PUBLIC RECORD

Dates: 23/06/2025 - 08/07/2025

Doctor:	Dr Nicholas CHAPMAN
GMC reference number:	4145268
Primary medical qualification:	MB ChB 1993 University of Cape Town

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Jonathan Storey
Lay Tribunal Member:	Ms Rama Krishnan
Registrant Tribunal Member:	Dr Gillian Livesey

Tribunal Clerk:	Miss Racheal Gill

Attendance and Representation:

Doctor:	Present, represented 23/06/25-02/07/2025 Not present, represented 03/07/2025 – 08/07/2025
Doctor's Representative:	Mr Peter Lownds, Counsel, instructed by Medical Protection Society
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 partly in public and partly in private.

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 - 02/07/2025

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

Background

2. Dr Chapman qualified with MB ChB in 1993 at the University of Cape Town. At the time of the alleged events Dr Chapman was practising as a full time GP partner at XXX.

Misconduct

3. Dr Chapman is alleged to have engaged in a course of conduct between 2016 and 2021 towards Ms A that constituted sexual harassment, was sexually motivated and was an abuse of his more senior position.

Conviction

4. On 15 June 2023 at Gloucester Crown Court, Dr Chapman was convicted of attempting to cause a person to engage in sexual activity without consent. On 06 July 2023 Dr Chapman was made subject to a twelve-month Community Order and a Restraining Order for a period of 10 years. Dr Chapman was ordered to sign the Sex Offenders Register for a period of five years.

5. The matters that formed the subject of Dr Chapman's conviction are as follows. In September 2021 Dr Chapman gave Ms B a cup of coffee. She was concerned that a substance had been placed in her drink and reported the incident to the police. Forensics confirmed that the coffee contained semen and that it had a DNA profile matching that of Dr Chapman.

The Allegation and the Doctor's Response

6. The Allegation against Dr Chapman is as follows:

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

1. On one or more occasion between 2016 and 2021, you:

a. showed Ms A photographs:

i. of an erect penis;
Admitted and found proved

ii. of unclothed women and/or that were pornographic in nature;
To be determined

b. when Ms A informed you she had joined a dating application, you;

i. asked her:

A. if she had found you on the dating application;
To be determined

B. why she had not found you on the dating application;
To be determined

ii. suggested to Ms A she should 'look for [you]' on dating applications, ;
To be determined

c. in approximately 2020, kissed Ms A on the lips;
To be determined

d. in approximately May 2021, you hugged Ms A and you:
To be determined

i. touched Ms A's bottom;
To be determined

ii. pinched Ms A's bottom.
To be determined

2. Your actions as set out in paragraph 1:

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

   b. were sexually motivated;
   To be determined

   c. amounted to an abuse of your more senior position.
   To be determined

3. On 15 June 2023 at Gloucester Crown Court, you were convicted of attempting to cause a person to engage in sexual activity without consent.
   Admitted and found proved

4. On 06 July 2023 you were:

   a. made subject to a:

      i. 12 months Community Order;
      Admitted and found proved

      ii. Restraining Order for a period of 10 years;
      Admitted and found proved

   b. ordered to sign the Sex Offenders Register for a period of 5 years.
   Admitted and found proved

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

   a. misconduct in respect of paragraphs 1-2.
   To be determined

   b. conviction in response of paragraph 3-4.
   To be determined

The Admitted Facts

7. At the outset of these proceedings, through his counsel, Mr Lownds, Dr Chapman made admissions to some paragraphs and sub-paragraphs of the Allegation, 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 as admitted and found proved.

The Facts to be Determined

8. In the light of Dr Chapman's response to the Allegation made against him, the Tribunal was required to determine the remaining disputed allegations as set out in paragraph 1 above. Further, if found proved, the Tribunal was required to determine whether Dr Chapman's conduct was sexually motivated, constituted sexual harassment, and was an abuse of his senior position.

Witness Evidence

9. The Tribunal received evidence on behalf of the GMC from the following witnesses:

- Ms A, complainant, by video link, together with her witness statement dated 12 January 2024.
- Dr D, GP Partner at the Practice, by video link, together with his witness statement dated 3 December 2024.
- Dr E, GP Partner at the Practice, by video link, together with her witness statement dated 8 December 2024.

10. Dr Chapman provided his own witness statement, dated 7 May 2025, and also gave oral evidence at the hearing.

Documentary Evidence

11. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:
    - Certificate of Conviction dated 25 October 2023.
    - Police report, including summary, records of police interviews and witness statements.
    - Criminal Trial: transcript, Judge's summary and sentencing remarks, June-July 2023.
    - Messages and photographs exchanged between Dr Chapman and Ms A.

The Tribunal's Approach

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

Inferences

13. The Tribunal is entitled to draw inferences from facts that are proven. However, any such inferences must be logical, reasonable, and not speculative. The reasons given by the Tribunal must explain clearly what facts were found and how the inferences were drawn from them. Speculation or assumptions without an evidential basis cannot substitute for properly reasoned conclusions.

Assessment of Witness Evidence

14. In assessing the evidence of witnesses, especially on issues of disputed fact, the Tribunal must bear in mind the guidance from recent case law. In *R (Dutta) v GMC [2020] EWHC 1974 (Admin)* and *Khan v GMC [2021] EWHC 374 (Admin)*, the courts warned against placing undue weight on a witness's demeanour or confidence when giving evidence. Human memory is fallible and malleable. Confident or vivid recollections are not necessarily accurate, and memory can be influenced over time by discussion, reflection, and exposure to documents seen after the event. The best starting point is always contemporaneous documentary evidence where it is available. Credibility is divisible: a witness may be truthful on some matters but not others, as noted by Mr Justice Knowles in *Khan*.

Vulnerable Witnesses

15. In this case, Ms A is a vulnerable witness who gave her evidence using special measures. The Tribunal must not allow the manner in which the evidence was given to affect its assessment of her credibility. It must focus solely on the substance and reliability of the evidence.

Hearsay Evidence

16. Hearsay evidence is admissible in proceedings of this kind. However, it generally carries less weight, because it cannot be tested through cross-examination. That said, there is no rule preventing the tribunal from relying solely or decisively on hearsay evidence, provided it is satisfied that it is reliable and sufficient.

Delay in Reporting

17. The Tribunal must also be cautious when considering any delay in reporting an incident. Delay is not in itself a reason to disbelieve an allegation. People respond to traumatic or distressing events in different ways, and delay in disclosure is well recognised in cases of sexual misconduct. However, if the delay has caused prejudice to Dr Chapman's ability to answer the allegations—such as faded memories or missing records—then that must be taken into account in his favour when assessing the evidence and whether it meets the required standard.

Sexual Harassment under the Equality Act

18. It is also alleged that Dr Chapman's conduct towards Ms A constituted sexual harassment. Sexual harassment is defined in s26(2) of the Equality Act 2010, and the wording of that definition has in effect been set out in paragraph 7a of the Allegation.

> *s.26(2) [A person] harasses [another] if they engage in unwanted conduct of a sexual nature, and the conduct has the purpose or effect of*
>
> *(i) violating [the other person's] dignity, or*
> *(ii) creating an intimidating, hostile, degrading, humiliating or offensive environment for the [other person]*

19. In deciding whether Dr Chapman's conduct should be regarded as having the effect of violating Ms A's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for her, s.26(4) of the Equality Act 2010 requires the Tribunal to take into account the following factors:

a) the perception of Ms A;
b) the other circumstances of the case;
c) whether it is reasonable for the conduct to have that effect.

20. The issue of whether conduct is "sexual" in nature is an objective one, based on the facts and therefore a matter for the judgement of the Tribunal. It is not necessary for the GMC to prove that there was an intention to sexually harass Ms A.

Sexual Motivation

21. On the question of sexual motivation, the Tribunal must be satisfied that the conduct was carried out either for the purpose of sexual gratification or in pursuit of a future sexual relationship. This was explained in *Basson v GMC [2018] EWHC 505 (Admin)* and *Sait v GMC [2019] EWHC 2493 (Admin)*. The mere fact that behaviour is inappropriate or unprofessional does not mean that it is sexually motivated. That distinction was highlighted in

Arunkalaivanan v GMC [2014] EWHC 873 (Admin). However, where there is no plausible alternative explanation for conduct that is objectively sexual, the Tribunal may infer a sexual motive. This inference must again be drawn from facts proved to the civil standard, and not on the basis of assumption or stereotype. *GMC v Haris [2020] EWHC 2518 (Admin)* is an example of a case where such an inference was justified.

Avoiding Stereotypes and Assumptions

22. In considering the overall fairness of proceedings and the conduct alleged, the Tribunal must avoid assumptions about how victims or perpetrators of sexual harassment typically behave. Emotional responses can vary widely. Some people may become distressed or confrontational, while others may appear calm, withdrawn or even friendly after the incident. No particular response proves or disproves that harassment occurred. The Tribunal's assessment must be evidence-based and not influenced by expectations, norms or anecdotal assumptions.

Conviction

23. Finally, in relation to the conviction relied upon, rule 34(3) of the Fitness to Practise Rules provides that a certificate of conviction is conclusive evidence that the practitioner was convicted of the offence. In *Achina v GPhC [2021] EWHC 415 (Admin)*, the court went further and accepted that the factual basis underpinning the conviction—particularly that expressed in sentencing remarks—can also be treated as conclusive.

The Tribunal's Analysis of the Evidence and Findings

24. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts. However, where there were subparagraphs based on one incident, the Tribunal found it necessary to consider the whole incident in context.

Paragraph 1a(ii)

25. The Tribunal considered whether on one or more occasion between 2016 and 2021, Dr Chapman showed Ms A photographs of unclothed women and/or that were pornographic in nature. On behalf of the GMC, Mr Breen made clear in response to a question from the Tribunal that its case related primarily to one specific photograph described in detail by Ms A.

26. In her witness statement, Ms A stated that there were occasions where Dr Chapman would show her photographs of naked women. She described one picture of a woman in the

sea with one arm up in the air, with her head tipped back and legs crossed over. The Tribunal understood this to be the photograph to which paragraph 1a(ii) of the allegation related.

27. Following Dr Chapman's arrest, Ms A reported the images to Dr D who she knew was preparing a safeguarding report.

28. Ms A also gave a similar account at Dr Chapman's criminal trial, stating that *"we used to get shown pictures of women naked posing in water"* and that *"you could see that the poses within the women on the photos were absolutely naked."* One of the images she recalled in the criminal trial was of a naked woman in the water, posed in what she described as a *"mermaid-type pose, slightly side-on but very clearly with no clothes on".* She said that this sort of incident occurred possibly a couple of times.

29. In both the criminal trial and these proceedings, Ms A said that Dr Chapman showed her these photographs because he said that, after he retired, he wanted to pursue his interest in photography.

30. Dr Chapman denied this allegation. He denied ever showing Ms A photographs of naked women. He admitted to showing Ms A a single photograph depicting a silhouetted woman, which he described as artistic in nature, consistent with his hobby of photography. Dr Chapman adduced in evidence the photograph he said that he showed Ms A, although Ms A told the Tribunal in oral evidence that it was not the same photograph she recalled having seen, and that she saw the image before the Tribunal for the first time during Dr Chapman's criminal trial.

31. Dr Chapman also stated that he had described, but not shown, other images to Ms A. He referred to a photograph of a woman underwater with billowing robes, which he stated he considered too revealing and suggestive to share. In his criminal trial, however, Dr Chapman admitted to showing Ms A a photograph of a woman underwater with her arms outstretched in the context of discussing his intention to photograph XXX in a similar style.

32. The Tribunal heard evidence of a culture of photo-sharing among certain colleagues at the Practice. Dr Chapman gave evidence that sharing personal photographs was common, citing examples of other colleagues exchanging and showing each other images of various kinds. This account was corroborated by Ms A, who acknowledged the existence of such a culture. In Dr Chapman's witness statement, he stated that Ms A had in the past shared personal photos to him, including sharing pornographic images that some men had sent her themselves. He stated that this was an indicator of the disinhibited culture at the Practice of

sharing photos. Ms A, however, denied ever sharing such images with Dr Chapman and the Tribunal considered it unnecessary to make any findings in this regard.

33. Dr E also stated that she had shared pictures of family with colleagues. Dr D stated it was "possible" such sharing occurred by him but could not recall specific details. This general practice provided contextual background to the alleged conduct.

34. In her witness statement, Dr E said that since Dr Chapman's arrest, Ms A had told her that Dr Chapman had shown her explicit photographs on his phone, including a picture of his penis and explicit photos on his phone on two other occasions, although she did not specify the content of those latter images.

35. Taking into account the consistency and detail of Ms A's evidence, the corroborating evidence of a culture of photo-sharing at the Practice, and Dr Chapman's own admissions regarding the nature of the images and his photographic interests, the Tribunal found it unlikely that Dr Chapman would have merely described a photograph rather than showing it. It considered it more likely than not that Dr Chapman did show Ms A the photograph of an unclothed woman in the sea, with one arm up in the air, her head tipped back, and her legs crossed over, described by Ms A and relied on by the GMC.

36. The Tribunal next considered whether the photo in question was pornographic in nature. It took as the definition of pornography "printed or visual material containing the explicit description or display of sexual organs or activity, intended to stimulate sexual excitement". The Tribunal noted that no photographs were submitted as evidence, except a single photograph which Dr Chapman asserted was the one he had shared but which Ms A denied having seen before Dr Chapman's trial. Ms A did not, in her evidence, expressly describe any of the photographs she saw as pornographic. However, the Tribunal considered that the image Ms A described — of a naked woman in the water — contained the explicit display of sexual organs, was sexualised in tone, and was in the Tribunal's judgement clearly intended to stimulate sexual excitement.

37. The Tribunal also reminded itself of Dr Chapman's own evidence in the police interview. He admitted to masturbating at work and admitted, when questioned, that he had pornography on his phone, stating: *"its naked women, just pictures, some of them are quite photographic in the sense of underwater, close-ups and quite artistic."* The Tribunal considered it reasonable to infer that these photographs were similar in nature to that which Ms A described. The Tribunal therefore concluded that that photograph shown to Ms A was pornographic in nature.

38. Accordingly, on the balance of probabilities, the Tribunal found both parts of paragraph 1a(ii) of the Allegation proved on the basis of the single photograph described in detail by Ms A (depicting an unclothed woman in the sea, with one arm up in the air, her head tipped back and her legs crossed over).

Paragraph 1b(i)(A),(B) and Paragraph 1b(ii)

39. The Tribunal next considered the allegation that, when Ms A had informed Dr Chapman, she had joined a dating application:

- Dr Chapman asked Ms A if she had found him on the dating application;
- Dr Chapman asked Ms A why she had not found him on the dating application; and
- Dr Chapman suggested to Ms A that she should 'look for [him]' on dating applications.

40. In her witness statement, Ms A stated that Dr Chapman was very supportive during a period of personal distress XXX. She also recalled, however, an occasion in which he had called her into his office and asked, "*Are you being good?*" Upon her response of *"yes why?"* he allegedly remarked, *"I know what people do when* [XXX]*."* Ms A stated that, on a subsequent occasion a few months later, Dr Chapman again asked if she was *"still being good."* During this exchange, she told him that she had joined the dating application XXX. According to Ms A, Dr Chapman responded, *"Oh, have you found me?"* When she replied *"no,"* he asked, *"Why not?"* Ms A stated that she told him he was out of her age range, and she would not be looking for him as he was her boss. Dr Chapman then allegedly said, *"Look for me"* after which she left the room. Ms A described that she considered their exchange to be jovial *"banter"* at the time. Ms A stated she had not included this incident in her police statement, as she only recalled it when preparing her current witness statement. Ms A provided materially the same account in oral evidence before the Tribunal.

41. Dr Chapman denied this allegation. Dr Chapman acknowledged in his witness statement that Ms A had discussed her dating experiences with him. He stated he advised her against using dating applications and instead encouraged her to focus on her health and wellbeing. Dr Chapman denied ever using XXX himself and expressly denied making the comments alleged by Ms A.

42. The Tribunal heard evidence of the working environment between colleagues at the Practice. Dr Chapman described the culture at the Practice as generally *"friendly, supportive and informal,"* and stated that he was often regarded more as a *"friend"* than a supervisor by staff. Ms A described it was being *"like a family"* at Practice. It was accepted that Ms A and Dr Chapman engaged in both professional and personal discussions, including conversations

about Ms A's family, relationships, and health. Other witnesses described regular conversations among staff relating to personal matters, further supporting the existence of the informal nature of communication culture at the Practice.

43. The Tribunal also heard evidence regarding Dr Chapman's workplace personality. In her witness statement, Ms A described Dr Chapman as *"a jovial character"* who *"liked to be amusing".* She also stated that *"I was warned loosely by colleagues (I can't remember who, but a few individuals) that Dr Chapman could be a flirty character and that sometimes his behaviour was near the knuckle."* Ms A accepted that she engaged in *"banter"* with Dr Chapman.

44. Other witnesses also corroborated the nature of Dr Chapman's personality. Dr E stated that Dr Chapman had a friendly, flirty demeanour and that such behaviour sometimes involved joking, touching her arm, and non-verbal innuendo. Dr E also stated, however, that sometimes Dr Chapman spoke to her about his sex life which made her feel uncomfortable. She did not raise concerns at the time, thinking it could strain their working relationship.

45. In his oral evidence, Dr D described Dr Chapman as having an informal, flirtatious manner, although he could not recall him saying anything *"particularly inappropriate"* or anything that he thought *"went beyond the bounds of professional conversation".* In his witness statement, Dr D stated *"I did not personally witness any inappropriate behaviour from Dr Chapman to female members of staff at the Practice. Dr Chapman could be flirtatious and I would sometimes think, 'You're being a bit too flirtatious' but it was never enough for me to say that it was unprofessional otherwise I would have said something."*

46. The Tribunal also noted Dr Chapman's own description of his personality. He described himself as *"friendly"*, *"engaged"*, *"approachable",* and someone who could *"take a joke".* He said a practice manager described him as a *"cheeky chappy".*

47. The Tribunal considered the evidence before it and noted a clear conflict between the accounts of Ms A and Dr Chapman in relation to the alleged conversation. However, having regard to the broader context of the workplace culture—characterised by informal, often jovial conversations, including what some witnesses described as "banter", and discussions of a personal nature—the Tribunal found Ms A's account consistent with the overall tone and character of her interactions with Dr Chapman and ultimately more persuasive than that of Dr Chapman himself. In forming this view, the Tribunal noted the consistency of Ms A's account as provided in her witness statement and in oral evidence to the Tribunal. It considered Ms A's oral evidence in relation to this matter to be moderate, balanced, clear and plausible, whereas Dr Chapman's bare denial of the conversation alleged was, in the

Tribunal's view, implausible and inconsistent with what it knew of his relationship with Ms A. For those reasons the Tribunal was satisfied that Dr Chapman was more likely than not to have engaged in the conversation as alleged. It considered that Dr Chapman most likely said it flippantly, in a jovial manner.

48. Accordingly, on the balance of probabilities, the Tribunal found paragraph 1b(i)(A),(B) and paragraph 1b(ii) of the Allegation proved.

Paragraph 1c

49. The Tribunal considered whether in approximately 2020, Dr Chapman kissed Ms A on the lips.

50. In her witness statement, Ms A described an incident that occurred during the COVID-19 pandemic, at a time when mask-wearing and social distancing were in force. She recalled being in the room with XXX, discussing a patient who was not present. Dr Chapman entered the room, which was something he regularly did to speak with staff. Ms A recalled backing away slightly and pulling down her mask while making a joke about XXX, which had previously been a subject of workplace conversation, including comments made by Dr Chapman about XXX. At that point, Ms A said that Dr Chapman crossed the room and kissed her on the lips. She said Dr Chapman immediately turned bright red and said, *"Oh my god, you didn't mean that, did you?"* Ms A replied, *"No, I've just* [XXX]*."* Dr Chapman then said, *"Oh ok, I'm going to go,"* and left the room. She stated that she was stunned and noticed that XXX appeared shocked as well. She explained to the Tribunal that this incident was not included in her police statement because, at the time, everyone had been in a state of shock from Dr Chapman's arrest. It was only upon later reflection that she recalled the kiss, as she reappraised events from the past.

51. XXX was allegedly present at the time of the incident and appeared stunned, according to Ms A. However, XXX.

52. Dr Chapman denied the allegation. His evidence was that he was stringent about mask-wearing during the pandemic and denied that he had ever kissed Ms A. His account was that he recalled Ms A pointing out that XXX and that they both wanted to know his opinion on it. He said that he made a spur of the moment remark that it looked ridiculous, XXX in jest and making a comment about "[XXX]". He said that he apologised for this comment to them both and they laughed it off.

53. The Tribunal took into account the nature of the workplace environment, which was described by several witnesses as informal. It also had regard to Dr Chapman's general personality which was described as jovial and sometimes involving innuendo. The relationship between Ms A and Dr Chapman was informal and friendly, and this context may have contributed to blurred boundaries.

54. The Tribunal was of the view that Ms A had no clear motive to fabricate the allegation, and that her delayed recollection of this incident (which she did not report during the police investigation or to Dr D) did not undermine her reliability. The Tribunal found Ms A's oral evidence in relation to this matter to be balanced, detailed and consistent with her witness statement, and more plausible in all the circumstances than the account provided by Dr Chapman. It took the view that Dr Chapman most likely misjudged the situation and acted impulsively.

55. Having regard to the credibility of Ms A's account, the surrounding context of workplace banter, Dr Chapman's own partial admission of making jokes related to XXX, and the plausibility of the situation as described, the Tribunal found the kiss more likely to have occurred as Ms A described than not.

56. Accordingly, the Tribunal found paragraph 1c proved.

Paragraph 1d, 1d(i) and (ii)

57. The Tribunal considered whether in approximately May 2021:
- Dr Chapman hugged Ms A,
- Dr Chapman touched Ms A's bottom; and
- Dr Chapman pinched Ms A's bottom.

58. In her witness statement, Ms A described an incident involving Dr Chapman in which she alleged that he hugged her then touched and pinched her bottom. The context Ms A described was that Dr Chapman appeared to be in a sad mood at the time and had said that he needed a cuddle. She described giving him a half-hearted hug in response as she considered that they *"were like a family"* in the practice. Ms A stated that Dr Chapman then used his left hand to pinch her right bottom cheek. She also physically demonstrated to the Tribunal the nature of the touch, which the Tribunal considered could be better characterised as a squeeze (which it took to mean a firm press) rather than a pinch (which it took to mean a tight and sharp grip between finger and thumb).

59. Dr Chapman denied the allegations. He asserted that he has never hugged Ms A, nor asked for a hug, nor pinched/touched her bottom.

60. Ms A accepted she did not report the incident at the time because these events in isolation never struck her as being necessary to report to the Practice Manager. Following Dr Chapman's arrest, however, Ms A reported the incident to Dr D, who she knew was preparing a safeguarding report. In Dr D's witness statement, he said that Ms A told him that it was in fact she who was upset and that Dr Chapman was sympathising with her. He had then hugged her, and then put his hand on her bottom. Although Ms A did not use the term 'pinch' when speaking to Dr D, her account remained consistent in both written and oral evidence that physical contact occurred between Dr Chapman's hand and her bottom.

61. The Tribunal found Ms A's account moderate, balanced and credible. Although the precise emotional context—such as who was upset—remains unclear and was disputed the Tribunal was satisfied on the balance of probabilities that Dr Chapman did hug Ms A and that he touched her bottom in doing so. In the light of Ms A's demonstration during her oral evidence, the Tribunal concluded that while the touching occurred, it was more likely to have been a squeeze than a pinch.

62. Accordingly, the Tribunal found Paragraph 1d and paragraph 1d(i) proved. It found paragraph 1d(ii) not proved.

Paragraph 2a

63. The Tribunal considered whether Dr Chapman's actions as set out in the paragraph 1 constituted sexual harassment as defined in Section 26 (2) of the Equality Act 2010, in that he engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A.

64. Dr Chapman denied that any of his actions constituted sexual harassment.

65. Although Dr Chapman's proven conduct was plainly unwanted by her, the Tribunal could not conclude on the evidence before it that his purpose was to violate Ms A's dignity or create an intimidating, hostile, degrading, humiliating or offensive environment for her.

66. The Tribunal considered Ms A's own perception of her experiences with Dr Chapman. Ms A described in Dr Chapman's criminal trial that she considered his behaviour at the time to be harmless and something she felt able to handle. Ms A stated in her witness statement

to this Tribunal that because she was aware of his jovial, flirty manner, the incidents in isolation seemed not serious enough to report to the Practice Manager. She also considered it *"seemed silly to raise an alarm"* as she *"didn't feel horrendous"* and the incidents occurred over a long period of time. She believed the incident in which Dr Chapman was showing her various photos of family and scenery on his phone and flicked across to show a picture of his erect penis to be an accident, for which Dr Chapman immediately apologised.

67. The Tribunal noted that Ms A and Dr Chapman were close working colleagues over several years. She had become accustomed to his manner and maintained a friendly relationship with Dr Chapman throughout the relevant period, including after the alleged incidents. This was supported by documentary evidence such as messages showing shared innuendo and ongoing friendly communication about each other's personal lives, reflecting a two-way dynamic.

68. Ms A stated that it was only after learning of the nature of Dr Chapman's arrest that she reconsidered the inappropriateness of his behaviour. She said in her witness statement that *"looking back in hindsight, I realise that Dr Chapman did cross boundaries with me* [XXX] *and these incidents shouldn't have happened."* She stated, in relation to the matter alleged and proved under paragraph 1(a)(ii): *"As a person with* [XXX]*, seeing these images of naked women felt degrading and I personally didn't like it."* In response to questions from the Tribunal, she described feeling *"violated"* by the matters alleged and proved under paragraphs 1(c) and 1(d).

69. The Tribunal carefully considered whether Dr Chapman's proven conduct under paragraph 1 of the allegation amounted to sexual harassment. It took all the evidence before it into account and noted the evidence given by Ms A in relation to her own perception of its impact on her. In the Tribunal's judgement, it was entirely reasonable for Ms A to feel violated by Dr Chapman's unwanted personal contact with her (by kissing her and by touching her bottom) and to feel degraded by his sharing with her of a pornographic image of an unclothed woman. As Dr Chapman accepted in oral evidence, Ms A was vulnerable in the light of XXX. In those circumstances, regardless of her frequently positive interactions with Dr Chapman and the informality of some colleagues' relationships at the Practice, the Tribunal considered it unsurprising that Ms A should feel that her dignity was violated by Dr Chapman's proven physical contact and that his decision to share with her an explicit photograph of a woman created a degrading environment for her. Dr Chapman's conduct could not, in the Tribunal's judgement, be characterised as objectively unexceptional, and Ms A was not objectively unduly sensitive. Indeed, the Tribunal noted her resilient and circumspect attitude to Dr Chapman's conduct and her reluctance to escalate it at the time.

70. The Tribunal was therefore satisfied on the balance of probabilities that Dr Chapman's conduct as proved under paragraphs 1(a)(ii), 1(c) and 1(d)(i) collectively constituted sexual harassment as defined in Section 26 (2) of the Equality Act 2010, in that he engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A, and creating a degrading environment for her.

71. Accordingly the Tribunal found paragraph 2a proved.

Paragraph 2b

72. The Tribunal considered whether Dr Chapman's actions as set out in paragraph 1 were sexually motivated.

73. Dr Chapman denied that any of his actions were sexually motivated.

Paragraph 1a(i)

74. The Tribunal noted that Dr Chapman admitted to showing Ms A a photograph of his erect penis, describing it as an embarrassing mistake in relation to an image intended for personal and private use. He accepted in oral evidence that a similar incident occurred with Ms B also but insisted that that too was an accident. Ms A stated that when the image was shown to her, Dr Chapman appeared shocked, saying, *"I can't believe I've done that."* She accepted it was an accident and left the room. However, she reported that Dr Chapman continued referencing the incident throughout the day, repeatedly entering her workspace to express his embarrassment, to the point that she had to ask him to stop.

75. The Tribunal bore in mind that this type of incident occurred on more than one occasion and involved two different XXX. The Tribunal considered it implausible that someone who knew that sexually explicit images were on their phone, and felt genuine embarrassment in relation to accidentally sharing them, would take such little care in scrolling through photos that they would repeat such an error. Although Mr Lownds submitted that Dr Chapman's openness with Dr E supported his assertion that his conduct in relation to Ms A was a simple error, the Tribunal was not so persuaded. The Tribunal found it more likely that Dr Chapman was testing Ms A's reaction to the photograph and that he did so for his own sexual gratification.

76. Accordingly the Tribunal found that the conduct was sexually motivated.

Paragraph 1a(ii)

77. The Tribunal noted that Dr Chapman stated that the images on his phone were for personal use. He proffered explanations such as having an interest of photography as a hobby and that the photographs in question were *"artistic".* However, the Tribunal noted that during a separate police interview, he referred to the images in the context of answering a question about whether he had any pornography on his phone. Ms A gave consistent evidence that he showed her photographs of unclothed women, and the Tribunal found this to be sexually suggestive material. It found that Dr Chapman likely derived gratification from observing Ms A's reaction to these images. The Tribunal concluded that Dr Chapman was again testing boundaries and engaging in sexually motivated behaviour, consistent with his previous conduct.

78. Accordingly the Tribunal found that the conduct was sexually motivated.

Paragraph 1b

79. The Tribunal found proved that Dr Chapman had made the comments alleged to Ms A about going on the dating application XXX. It was clear to the Tribunal, however, that such comments occurred within a workplace environment that regularly featured informal personal conversations, including about dating. The Tribunal accepted that there was a culture of jovial exchanges between colleagues, and that Ms A and Dr Chapman had a personal rapport that included such interactions. Given the context, and in the absence of any evidence from which it could infer a sexual motive, the Tribunal found Ms A's account credible but concluded that Dr Chapman's remark was made flippantly, in a joking manner, consistent with the established tone of their interactions.

80. Accordingly the Tribunal found that the conduct was not sexually motivated.

Paragraph 1c

81. The Tribunal accepted Ms A's account that Dr Chapman had kissed her. It also considered that the kiss was impulsive and intended as a joke, and acknowledged both that Dr Chapman apologised, and that Ms A accepted the apology. The Tribunal considered that although the kiss was clearly ill-judged and crossed professional boundaries, there was nothing within Ms A's own description to suggest a sexual motivation behind the act. The Tribunal accepted that the act was impulsive and inappropriate, but neither inherently sexual in nature nor – on the evidence before it – sexually motivated.

82. Accordingly the Tribunal found that the conduct was not sexually motivated.

Paragraph 1d

83. Ms A reported that Dr Chapman hugged her and moved his hands to squeeze her bottom. The Tribunal noted that Dr Chapman did not apologise at the time for doing so and considered the movement of his hand to her bottom which Ms A described to have been plainly deliberate. While it did not consider the hug itself to be inherently sexual, it considered that there was no credible explanation offered for Dr Chapman touching Ms A's bottom in the manner she described. The Tribunal found that this was not an accidental or casual gesture, but a purposeful act for Dr Chapman's own gratification.

84. Accordingly the Tribunal found that the conduct was sexually motivated.

Paragraph 2c

85. The Tribunal considered whether Dr Chapman's actions as set out in paragraph 1 amounted to an abuse of his more senior position.

86. The Tribunal considered the working environment at the Practice, which was described as informal and at times disinhibited. Dr Chapman accepted in his witness statement that he played a role in encouraging this culture and reiterated this point in his oral evidence. The Tribunal accepted that Dr Chapman and Ms A were close colleagues and that his behaviour was inappropriate and considered that he had failed to maintain an appropriate professional boundary. It considered that as a GP partner in the Practice he held responsibility for maintaining appropriate workplace standards.

87. The Tribunal considered Dr Chapman's perception of Ms A: he knew of her personal life issues, XXX. This context made her potentially more vulnerable to boundary violations. In his own account during his criminal trial Dr Chapman acknowledged that he *"overstepped the mark in some ways"*, describing himself as *"slightly flirtatious"* but mostly acting in what he considered a *"jocular, friendly and engaged manner"*. When asked especially about what constitutes overstepping the mark, he referenced the incident where he accidentally showed Ms A a photograph of his erect penis, acknowledging that it was *"totally inappropriate"* and stating that he could *"only apologise profusely"*.

88. The Tribunal found that some of Dr Chapman's actions were sexually motivated, aimed at testing boundaries to see how Ms A would react. It considered that his conduct in

this regard was enabled by his position as an older male and GP partner at the Practice and could properly be characterised as an abuse of that position for a sexual purpose.

89. In the Tribunal's view, however, all of Dr Chapman's proven conduct involved him using his senior position as GP Partner, his lead responsibility (along with Dr D and the Practice Manager) for modelling and shaping the Practice's behavioural standards, and his relative power as the employer to engage in, and perpetuate, a wholly inappropriate workplace culture that had the potential to make colleagues feel uncomfortable and unsafe but which they felt unable to challenge or avoid. The Tribunal considered this to amount to an abuse of his more senior position.

90. Accordingly the Tribunal found paragraph 2c proved.

The Tribunal's Overall Determination on the Facts

91. The Tribunal has determined the facts as follows:

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

1. On one or more occasion between 2016 and 2021, you:

    a. showed Ms A photographs:

        i. of an erect penis;
        Admitted and found proved

        ii. of unclothed women and/or that were pornographic in nature;
        Determined and found proved

    b. when Ms A informed you she had joined a dating application, you;

        i. asked her:

            A. if she had found you on the dating application;
            Determined and found proved

            B. why she had not found you on the dating application;
            Determined and found proved

        ii. suggested to Ms A she should 'look for [you]' on dating applications,;
        Determined and found proved

c. in approximately 2020, kissed Ms A on the lips;
Determined and found proved

d. in approximately May 2021, you hugged Ms A and you:
Determined and found proved

i. touched Ms A's bottom;
Determined and found proved

ii. pinched Ms A's bottom.
Not proved

2. Your actions as set out in paragraph 1:

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

b. were sexually motivated;
Determined and found proved

c. amounted to an abuse of your more senior position.
Determined and found proved

3. On 15 June 2023 at Gloucester Crown Court, you were convicted of attempting to cause a person to engage in sexual activity without consent.
Admitted and found proved

4. On 06 July 2023 you were:

a. made subject to a:

i. 12 months Community Order;
Admitted and found proved

ii. Restraining Order for a period of 10 years;
Admitted and found proved

b. ordered to sign the Sex Offenders Register for a period of 5 years.
Admitted and found proved

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

a. misconduct in respect of paragraphs 1-2.
To be determined

b. conviction in response of paragraph 3-4.
To be determined

Determination on Impairment - 04/07/2025

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

The Evidence

93. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal received newly unredacted passages from Dr E's witness statement dated 8 December 2024.

Submissions

94. On behalf of the GMC, Mr Breen submitted that the facts found proved amount to serious misconduct. He submitted that Dr Chapman's fitness to practise is currently impaired by two principal reasons: first, by reason of the conviction and the circumstances of that conviction; and second, by reason of misconduct which included findings of sexual motivation and sexual harassment.

95. Mr Breen referred the Tribunal to the relevant case law when considering misconduct and impairment and to GMC guidance on Maintaining Personal and Professional Boundaries (2024). He submitted that Dr Chapman's behaviour was inconsistent with the principles within Good Medical Practice (GMP).

96. Mr Breen submitted that misconduct was a matter for the Tribunal's judgement. He referred to the case of *Roylance v GMC [2000] 1 AC 311*, in which it was said that misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.

97. Mr Breen submitted that a finding of misconduct does not inevitably lead to a finding of impairment. He also referred to the case of *Meadow v GMC [2006] EWCA Civ 1390 (26 October 2006)*, which held that impairment is a forward-looking assessment, not intended to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. Nevertheless, in order to form a view as to the fitness of a person to practise today, the Tribunal would have to take account of the way in which the person concerned has acted or failed to act in the past.

98. Mr Breen submitted that there was no evidence of insight and remediation, and that these are critical considerations for the Tribunal when determining impairment.

99. Mr Breen also submitted that the Tribunal should consider, not only whether the practitioner continues to present a risk to members of the public but also whether public confidence in the profession would be undermined if a finding of impairment is not made.

100. On behalf of Dr Chapman, who was absent for this stage of the hearing, Mr Lownds made no submissions in respect of impairment.

The Relevant Legal Principles

101. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision as to whether Dr Chapman's fitness to practise is impaired is a matter for the Tribunal's judgement alone.

102. In approaching the decision, the Tribunal was mindful of the two stage process to be adopted: first whether the facts as found within paragraphs 1 and 2 of the Allegation proved amounted to misconduct that was serious; and then whether any such finding of misconduct, and Dr Chapman's conviction (as set out in paragraphs 3 and 4 of the Allegation), should lead to a finding of impairment.

103. The Tribunal was reminded of the definition of 'misconduct' as set out in the case of *Roylance* (cited above) and of the judgement *Nandi v General Medical Council [2004] EWHC 2317 (Admin)* in which the courts emphasised the need to give the issue of seriousness proper weight and observed that in other contexts serious professional misconduct has been referred to as conduct which would be regarded as deplorable by fellow practitioners.

104. The Tribunal was reminded of *Remedy UK Ltd, R (on the application of) v The General Medical Council [2010] EWHC 1245 (Admin),* in which it was said that misconduct was of two principal kinds. First, it may involve sufficiently serious misconduct in the exercise of

professional practice such that it can properly be described as misconduct going to fitness to practise. Second, it could involve conduct of a morally culpable or otherwise disgraceful kind which may, and often would, occur out with the course of professional practice itself, but which brought disgrace upon the practitioner and thereby prejudiced the reputation of the profession.

105. The Tribunal must determine whether Dr Chapman's fitness to practise is impaired today, taking into account Dr Chapman's conduct at the time of the events and any other relevant factors such as whether the matters are remediable, whether they have been remedied and any likelihood of repetition.

106. The Tribunal was assisted by the test provided 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 our findings … show that his / her [fitness to practise] is impaired in the sense that he/ she: …
>
> *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 and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> *c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
>
> *d….'*

The Tribunal's Determination on Impairment

Misconduct

107. The Tribunal first considered whether the facts found proved under paragraphs 1 and 2 of the Allegation amounted to misconduct.

108. As to paragraph 1b, the Tribunal found proved that Dr Chapman made comments to Ms A about going on the dating application XXX. It was, however, the Tribunal's view that these comments were made in the context of a workplace culture of jovial exchanges

between colleagues that regularly featured informal personal conversations, including about dating. It therefore found the conduct in question not sexually motivated. The Tribunal considered that if the conduct at paragraph 1b were taken in isolation, it would not reach the threshold to amount to serious misconduct.

109. As to the remaining proven particulars in paragraph 1, the Tribunal found that Dr Chapman showed Ms A a photograph of his erect penis, along with a photograph of an unclothed woman that was pornographic in nature and that Ms A described this as *"degrading"*. The Tribunal further found that on one occasion, Dr Chapman had kissed Ms A on the lips, and that, on a separate occasion, he touched her bottom. These incidents were unwanted and Ms A described them as having made her feel *"violated"*. The Tribunal made a finding of sexual motivation in relation to the conduct set out at subparagraphs 1a and 1d of the Allegation. The Tribunal considered that Dr Chapman's conduct in each of these regards was wholly unacceptable in a workplace environment and entirely inappropriate for any doctor and in particular for one occupying a senior position including as an employer.

110. The Tribunal further found that some of Dr Chapman's proven conduct towards Ms A (specifically that which was set out at subparagraphs 1a(ii), 1c and 1d), constituted sexual harassment in that he engaged in unwanted conduct of a sexual nature which had the effect of violating the dignity of Ms A, and creating a degrading environment for her. It also found that Dr Chapman encouraged and perpetuated an inappropriate workplace culture and abused his senior position to do so and to test boundaries with Ms A.

111. The Tribunal had regard to GMP 2013 which was in force at the time of the events and considered that Dr Chapman's proven conduct had breached the following paragraphs:

> ***1*** *Patients need good doctors. Good doctors make the care of their patients their first concern: they … establish and maintain good relationships with … colleagues …*
>
> ***36*** *You must treat colleagues fairly and with respect.*
>
> ***37*** *You must be aware of how your behaviour may influence others within and outside the team.*
>
> ***65*** *You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*

112. In the Tribunal's view, Dr Chapman's proven conduct (with the exception of that which was set out in subparagraph 1b of the Allegation) was deliberate as opposed to

accidental. It was undertaken in the knowledge, which he admitted in oral evidence, that Ms A was vulnerable. As indicated above some of it was sexually motivated, and some of it amounted to both sexual harassment and an abuse of Dr Chapman's more senior position. It also occurred over a protracted period of time. In the Tribunal's view it had a negative impact on Ms A herself and risked significant reputational consequences and damage for the Practice and wider medical profession. The Tribunal considered that if members of the public and of the profession were aware of the facts of this case they would regard Dr Chapman's conduct as deplorable.

113. The Tribunal determined that Dr Chapman's misconduct constituted a serious departure from GMP. It determined that Dr Chapman's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to serious misconduct.

Impaired by reason of misconduct and conviction

114. The Tribunal next went on to consider whether, as a result of Dr Chapman's misconduct and conviction, his fitness to practise was currently impaired.

115. In determining whether a finding of current impairment of fitness to practise is necessary, the Tribunal looked for evidence of insight, remediation and the likelihood of repetition, bearing in mind the three elements of the overarching statutory objective.

116. The Tribunal noted that, aside from the admitted allegation in paragraph 1a, Dr Chapman denied the remaining allegations in paragraph 1 and 2. He denied sexual harassment, sexual motivation and an abuse of his senior position. The Tribunal acknowledged that he is entitled to defend himself and he should not be penalised for doing so.

117. The Tribunal could not, however, ignore the impact of Dr Chapman's actions on Ms A. It considered that he minimised his behaviour towards Ms A in his account of events he gave to the Tribunal, characterising his interactions with her as jovial *"banter"*. The Tribunal noted that Dr Chapman's unwanted and inappropriate behaviour towards Ms A was not a single incident and occurred over several years of working together.

118. The Tribunal noted that Dr Chapman accepted some culpability that he played a role in encouraging a disinhibited working culture at the Practice, for which he apologised. He also apologised for the conduct he admitted. In the Tribunal's view, however, Dr Chapman's insight in relation to even the conduct he admitted, let alone his proven conduct, was limited.

He did not demonstrate a clear understanding of the seriousness, nature and impact of his wrongdoing and provided no evidence of any commitment to reflection, learning and change. The Tribunal received no substantive evidence of remediation, other than Dr Chapman stating that he had put his explicit photographs in a private folder on his phone.

119. Turning to Dr Chapman's conviction, the Tribunal noted that Dr Chapman was convicted of attempting to cause a person (Ms B) to engage in sexual activity without consent. His conviction resulted in a 12-month Community Order, a Restraining Order for a period of 10 years, and he was ordered to sign the Sex Offenders Register for a period of five years.

120. The Tribunal considered the nature of Dr Chapman's conviction, which it regarded as serious. It took into account that doctors occupy a position of privilege and trust. They are expected to act in a manner which maintains public confidence in them and in the medical profession and to uphold proper standards of conduct. The Tribunal considered that the conviction amounted to a serious departure from Dr Chapman's obligations under GMP to act within the law. In that regard, it considered Dr Chapman had breached paragraph 1 of GMP:

> ***1*** *Patients need good doctors. Good doctors make the care of their patients their first concern: they … establish and maintain good relationships with patients and colleagues, … and act … within the law.*

121. Although Dr Chapman stated in his evidence that he accepted the fact of the conviction and that he did not seek go behind the conviction's findings, he also maintained his innocence on the matter.

122. The Tribunal received no evidence of apology, reflection, insight or remediation from Dr Chapman in respect of his conviction.

123. In light of its findings on insight and remediation, the Tribunal considered that there was a clear risk of repetition of the same or similar conduct.

124. Applying the key legal principles set out in the case of *Grant*, the Tribunal determined that limbs *b* and *c* were engaged. Dr Chapman's misconduct and conviction brought the medical profession into disrepute and breached fundamental tenets of the profession relating to the duties on doctors to establish and maintain good relationships XXX, act within the law, XXX, be aware of how one's behaviour may influence others XXX, and make sure that one's conduct justifies one's patients' trust and the public's trust in the profession. For the reasons

set out above, the Tribunal considered that, in the absence of any significant insight and remediation, Dr Chapman was liable to do so again.

125. The Tribunal considered that a reasonable and well-informed member of the public hearing of Dr Chapman's behaviour would expect a finding of impairment to be made in this case, to mark the seriousness of the misconduct and the conviction.

126. The Tribunal considered that a finding of impairment by reason of misconduct and conviction was necessary in this case to uphold all three limbs of the overarching objective, namely, 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.

127. The Tribunal has therefore determined that Dr Chapman's fitness to practise is impaired by reason of misconduct and conviction.

Determination on Sanction - 08/07/2025

128. Having determined that Dr Chapman's fitness to practise is impaired by reason of misconduct and 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.

The Evidence

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

Submissions

130. On behalf of the GMC, Mr Breen submitted that the only proportionate sanction in Dr Chapman's case was erasure. He reminded the Tribunal it had found that there was a clear risk of repetition and all three limbs of the overarching objective engaged in its impairment determination.

131. Mr Breen referred the Tribunal to relevant paragraphs of the Sanctions Guidance 2024 ('SG'). He submitted that were no mitigating factors for the Tribunal to consider, such as testimonials to support Dr Chapman or any expressions of regret and apology. He submitted that the Tribunal found limited insight. He submitted that, under the SG, tribunals

are likely to take more serious action where certain conduct arises in a doctor's personal life, such as misconduct involving offences of a sexual nature.

132. Mr Breen submitted that taking no action or imposing an order of conditions would not be appropriate in this case. He submitted that a suspension order would not be appropriate given that the Tribunal found there has been no acknowledgement of fault and in light of the risk of repetition. He submitted that Dr Chapman's conduct was fundamentally incompatible with his continued registration. Mr Breen referred to paragraphs 109 (a), (b), (d), (f), and (j) of the SG which indicate when erasure might be the appropriate sanction. Mr Breen submitted there are some cases where a doctor's failings are difficult to remediate. This is because they are so serious that, despite steps subsequently taken, action is needed to maintain public confidence.

133. Mr Breen submitted that more serious outcomes are likely to be appropriate if there are serious findings which involve sexual harassment and sexual misconduct. Mr Breen acknowledged that the Tribunal described Ms A was vulnerable in its impairment determination. He referred the Tribunal to relevant paragraphs of the SG on vulnerable patients and invited the Tribunal to consider whether Ms A's vulnerability fell within those guidelines.

134. On behalf of Dr Chapman, who was absent for this stage of the hearing, Mr Lownds made no submissions in respect of sanction.

The Tribunal's Approach

135. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal exercising its own judgement by reference to the SG. It must consider the least restrictive sanction first and then, if necessary, consider the other sanctions in ascending order of gravity. The Tribunal must consider its determination on impairment and take those matters into account during its deliberations on sanction.

136. The Tribunal recognised that the purpose of a sanction is not to be punitive but to protect patients and the wider public interest, although a sanction may have a punitive effect. If the Tribunal departs from the SG, it must give reasons for departing from relevant parts of the SG.

137. The Tribunal must apply the principle of proportionality, balancing the wider public interest with Dr Chapman's interests, and imposing the least restrictive and severe sanction

that it considers necessary. The Tribunal must bear in mind that the reputation of the profession as a whole is more important than the interests of any individual member.

The Tribunal's Determination on Sanction

Aggravating and Mitigating Factors

138. Before considering what action, if any, was appropriate in this case, the Tribunal considered and balanced the aggravating and mitigating factors. In particular, it referred to paragraphs including 25-49 of the SG for mitigating factors and paragraphs 50-56 for aggravating factors.

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

- Dr Chapman had abused his senior position and sexually harassed Ms A. The Tribunal noted that Dr Chapman's unwanted and inappropriate behaviour towards Ms A was not a single incident and occurred over several years of working together.
- The nature of Dr Chapman's conviction, which involves a sexual offence. The Tribunal considered such conduct as serious. Dr Chapman is registered as a Sex Offender and was made subject to a Restraining Order.
- Dr Chapman's lack of insight: he has not provided the Tribunal with any evidence or submissions demonstrating timely or meaningful insight, remediation, reflection, apology or remorse in respect of either his misconduct or his criminal conviction, other than a very limited apology in relation to paragraph 1(a)(i) of the Allegation and his evidence that he had since placed explicit photos of himself in a separate folder on his phone. The Tribunal considered that these did not address the specific misconduct it found proved, which was both deliberate and sexually motivated.

140. Dr Chapman has not submitted any mitigation evidence. In the absence of any substantive evidence of insight or remediation in respect of either Dr Chapman's proven misconduct or his criminal conviction, the Tribunal identified no mitigating factors.

No action

141. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Chapman's case, the Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action may be appropriate where there are exceptional circumstances.

142. The Tribunal determined that there were no exceptional circumstances which justified taking no action in this case. Given the seriousness of the findings made by the Tribunal at the facts and impairment stage, the Tribunal considered that action was required to satisfy the demands of the GMC's overarching objective. It would not be sufficient, proportionate or in the public interest to conclude this case by taking no action.

Conditions

143. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Chapman's registration. It has borne in mind that any conditions must be appropriate, proportionate, workable and measurable. In doing so, the Tribunal had regard to the various paragraphs of the SG which indicate the cases in which conditions might be appropriate.

144. The Tribunal considered that conditions would not be appropriate or proportionate given the nature of Dr Chapman's criminal conviction and misconduct. This was not a health or performance case. Further, conditions would not be workable given its findings of lack of insight and remediation and the risk of repetition.

145. The Tribunal, in any event, found that imposing conditions on Dr Chapman's registration would not be sufficient to mark the seriousness of his misconduct or conviction, or satisfy the demands of the overarching objective.

Suspension

146. The Tribunal next considered whether imposing a period of suspension on Dr Chapman's registration would be appropriate and proportionate. In doing so, the Tribunal had regard to paragraph 97 of the SG which indicate circumstances in which it may be appropriate to impose a sanction of suspension, and which were potentially relevant in the circumstances of this case:

> *97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*
>
> > *a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.*

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

147. The Tribunal also noted that paragraph 93 of the SG states that suspension may be appropriate where there may have been an acknowledgement of fault and where the Tribunal is satisfied that the behaviour or incident was unlikely to be repeated. However, Dr Chapman has not provided the Tribunal with any evidence or submissions demonstrating meaningful insight, remediation, reflection, apology or remorse in respect of either his misconduct or his criminal conviction. Therefore, the Tribunal considered that there was a clear risk of repetition of the same or similar conduct. Taking all these factors into account, the Tribunal was of the view that no factors in favour of suspension outlined in paragraph 97 were present in this case.

148. The Tribunal reminded itself that Dr Chapman's case involved two women, Ms A and Ms B. The Tribunal had previously concluded that Dr Chapman's unwanted and inappropriate behaviour towards Ms A was not a single incident and occurred over several years of working together. It found that his conduct involved sexually motivated behaviour, and behaviour amounting to sexual harassment and an abuse of his senior position. The Tribunal was invited by the GMC to consider whether Ms A was vulnerable. While the relevant paragraphs on vulnerability in the SG mainly refer to vulnerable patients, the Tribunal considered that she was vulnerable and noted that, in his oral evidence, Dr Chapman agreed. The Tribunal also bore in mind the serious sexual nature of Dr Chapman's conviction. He was convicted of attempting to cause Ms B to engage in sexual activity without consent by ingesting his own seminal fluid. His conviction resulted in a 12-month Community Order, a Restraining Order for a period of 10 years, and he was ordered to sign the Sex Offenders Register for a period of five years. The Tribunal concluded that Dr Chapman's actions constituted a serious departure from GMP and a breach of fundamental tenets of the profession.

149. The Tribunal bore in mind the following paragraph of the SG:

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

b sexual harassment

150. The Tribunal also noted the following paragraphs of the SG which relate to sexual misconduct:

> ***149*** *This encompasses a wide range of conduct from criminal convictions for sexual assault and … to sexual misconduct with patients, colleagues, patients' relatives or others.*
>
> ***150*** *Sexual misconduct seriously undermines public trust in the profession. The misconduct is particularly serious where there is an abuse of the special position of trust a doctor occupies, or where a doctor has been required to register as a sex offender. More serious action, such as erasure, is likely to be appropriate in such cases.*

151. The Tribunal was satisfied that Dr Chapman's conduct engaged each of the above paragraphs.

152. The Tribunal carefully considered whether to suspend Dr Chapman for a specific period of time. It acknowledged that suspension has a deterrent effect and can be used as a signal to the doctor, the profession, and to the public about what is regarded as behaviour unbefitting a registered doctor. It also noted that a period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration.

153. However, the Tribunal found that because of the overall seriousness of all the findings against Dr Chapman together with the absence of meaningful insight, or remediation and the risk of repeating the same or similar conduct, it could not conclude that suspension was a sufficient sanction to reflect the gravity of Dr Chapman's misconduct and conviction and protect the public. A period of suspension, of any length, would not satisfy the wider public confidence in the profession and maintain proper standards of conduct in the medical profession.

Erasure

154. The Tribunal carefully considered the indicators as to when a doctor's behaviour was likely to be fundamentally incompatible with continued registration as set out in paragraph 109 of the SG. The Tribunal considered paragraph 109(a), (b), (d), (f) and (j) of the SG were engaged in Dr Chapman's case:

> ***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.
d Abuse of position/trust (see Good medical practice, paragraph 81: 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession').
f Offences of a sexual nature…
j Persistent lack of insight into the seriousness of their actions or the consequences.

155. The Tribunal was satisfied that the circumstances of Dr Chapman's case were so serious that his misconduct and conviction were fundamentally incompatible with continued registration.

156. The Tribunal was also cognisant of the serious psychological harm caused to Ms B. It noted the Judge's sentencing remarks in the criminal trial:

> *"But I have been shown the Victim Personal Statement which sets out the very considerable harm, psychological harm caused to her in the immediate aftermath. The worry and nausea. Even leading her to consider her own future* [XXX]*. Her feelings of vulnerability, uncertainty and fear.*
>
> *The humiliation of being the subject of this offence. The lasting effect on her quality of personal life. The social withdrawal. The interrupted sleep and even the postponement of* [XXX]*, all as a result of what you did for your own gratification to her. And it is necessary, in my view, to make the Restraining Order in order to prevent further psychological harm to her arising from what you did."*

157. The Tribunal also took into account the unredacted passages in Dr E's witness statement about the impact of Dr Chapman's conviction had on the Practice:

> *"Years down the line, the impact on the practice, on the professional reputation of the practice, on the profession of doctors in general and on patients' trust is still huge. The impact on* [XXX] *staff and on me personally is also huge. There continue to be comments inside and outside of the practice on a regular basis like, 'Oh we don't talk about Dr Chapman'* [XXX]*. These are things I hear in consultations with patients, and in social situations when someone asks me where I work. I should be able to feel proud of where I work and what we achieve, but at times I can't.*

Some patients are put off coming to the practice and some have a mistrust of seeking help when they need it, or whether things would remain confidential. That is so damaging. We're supposed to do a good job; be proud of what we do and I still find it hard when I say I am a GP Partner at the practice, due to the reaction I receive."

158. The Tribunal was satisfied that the nature of Dr Chapman's conviction alone was fundamentally incompatible with continued registration. Dr Chapman had undermined and breached the trust and confidence of patients and the public in the medical profession. His conviction inevitably brought the profession into disrepute. The Tribunal considered that reasonable and well-informed members of the public and profession would find the nature of his conviction to be deplorable and would be appalled if a doctor with such a conviction against him were not subject to erasure.

159. The Tribunal concluded, for all the reasons set out above, that erasure was the only sanction that would mark the seriousness of his misconduct and conviction. Erasure would send a message to the medical profession and to the public that this type of behaviour was unacceptable.

160. In the interests of proportionality, the Tribunal bore in mind, and regretted, the impact that erasure would have on Dr Chapman and on his career, reputation and personal circumstances. The Tribunal also noted the positive evidence before it, primarily from the GMC's witnesses, as to Dr Chapman's long career as a well-liked doctor and a considerate, supportive colleague, and bore in mind the public interest in maintaining such doctors on the register. However, in the light of the findings it had made, it concluded that Dr Chapman's interests are outweighed by the need to protect, promote and maintain the health, safety and wellbeing of the public, promote and maintain both public confidence in the medical profession and proper professional standards and conduct for members of that profession, and that no less severe sanction would – in the circumstances – adequately achieve these objectives.

161. The Tribunal therefore determined to erase Dr Chapman's name from the medical register.

Determination on Immediate Order - 08/07/2025

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

Submissions

163. On behalf of the GMC, Mr Breen invited the Tribunal to consider paragraphs 172 and 173 of the SG. He submitted that an immediate order was necessary to protect members of the public or is otherwise in the public interest. He submitted immediate action must be taken to protect public confidence in the medical profession.

164.On behalf of Dr Chapman, Mr Lownds made no submissions.

The Tribunal's Determination

165. In its deliberations, the Tribunal had regard to the following paragraphs of the SG:

> *172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.*
>
> *173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.*

166. Based on the concerns raised in this case, the Tribunal was satisfied that an immediate order was necessary to protect members of the public and that it would be in the public interest. The Tribunal also concluded that public confidence in the profession would be undermined if there were not an immediate order.

167. The Tribunal therefore determined to impose an immediate order of suspension.

168. This means that Dr Chapman's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made

in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

169. The existing interim order currently in force is hereby revoked.