It was submitted that Dr Woda has not upheld the high standards of the profession by his actions.

26. The Tribunal was reminded that Dr Woda has no previous findings against him, he has admitted all aspect of the charges. However, she submitted that Dr Woda's actions constitute misconduct that is serious. Miss Renton then set out the aggravating features of Dr Woda's criminal misconduct:

- 326 images were recovered in total;
- the images found included those of the most serious category A – rape of children under 10;
- the images were found on 3 devices belonging to the Doctor;
- Category A images were found on 2 out of 3 devices;
- the devices had entered such terms which would be expected to be of sexual images of children;
- the devices had a file wiping software downloaded;
- the prosecution expert evidence demonstrated that the images had been viewed and then removed using the file wiping software;
- Dr Woda will be on the sex offenders register for 10 years from the date of offending;
- Dr Woda is subject to a sexual harm prevention order.

27. In deciding whether to make this sexual harm prevention order "*the court must be satisfied that the offender presents a risk of sexual harm to the public (or particular members of the public) and that an order is necessary to protect against this risk.*" Therefore, the sentencing court did consider that Dr Woda presents a risk of sexual harm and imposed the order it considered proportionate and specific.

28. Miss Renton referred to Dr Woda's statement, "*inadvertently downloaded files via BitTorrent. Among these files, I unintentionally acquired a folder containing indecent images, which I immediately deleted upon recognition.*" Whilst she noted Dr Woda's contention that

this may be an incorrect use of language, this explanation differed from his oral evidence. She stated that Dr Woda's account was that at the time of committing the offences he was "*not fully aware*" because he was affected by alcohol. He recalls at some point he saw something that "*was not quite right*" and deleted it. He was not clear by what method those images came to be deleted. Miss Renton further stated that Dr Woda also does not recall entering or clicking on the search terms such as XXX though he does recall just clicking on search terms other people have used. She stated that the GMC submit that it is convenient that Dr Woda's recollections only go so far as to the facts that serve him, and not to other matters that would assist the tribunal. In conclusion, the GMC's position is that Dr Woda is seeking to minimise his offending behaviour, deliberately omitting details which may aggravate his offending.

29. Miss Renton submitted that Dr Woda was keen to either list ways his actions could be worse or that mitigate his offending. She reminded the Tribunal the points offered by Dr Woda in mitigation: The offending is focussed on one day; he was not "hoarding images"; he did not try to contact a child on the internet; other people used BitTorrent; other people were searching for the same terms. She submitted that this is a further attempt to minimise his conduct. She submitted it is unappealing to describe the way people commit worse offending than him, as opposed to accepting what has been done. Further, just because there are others who may use peer to peer file sharing that does not excuse the offending.

30. The Tribunal was referred to the authority of *R(Campbell) v GMC [2005] 1 WLR 3488 CA*, "*committees should not use personal mitigation to downgrade what would otherwise amount to serious professional misconduct to some lesser form of misconduct.*" It was submitted that the personal mitigation that Dr Woda relies upon is of limited assistance and note that in the criminal jurisdiction commission of offences under the influence of alcohol is ordinarily an aggravating feature.

31. Miss Renton submitted that Dr Woda's criminal conviction represented a significant departure from Good Medical Practice (2024) ('GMP'), specifically of the following paragraphs:

(*Professionalism in action*)

**"1. Good doctors... act... within the law"**

(*Act with honesty and integrity*)

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

**81 You must consider the needs and welfare of people (adults, children and young people) who may be vulnerable, and offer them help if you think their rights are being abused or denied. You must follow our more detailed guidance on Protecting children and young people and 0-18 years.**

*Such guidance states "Good medical practice places a duty on all doctors, physician associates and anaesthesia associates (collectively referred to as medical*

*professionals) registered with the GMC to protect and promote the health and well-being of children and young people”*

32. It was submitted that the actions which led to Dr Woda’s convictions are shocking and abhorrent. Miss Renton stated that the public will be appalled to hear that the Doctor, holding the esteemed position as a vascular surgeon had committed such offences. She submitted that the Doctor’s actions have a serious negative impact on the reputation of the profession. The Public should have trust that their clinician is not involved in illegal activity, particularly which pertains to a sexual interest in those who are vulnerable such as children. She stated that a member of the public would be perturbed to hear that whilst they may be in a vulnerable state, undergoing surgery, they were being treated by someone with such convictions.

33. Miss Renton directed the Tribunal to paragraphs 151 to 153 of the Sanctions Guidance and submitted that Dr Woda’s misconduct is of a very serious nature. She submitted that Dr Woda’s actions brought the profession into disrepute and his actions would be considered deplorable by fellow practitioners.

34. The Tribunal were invited to consider the factors set out by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*. Do the findings of fact ... 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; and/or;
- d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.’

35. Miss Renton contended that limbs B and C are engaged in this case. Firstly, Dr Woda’s convictions bring the medical profession into disrepute, amount to a serious departure from GMP and are a serious departure from the moral standards a doctor is expected to uphold. Miss Renton submitted that the public would be shocked to hear of someone with this conviction, the fact he is a doctor would cause a member of the public an additional level of concern given the level of trust and responsibility required in the profession. Secondly, that Dr Woda’s actions have breached the fundamental tenets of the medical profession.

36. Turning to insight, Miss Renton submitted that Dr Woda’s level of insight is limited. She stated that there was a suggestion at time of sentence that Dr Woda had a reasonable prospect of rehabilitation, and he received credit for his guilty plea. It now appears that Dr Woda is seeking to minimise his actions. She suggested that the Tribunal may think that Dr Woda’s attitude towards offending has at times been somewhat arrogant. She reminded the

Tribunal that Dr Woda states that he should remain a doctor because both he and the public need him as a vascular surgeon. She submitted that the public need doctors whose conduct upholds the overarching objective, and that the impact of his career was something to consider at the time of his offending.

37. In relation to remorse and remediation, Dr Woda has not been able to specify what he is remorseful for except “the whole situation”. She stated that, given the Doctor has undertaken work with Safer Lives, as well as completed rehabilitation activity requirements as part of his sentence, it is concerning that he is not able to more meaningfully accept which of his actions he is remorseful for. She submitted that this gives rise to the concern that steps which Dr Woda says he has taken in respect of remediation, such as the professional courses have had limited impact.

38. With regard to the risk of repetition she submitted that the GMC remain concerned that if faced with challenging circumstances, Dr Woda would again turn to self-destructive coping mechanisms, which could lead to recurrent offending. She stated that Dr Woda was able to give some information about services he has accessed, but aside from a “chat” from XXX, this did not include any formal intervention XXX.

39. Miss Renton submitted that all three limbs of the overarching objective are engaged. In respect of the overarching objective, Miss Renton submitted that the viewing of indecent images of children encourages the actual abuse of children, who are members of the public. She submitted that a finding of impairment is necessary to protect, promote and maintain the health, safety and well-being of the public. She submitted that a deterrent effect is necessary, that should an individual feel tempted towards accessing this material not only is there the prospect of criminal conviction but also regulatory action. She stated that a finding of impairment is necessary to promote and maintain public confidence in the medical profession as public confidence in the medical profession is significantly undermined in the knowledge that a doctor with a conviction for having a sexual interest in children is permitted to keep practicing. Further, Miss Renton submitted that Dr Woda’s conviction is serious and violates such fundamental principles of the profession that a finding of impairment is also necessary to promote and maintain proper professional standards and conduct for doctors.

#### Dr Woda

40. Dr Woda submitted that he respectfully acknowledges the gravity of the situation, but he has admitted to all charges and fully accepted the seriousness of the criminal conduct. He submitted that, since the offence, significant steps have been taken to ensure that there is no risk of recurrence and that his fitness to practice is no longer impaired.

41. It was submitted that while the offences are deeply regrettable and serious, they occurred in the context of XXX. He submitted that he made a regrettable decision to consume alcohol in a vulnerable state in an attempt to mask severe emotional pain XXX. Dr Woda submitted that this significantly affected his awareness, judgement and cognition. He submitted that this is not an excuse but demonstrates that the offence occurred in unique,

distressing personal circumstances that have been addressed through support and abstinence from all risky behaviours. Dr Woda submitted that he has been sincere in describing what happened to the best of his recollection. He submitted that whilst he may not be able to recall all factual details of the offence, this does not mean that he lacks insight or fails to grasp the seriousness of the matter. He submitted that he recognises the profound harm caused by such material and deep ethical and societal implications of his actions.

42. It was accepted that his actions amount to a serious breach of paragraphs 1, 41 and 81 of GMP. He submitted that these principles have guided his behaviour through his career, and this is an isolated incident that stands in stark contrast to a life otherwise characterised by commitment to high professional and ethical standards. He submitted that he has never been subject to previous regulatory or disciplinary actions, and he has an established unblemished track record as a vascular surgeon and he has always upheld the dignity, safety and trust of patients and colleagues.

43. Dr Woda submitted that he understands that the GMC is concerned that he has attempted to minimise the offence, but he assured the Tribunal that this is not his intention. He submitted that English is not his first language and earlier wording such as 'inadvertent download' or difficulty explaining technical details about BitTorrent reflected linguistic and technical limitations rather than deflection or denial. He submitted that he has never denied the presence of images, or the facts and he has fully cooperated with the authorities and pleaded guilty at the earliest opportunity. He submitted that he accepts full responsibility and deeply regrets his actions. Following sentencing, Dr Woda stated that he has proactively engaged in comprehensive rehabilitative efforts including completion of the Safer Lives programme which focused on building insight, challenging distorted thinking and developing long-term preventative strategies. He has completed all sentencing requirements.

44. Dr Woda submitted that he has actively sought out and engaged with XXX, he has reflected extensively on the harm that the existence of such material causes to vulnerable children, he no longer engages in any form of risky online behaviour, and he has implemented ongoing self-monitoring and abstention from BitTorrent. In relation to sentence, the judge did not find that he presented a risk of committing contact offences and there was a realistic prospect of rehabilitation.

45. Dr Woda submitted that the risk of repetition is now minimal to non-existent. He expressed sincere, specific and deep remorse. He submitted that he does not feel sorry for the situation, but for his own harmful and unethical behaviour, the trust he violated and the distress his actions have caused to others, the profession, the society.

46. He submitted that he has experienced profound professional, personal and reputational consequences. He lost his position in the hospital and these consequences have reshaped his understanding and reinforced his commitment to ethical practise. He submitted that he understands the importance of maintaining public confidence. However, Dr Woda submitted that public protection and professional standards are not compromised by allowing a doctor who has accepted full responsibility, demonstrated extensive remediation

and change, been assessed as having a realistic prospect of full rehabilitation, who no longer poses a risk to patients or the public. The public expect doctors to be held to account, but also recognises that people can change, recover and contribute meaningfully again.

47. Dr Woda submitted that a current finding of impairment is not needed to protect patients or uphold trust in doctors.

48. He specifically referred to the search terms and pointed out that some of the terms do not explicitly refer to content involving minors. He submitted that this supports what he has previously stated that the terms used that day were influenced by what was being searched by other users on BitTorrent platforms. Dr Woda submitted that no terms were entered that strongly or explicitly indicated direct references to sexual content or abusive content involving minors. He noted that he was not asked by the GMC or the Tribunal about other terms which are not obviously linked to indecent images of children.

49. He stated that being a doctor has always been the greatest purpose in his life and he cannot change the past, but he chooses to act with integrity and responsibility every day going forward.

### **The Relevant Legal Principles**

50. The Tribunal must determine whether Dr Woda's fitness to practise is currently impaired by reason of his convictions. In approaching its decision, the Tribunal adopted a two stage test: firstly, whether the facts proved amounted to misconduct and secondly, whether the finding of misconduct has impaired the Doctor's fitness to practise.

51. To amount to serious misconduct the Doctors actions must involve sufficiently serious misconduct. It is conduct which would be regarded as deplorable by fellow practitioners.

52. The Tribunal was mindful that in making its decision on impairment its primary responsibility is the overarching statutory objective.

53. At this stage of proceedings, there is no burden or standard of proof, and the decision on impairment is a matter for the Tribunal's judgement alone.

54. The Tribunal must take into account his behaviour before and after the episode of misconduct, his insight, and whether the matters are remediable or have been remediated, and the likelihood of repetition.

55. The Tribunal is reminded of 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), which were referred to by both Miss Renton and the LQC in her legal advice to the Tribunal.

56. The Tribunal took into account the evidence and submissions of both parties.

Misconduct

57. The Tribunal took into account the facts of the offences as referred to in the police case summary and the transcript of the prosecution opening. It noted that 326 images were recovered in total. 50 of those images were of the most serious category A and involved the rape of children between the ages of 4 and 10. 188 Category B images, including 4 moving images of a child and 88 Category C images, including 1 moving image of a child. Indecent images of children were found on three devices belonging to Dr Woda. Forensic analysis of the devices indicated that software was installed on the laptop that was capable of removing material. Digital forensic analysis confirmed that the indecent images had been viewed.

58. The digital forensic examination also established that Dr Woda had actively searched for terms directly associated with indecent images of children, including XXX and other similar terminology. The Tribunal found this to be compelling evidence of a deliberate intention to seek out child sexual abuse material.

59. The Tribunal further considered that Dr Woda had implemented a number of measures aimed at concealing his conduct. He utilised BitTorrent file-sharing technology and wiping software to avoid detection. The Tribunal concluded that this amounted to a deliberate attempt to conceal his online activity. The Wipefile log confirmed that multiple files XXX were deleted from the laptop on 18.10.23.

60. The Tribunal acknowledged that all of the criminal charges related to activity conducted on a single date, 4 October 2023, and therefore this was an isolated incident. Dr Woda made admissions during his initial police interview and pleaded guilty at the first available opportunity in the criminal proceedings. Further, it was noted that there was no evidence of previous misconduct or concerns in relation to his clinical practice.

61. The Tribunal was satisfied that the content of the indecent images, the sexually motivated aspect of his conduct and, the use of concealment measures, amounted to an extremely serious breach of professional standards. Possession and deliberate acquisition of indecent images of children is a grave criminal offence and is fundamentally incompatible with the high standards expected of medical practitioners. The Tribunal determined that fellow practitioners would regard this behaviour as deplorable and wholly unacceptable. It therefore concluded that Dr Woda's actions fell far below the expected standards and amounted to serious misconduct.

62. Having found that Dr Woda's actions amounted to serious misconduct, the Tribunal went on to consider whether his fitness to practise is impaired by reasons of his misconduct.

### Impairment

63. The Tribunal considered the oral and written evidence provided by Dr Woda. In accordance with the guidance in Cheatle v GMC [2009] EWHC 645 Admin, the Tribunal carefully examined the context of the doctor's behaviour. It noted that prior to this incident there were no complaints or concerns regarding his conduct or performance.

64. Careful consideration was given to Dr Woda's evidence regarding the circumstances in which the offending took place. On 2.12.23 in the course of his first police interview Dr Woda denied deliberately downloading indecent images of children and stated that on one occasion he came across it when bulk downloading adult pornographic material. He would not have interacted with the material and deleted it straight away.

65. In his written statement he stated that "On 4 October 2023, during a period of personal distress and while off duty, I consumed excessive alcohol and inadvertently downloaded files via BitTorrent. Among these files, I unintentionally acquired a folder containing indecent images, which I immediately deleted upon recognition"

66. In evidence Dr Woda stated at the time the images were downloaded he was not fully aware of the situation because of the alcohol that he had consumed. He did not explain what he was doing prior to accessing the indecent images or how it was that he came to access them. He stated that he couldn't recall XXX or watching adult pornography. When it was put to him that the forensic expert confirmed that the images had been viewed he repeated that he did not have full recognition, but went on to say that if he recognised that something wasn't right he just deleted it. He was unable to explain what it was that he had seen that "was not right". He explained that he probably put the folder containing the images into the wiping software.

67. He could not explain how in excess of three hundred images were found on his devices or how the indecent images came to be on three devices. Further he maintained that he was told about Bit Torrent by XXX, had little understanding of how it worked and used it primarily to access films and music. He explained that he had wiping software on his device due to issues surrounding patient confidentiality.

68. He maintained that the search terms identified by the prosecution to be related to indecent images of children were used by others on Bit Torrent and that some of them were not self evidently references to children and sexual content. Essentially he clicked on the search terms out of curiosity.

69. He did not accept that his actions were sexually motivated. The Tribunal concluded that his evidence at times was inconsistent. Further his claim to have a limited recollection of events due to intoxication was undermined because he was able to recognise material that was in his words "was not right". It concluded that his explanation regarding the circumstances of his offending lacked credibility.

### Insight

70. The Tribunal concluded that Dr Woda has demonstrated very limited insight into the nature and seriousness of his misconduct. Although he acknowledged during the hearing that accessing such material causes harm, his understanding was superficial. He failed to recognise the direct link between the demand created by his actions and the exploitation and sexual abuse of real children to produce such material. He repeatedly referred to his conduct as “letting out emotions,” which the Tribunal considered to be a minimisation of the serious harm caused.

71. The Tribunal was particularly concerned that Dr Woda did not provide a full explanation of the circumstances which led to his offending, nor did he acknowledge the sexual motivation underlying his conduct. XXX. This reluctance to engage candidly and meaningfully with the circumstances of the offending indicated a lack of genuine insight.

### Remediation

72. The Tribunal considered the steps taken by Dr Woda in relation to remediation. It acknowledged that he had undertaken a course with Safer Lives. Further, he had not taken any steps to obtain specialist help to address his underlying sexual interest in children. However, he openly stated that this was at the direction of his legal representative rather than a self-motivated attempt to understand or remedy his behaviour. XXX.

73. The Tribunal concluded that the absence of XXX, coupled with a lack of self-directed efforts at remediation, reflected superficial engagement with the process of rehabilitation. It considered that, as of today, Dr Woda had not taken meaningful steps to address the underlying causes of his behaviour.

### Risk of repetition

74. The Tribunal considered whether there was a risk of repetition. It noted that during interviews with both the police and the GMC, Dr Woda initially maintained that there had been a misunderstanding and denied the presence of any sexual material. He relied heavily on alcohol misuse as an explanation for his behaviour, yet failed to provide any supporting evidence to show that he had taken steps to address this issue, beyond stating that he no longer drank alcohol.

75. The Tribunal was also mindful that Dr Woda did not contest the imposition of a Sexual Harm Prevention Order in the criminal proceedings, which was granted on the basis that it was necessary to prevent further offending. The Tribunal considered that the acceptance of this order, in the absence of any opposing argument, was an acknowledgement of an ongoing risk.

76. In the absence of evidence to demonstrate genuine insight, meaningful remediation, or steps taken to address the underlying causes of his behaviour, the Tribunal concluded that there remains a risk of repetition.

77. The Tribunal then went on to consider which limbs of the Grant test were engaged in the case of Dr Woda.

78. In relation to limb b: '*Has in the past and/or is liable in the future to bring the medical profession into disrepute*' – The Tribunal found that Dr Woda's convictions, which included making indecent photographs, namely 50 Category A images, 188 and 4 moving Category B images, 88 and 1 moving Category C images of a child, undoubtedly brought the profession into disrepute. The Tribunal considered this limb of the Grant test was satisfied.

79. In relation to limb 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 considered that Dr Woda's convictions breached fundamental tenets of the medical profession. In particular, his criminal conduct breached paragraph 65 of GMP. The Tribunal considered this limb of the Grant test was satisfied.

80. The Tribunal noted that, in her submissions on impairment, Miss Renton referred to paragraphs 1, 81 and 41 of GMP 2024. The Tribunal was mindful that the applicable version of GMP is the 2013 version. It therefore considered the following paragraphs of GMP and guidance within the End Notes of GMP to be engaged:

*"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, 1 are honest and trustworthy, and act with integrity and within the law.*

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

*"End Note 17... You should treat children and young people under 18 years as vulnerable"*

*"End Note 18. 0–18 years: guidance for all doctors"*

*"End Note 19. Protecting children and young people: the responsibilities of all doctors"*

81. The Tribunal considered its statutory duty to have regard to the overarching objective:

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

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

82. The Tribunal accepted the submissions advanced by Miss Renton on behalf of the GMC and was satisfied that all three limbs of the overarching objective are engaged in this case.

83. The Tribunal considered the nature and seriousness of Dr Woda's convictions, namely three counts of making indecent images of children. The Tribunal found that this offending demonstrated a clear sexual interest in children. The Tribunal noted the particular age and therefore vulnerability of the children depicted in the images and the inherent harm caused to children who are exploited and sexually abused.

84. The Tribunal accepted the GMC's submission that the first limb of the overarching objective is directly engaged. Dr Woda's conduct, by its very nature, does not protect or promote the health, safety or well-being of the public. Instead, it perpetuates the abuse of some of the most vulnerable members of society. The Tribunal concluded that a finding of impairment is required to satisfy this limb and to ensure that the public is protected from the risk of further harm.

85. In relation to the second limb, the Tribunal considered the importance of maintaining public confidence in the profession. The Tribunal noted that Dr Woda is currently subject to notification requirements as a registered sex offender and is the subject of a Sexual Harm Prevention Order for a period of ten years. These restrictions are imposed in recognition of the ongoing concern regarding his behaviour. The Tribunal considered that even if fully appraised of the personal circumstances leading up to the offending, a reasonable and well-informed member of the public would be appalled if a doctor with these convictions were permitted to continue to practise unrestricted. The Tribunal was satisfied that failure to make a finding of impairment in these circumstances would significantly undermine confidence in the profession and its regulation.

86. The Tribunal further concluded that the third limb, namely the promotion and maintenance of proper professional standards and conduct, is also clearly engaged. The conduct giving rise to these convictions is wholly incompatible with the standards expected of a medical professional. The Tribunal considered that the nature of these offences is such that the need for regulatory intervention is imperative, both to mark the seriousness of the behaviour and to serve as a deterrent to others. The Tribunal accepted the submission that a

message must be sent to the profession that behaviour of this kind will attract not only criminal sanctions but also serious regulatory consequences.

87. Considering the nature and seriousness of Dr Woda's convictions and taking account of his current degree of insight and remediation, the Tribunal considered that a finding of impairment was necessary in order to uphold all three limbs of the overarching objective. The Tribunal considered that there remained a risk of repetition of the conduct and thus a finding of impairment was necessary to protect the public. The Tribunal also considered that professional standards and public confidence would be undermined if there were to be no finding of impairment in this case.

#### Determination on Sanction - 27/06/2025

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

#### Submissions

89. On behalf of the GMC, Ms Renton submitted that the appropriate sanction in this case is one of erasure.

90. Ms Renton also referred the Tribunal to the Sanctions Guidance (2024) ('the SG') and went on to identify aggravating and mitigating features of the case.

91. She submitted that when deciding whether to impose a sanction, the tribunal, must consider the overarching objective. She submitted that the tribunal has already decided that a finding of impairment was required to uphold all three of those limbs.

92. Ms Renton referred the Tribunal to the mitigation features:

- The Doctor has no previous findings in relation to the GMC;
- The conviction relates to one date;
- The Doctor entered a guilty plea at the first opportunity;
- The Doctor has complied with proceedings;
- The Doctor has complied with court orders and his sentence;
- The Doctor has engaged with Safer lives;

93. Ms Renton referred the Tribunal to the aggravating features, she submitted that the main aggravating feature when dealing with the sanction in this case is the nature of the conviction.

- The number of images and their categorisation;
- The presence of software capable of removing the images;
- That the images had been viewed;
- Compelling evidence of a deliberate intention to seek out child sexual abuse material;
- Attempts to conceal content;
- That the actions of the Doctor were sexually motivated.

94. Ms Renton submitted that the following features will also be further expanded upon.

- i. Lack of insight
- ii. Lack of remediation
- iii. Risk of repetition

95. Ms Renton submitted that this is not a case where there are any exceptional circumstances warranting the Tribunal taking no action against Dr Woda. Further, the imposition of conditions would not be appropriate because they would not address the gravity of the offence for which Dr Woda was convicted.

96. She submitted that 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, and the tribunal may wish to see evidence that the doctor has taken steps to mitigate his actions. The GMC submitted that is contrary to the Tribunal's finding on impairment. Further it found that there is a risk of repetition.

97. She submitted that looking at the features of this serious case alongside the criteria in the Sanction Guidance, erasure is a proportionate and necessary sanction due to the very significant impact the doctor's misconduct has had on all three limbs of the overarching objective. She submitted that the doctor's continued registration is not compatible with all three of the key principles contained within it, arising out of his serious misconduct, lack of insight, remediation and risk of repetition.

98. She submitted that there is a lack of remediation. The Tribunal have concluded that the absence of XXX, coupled with a lack of self-directed efforts at remediation, Dr Woda has not taken any meaningful steps to address the underlying causes of his behaviour, and it is unlikely that remediation will be successful.

99. With regard to insight, the Tribunal's finding was that the doctor was reluctant to engage candidly and meaningfully with the circumstances of the offending, and that indicated a lack of genuine insight.

100. In all the circumstances, Ms Renton invited the Tribunal to erase Dr Woda's name from the medical register.

Dr Woda's submissions

101. Dr Woda referred the Tribunal to the SG and in particular paragraphs 149 to 158.

102. He submitted that these paragraphs reflect his understanding of the serious nature of his offence, his acceptance of responsibility and his efforts toward rehabilitation.

103. Dr Woda submitted that the offences occurred outside the clinical setting. He understands that doctors are held to the highest ethical standards in all areas of life. He deeply regrets his actions which may have undermined public confidence. He submitted that he has demonstrated genuine remorse, accountability and change. He submitted that it was stated by the sentencing judge on the 9 January that he has expressed genuine remorse and has already suffered significant professional consequences.

104. He submitted that he has finished the Safer Lives course, he has complied fully with the Crown Court order, including completion of rehabilitation activity requirements as imposed. He did so with full commitment and without delay and understanding that rehabilitation is both a legal and ethical responsibility.

105. He submitted that there has been no abuse of professional position nor any personal gain from gain from the offence. The offence was not connected in any way to patient care or misuse of trust. He submitted that there has been no breach of patient trust or clinical responsibility in his entire professional history prior to this incident which and he had acted with integrity.

106. Dr Woda submitted that this was a one-off offence that took place during XXX. The material was deleted and there is no evidence of persistent collecting or sharing, as referred to by the sentencing judge.

107. He submitted that the court findings acknowledged the unique and distressing personal context. Since then, he has taken clear and structured steps to rebuild emotional stability and maintain digital responsibility.

108. He submitted that the offence was unrelated to his medical duties or competence. He has always acted in the best interests of his patients. There is no suggestion of clinical failure or professional misconduct in the workplace. His previous record is unblemished.

109. With regards to remorse and insight he pleaded guilty at the earliest opportunity, cooperated fully with the police and the GMC. He submitted that he has taken all available

steps to understand, reflect and to change. He has expressed sincere and specific remorse not for being caught, but for the ethical harm caused by his actions.

110. Dr Woda asked the Tribunal to consider that the overarching objective of public protection, maintaining confidence in the profession and upholding standards can be fulfilled without a finding of current impairment.

111. He submitted that he has changed and will never return to that place again. He wants to move forward, not by erasing the past, but by showing true actions and service what true reforms look like.

### The Relevant Legal Principles

112. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, was a matter for it alone, exercising its own judgment. In reaching its decision on sanction, the Tribunal had regard to the SG. It bore in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it noted that any sanction imposed may have a punitive effect. It reminded itself that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive.

113. Throughout its deliberations, the Tribunal had regard to the overarching objective, which includes the protection of the public, the maintenance of public confidence in the profession, and the promotion and maintenance of proper professional standards and conduct for members of the profession. It applied the principle of proportionality, balancing Dr Woda's interests against the public interest.

### The Tribunal's Determination on Sanction

114. The Tribunal first identified what it considered to be the mitigating and aggravating factors in this case.

#### Mitigating Factors

115. The Tribunal had regard to paragraphs 24-49 of the SG. The Tribunal took into account both the mitigating factors the GMC had set out in their submissions and the points made by Dr Woda:

- The doctor has no previous findings in relation to the General Medical Council or before a previous MPT;
- He has complied with the Crown Court sentence and completed the Rehabilitation Activity Requirement court orders and his sentence;
- The offending was confined to one date and is therefore an isolated incident

- He entered a guilty plea at the first opportunity;
- The Doctor has engaged with the GMC proceedings;
- The Doctor has engaged with Safer Lives.

116. The Tribunal rejected Dr Woda's submission that absence of non contact offending was a mitigating factor.

117. The Tribunal took into account that Dr Woda has expressed remorse.

118. The Tribunal considered the relevant factors such as insight, remediation and repetition and took into account paragraphs 70 -73 and 76 of their impairment determination.

#### Aggravating factors

119. The Tribunal had regard to paragraphs 50-59 of the SG, again, took into account the aggravating factors set out by the GMC their submissions:

- The number of images, including some moving images and their categorisation;
- The presence of software capable of removing the images;
- That the images had been viewed;
- The use of search terms indicating the intention of seeking out child sexual abuse material.
- That the actions of the doctor were sexually motivated.

120. It also considered the following factors relevant were present:

- Dr Woda utilised BitTorrent file-sharing technology and wiping software to avoid detection of his online activity;
- Dr Woda made a deliberate attempt to conceal his online activity;
- The Wipefile log confirmed that multiple files had been deleted from the laptop on 18.10.23

121. The Tribunal noted that Dr Woda submitted that the offending took place when he was experiencing emotional stress XXX which led him to misuse alcohol.

122. Whilst the Tribunal acknowledged these matters, it did not consider that Dr Woda's personal issues, and the personal circumstances which he submitted led to him behaving in the way he did, reduced the seriousness of his actions.

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

### No action

124. The Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

125. The Tribunal was satisfied that there were no exceptional circumstances in Dr Woda's case which could justify it taking no action. Further the Tribunal considered that concluding the case by taking no action would be insufficient to protect the public and would not mark the seriousness of Dr Woda's underlying conduct or convictions.

### Conditions

126. The Tribunal considered whether it would be sufficient to impose conditions on Dr Woda's registration. It noted that Dr Woda submitted that imposing conditions on his registration was appropriate in this case.

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

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

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

- a.     the doctor has insight;*
- b.     a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings;*
- c.     the Tribunal is satisfied that the doctor will comply with them;*
- d.     the doctor has the potential to respond positively to remediation or retraining or to their work being supervised.'*

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

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

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

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

132. Taking account of the aggravating factor found in this case, as set out above, the Tribunal determined that conditions would not be sufficient to protect the public, maintain public confidence in the profession and uphold proper professional standards. Further, the Tribunal determined that the imposition of conditions would not be sufficient to mark the seriousness of Dr Woda's misconduct or address the Tribunal's findings on impairment.

### Suspension

133. In considering whether to impose a period of suspension on Dr Woda's registration, the Tribunal had regard to paragraphs 92, 93, and 97(a), (f) and (g) of the SG which provide:

*'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).'*

134. The Tribunal recognised that the most significant issue for it in this case will be whether Dr Woda's conduct is fundamentally incompatible with continued registration.

However, it considered the further paragraphs of the SG insofar as they are relevant to an order of suspension.

**'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 breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors
- e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage;
- g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.

135. The Tribunal had regard to its findings that Dr Woda had breached a number of paragraphs of GMP including paragraphs 1 and 65 and its finding that his underlying conduct and conviction breached a fundamental tenet of the profession. The Tribunal was satisfied that the identified breaches represented a significant departure from GMP.

136. 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. However, Dr Woda had shown little insight into his misconduct in relation to the matters before the Tribunal. Apart from the *Safer Lives* program he completed, he has not provided recent evidence of steps he had taken to remediate his misconduct.

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

**'152 Taking, making, sharing and possessing an indecent image or pseudo photograph of a child is illegal and regarded in UK society as morally**

*unacceptable. For these reasons, where there is any involvement in child sex abuse materials by a registered doctor the tribunal should consider whether the public interest demands that their registration be affected.'*

138. Dr Woda initially found it difficult to accept any wrongdoing at the time of his police interviews as indentified earlier in its determination on impairment. Further, as indicated, his insight and remediation were limited.

139. The Tribunal was of the view that, given the seriousness of Dr Woda's conduct which led to his conviction, his lack of insight and remediation, and risk of repetition, suspension was not an appropriate sanction. It would not protect the public nor meet the statutory overarching objective.

#### Erasure

140. Having concluded that Dr Woda's conduct and conviction are fundamentally incompatible with continued registration, the Tribunal nonetheless went on to consider whether the sanction of erasure was appropriate and proportionate.

141. The Tribunal had regard to paragraphs 107 and 109 (a), (b),(c), (d), (e),(f) and (j) of the SG and considered they were particularly relevant in Dr Woda's case:

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

...

*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.*
- b. *A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*
- c. *Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients (see further guidance below at paragraphs 129–132 regarding failure to provide an acceptable level of treatment or care).*

- 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 41 on children and young people, paragraph 87 regarding expressing personal beliefs and paragraph 90 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).

.....

*J. Persistent lack of insight into the seriousness of their actions or the consequences.*

142. The Tribunal has already determined that Dr Woda’s actions amounted to serious misconduct. The Tribunal was of the view that Dr Woda’s actions caused harm to young vulnerable children and was also satisfied that Dr Woda’s underlying conduct engaged each of the three principles of the overarching objective. Dr Woda’s offending behaviour seriously undermines patients’ and the public’s trust and confidence in the medical profession and is fundamentally incompatible with continued registration as a medical practitioner. The Tribunal determined that erasure was required to send a message to the medical profession and to the public that this type of behaviour was unacceptable.

143. In conclusion the Tribunal considered that a sanction of erasure is the only sanction that would protect patients, mark the seriousness of the conviction, maintain public confidence in the profession, the regulator and the regulatory process and meet each of the three limbs of the statutory overarching objective.

144. The Tribunal has therefore directed that Dr Woda’s name be erased from the Medical Register.

**Determination on Immediate Order - 27/06/2025**

145. Having determined to erase Dr Woda’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**

146. On behalf of the GMC, Ms Renton reminded the Tribunal of its findings at the impairment and sanction stages of the hearing. She submitted that looking back to the determinations stage two, it is clear from the SG how significantly the doctor's convictions and the actions that led to those convictions undermined public confidence. She submitted that an immediate order was required to ensure the public was protected. She took the Tribunal through the relevant paragraphs of the SG applicable to when an immediate order may be appropriate. She also asked the Tribunal to revoke the current interim order of suspension on Dr Woda's registration.

3. Dr Woda submitted that he does not pose any risk to others at what was stated by the judge on the 9 January 2025.

### The Tribunal's Determination

147. The Tribunal had regard to paragraphs 172 to 173 of the SG. It took account of the guidance, the submissions made by Ms Renton and the specific basis upon which the Tribunal reached its determination on sanction.

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

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

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

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

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

151. That concludes the case.