

**PUBLIC RECORD****Dates:** 28/07/2025 - 08/08/2025**Doctor:** Dr Matthew YOUNG**GMC reference number:** 7406464**Primary medical qualification:** MB BCh BAO 2013 Queens University of Belfast

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

**Summary of outcome**

Suspension, 3 months.  
Immediate order imposed

**Tribunal:**

Legally Qualified Chair	Mr Paul Moulder
Lay Tribunal Member:	Mr Darren Shenton
Registrant Tribunal Member:	Dr Bryn Davies
Tribunal Clerk:	Mrs Olivia Gamble

**Attendance and Representation:**

Doctor:	Present, represented
Doctor's Representative:	Mr Stephen Brassington, Counsel, instructed by Carson McDowell.
GMC Representative:	Mr Ged Doran, 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 - 05/08/2025

1. Dr Young obtained a Bachelor of Medicine degree from Queen's University Belfast in 2013 with the qualification MBChB.
2. At the time of the events that have led to these proceedings, Dr Young was employed as a Speciality Doctor in the emergency department of Antrim Area Hospital. He is currently working as a locum in the Western Isles Hospital in Stornoway and also undertakes ad-hoc work for St. John Ambulance and Sports Medics Northern Ireland, providing medical cover at concerts and events in Northern Ireland.
3. The matters that have led to Dr Young's hearing can be summarised as follows. It is alleged that on 8 July 2021, Dr Young treated Patient A at Antrim Area Hospital. It was alleged that Dr Young had, during the consultation, made inappropriate comments to Patient A and asked her for her mobile number. It was further alleged that he sent one or more messages to Patient A and had gone on to engage in a close personal relationship with her between 8 July 2021 and April 2022. The GMC alleged that this was sexually motivated conduct.
4. The GMC also alleged that, in or around April 2022, Dr Young had one or more telephone conversations with Patient A, during which he had made various statements, including inducements not to report their relationship and a threat to Patient A.
5. In respect of another person, Ms B, the GMC alleged that Dr Young had, on 21 February 2022, physically assaulted her, when Ms B had encountered him and another female at his flat.

## The Outcome of Applications Made during the Facts Stage

6. The Tribunal granted the GMC's application, made pursuant to Rule 17(6) of the Rules, to delete paragraphs 5a and 5c of the Allegation. (Annex A)

7. The Tribunal also granted an application made by Mr Brassington, on behalf of Dr Young, pursuant to Rule 17(2)g of the Rules, to delete paragraphs 4c, 5b and 5d of the Allegation. (Annex B)

### The Allegation and the Doctor's Response

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

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

#### Patient A

1. On 8 July 2021, you treated Patient A at Antrim Area Hospital, and you:

- a. said:
  - a. that you "would not normally get to see a lovely young lady like you", or words to that effect; **To be determined**
  - b. "your boyfriend will need to look after you", or words to that effect; **Admitted and found proved**
- b. asked Patient A if you could have her mobile number; **To be determined**
- c. sent one or more text messages to Patient A, including those which are set out at Schedule 1. **Admitted and found proved**

2. Between approximately 8 July 2021 and April 2022, you engaged in a close personal relationship with Patient A. **Admitted and found proved**

3. In or around April 2022, you had one or more telephone conversations with Patient A, during which you said:

- a. that you would lose your job, if your employer or the GMC found out you had been in a relationship with Patient A, or words to that effect; **To be determined**
- b. "What do I need to do for you not to talk?" or words to that effect; **To be determined**
- c. "Do you need money?" or words to that effect; **To be determined**

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- d. that you would take Patient A and XXX on a trip to XXX; **To be determined**
  - e. “If you say anything they’ll go to your house and sort you out”, or words to that effect; **To be determined**
  - f. “I’m just telling you”, or words to that effect, when Patient A asked if you were threatening her. **To be determined**
4. Your conduct as described at paragraph:
- a. 1 and/or 2 was sexually motivated; **Admitted and found proved (solely in relation to 1c and 2)**
  - b. 3 was an attempt to persuade Patient A to not report your actions as described at paragraphs 1 and/or 2 to your employer and/or the GMC; **To be determined**
  - c. ~~1 to 3 took place when you knew Patient A was vulnerable by reason of her mental health condition. Deleted under Rule 17(2)g~~

**Ms B**

5. ~~On 21 February 2022 at your home, you physically assaulted Ms B in that you:~~
- a. ~~rugby tackled her from a standing position onto the sofa; Deleted under Rule 17(6)~~
  - b. ~~on one or more occasion held her tight in a bear hug preventing her from moving; Deleted under Rule 17(2)g~~
  - c. ~~punched her in the nose; Deleted under Rule 17(6)~~
  - d. ~~refused to let her go despite her confirming that you were hurting her. Deleted under Rule 17(2)g~~

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

**The Admitted Facts**

9. At the outset of these proceedings, through his Counsel, Mr Brassington, Dr Young 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

10. In light of Dr Young's response to the Allegation made against him and the successful application under Rule 17(2)(g), the Tribunal is required to determine paragraphs 1aa, 1b, 3a – f, 4a (in relation to 1ab) and paragraph 4b of the Allegation.

### Witness Evidence

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

- Ms A, by video link. Together with her witness statement dated 5 April 2023.

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

- Ms B – witness statement dated 3 March 2023;
- Ms C – witness statements dated 5 April 2025 and 14 July 2025.

13. Dr Young provided a witness statement dated 6 June 2025. He also gave oral evidence at the hearing.

### Documentary Evidence

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

- The witness statements listed above;
- GMC referral information;
- Messages between Ms A and Dr Young – various dates (admitted under rule 34(1));
- Messages between Ms B and Dr Young – various dates;
- Ms B's police witness statement – dated 22 February 2022;
- Messages between Ms A and Ms C – various dates;
- Police MG5 in relation to Ms B – dated 22 February 2022 and associated statements.

### The Tribunal's Approach

15. 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 Young 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.

16. The Tribunal was advised by the Legally Qualified Chair (LQC) that the burden of proving the disputed facts of the Allegation lay on the GMC. He reminded the Tribunal of the guidance of the courts taken from *Dutta v GMC* [2020] EWHC 1974 (Admin) and *Byrne v GMC* [2021] EWHC 2237 (Admin). The LQC gave advice on the relevance of Dr Young's previous good character, referring to *Wisson v Health Professions Council* [2013] EWHC 1036 (Admin) impacted as it was by the admissions at the outset of this hearing. The LQC referred to the case of *Basson v GMC* [2018] EWHC 505 (Admin), on the definition of sexual motivation. He advised the Tribunal that it was entitled to draw reasonable inferences from the evidence which it accepted. The Tribunal had to set out its reasons on each of its findings on the outstanding factual allegations.

### The Tribunal's Analysis of the Evidence and Findings

#### Paragraph 1aa

17. In relation to paragraph 1aa of the Allegation, the Tribunal considered the evidence it had before it.

18. The Tribunal considered the witness statements of both Patient A and Dr Young and their oral evidence. The Tribunal noted that Dr Young admitted talking to Patient A about whether or not she had a boyfriend, and it further noted the evidence it had before it that Dr Young sent text messages to Patient A immediately after the consultation took place. The Tribunal took into account that, ultimately, at the end of the consultation in question, Dr Young ended up with Patient A's mobile number. Additionally, Patient A's witness statement was consistent with her oral evidence in this regard.

19. The Tribunal took the view that, taking into account the admissions and the evidence as a whole relating to the consultation, there was evidence to support that the consultation had been conducted in an inappropriate manner, breaching professional boundaries. This made it more likely than not that inappropriate conversation had taken place during the consultation and that there was flattery involved.

20. The Tribunal considered that on balance and given the evidence it has before it, it is more likely than not words to the effect of what is outlined in paragraph 1aa of the Allegation, were said by Dr Young.

21. Accordingly, the Tribunal considered paragraph 1aa of the Allegation proved.

**Paragraph 1b**

22. The Tribunal noted that in relation to paragraph 1b of the Allegation, in the evidence before it the only two persons present, Patient A and Dr Young, gave two opposing accounts. Patient A said that Dr Young had asked her for her mobile number whilst Dr Young's evidence was that Patient A gave him her mobile number unprompted.

23. The Tribunal considered that the GMC has failed to discharge its burden in relation to this paragraph of the Allegation and it determined that it did not have sufficient evidence before it to prove that Dr Young asked Patient A for her mobile number.

24. The Tribunal was provided with copies of a series of text message exchanges between Patient A and Dr Young, at the closure of the GMC's case. These were admitted under Rule 34(1) on the basis of an unopposed application by Mr Brassington. The Tribunal was told that the messages were from both WhatsApp and iMessage and were screenshots of Dr Young's mobile phone. The messages were produced after Patient A had given evidence; Mr Brassington submitted that these were in rebuttal of some of her evidence. Neither party applied to recall Patient A.

25. In the circumstances that the text messages were produced, the Tribunal had to exercise a degree of caution in relying on them. Mr Brassington conceded that the messages were taken by Dr Young from phones which he had used at the time, that these were not necessarily all the messages and that there were some temporal gaps between the messages. Nevertheless, as giving documentary evidence of exchanges at the time, the Tribunal considered that there was an importance to them which meant that they should be admitted to the hearing and taken into account.

26. The Tribunal considered the relevant text messages, which had been exchanged very shortly after the consultation. It noted the following:

'17.55 [Dr Young] "Thank you for making my day. Matthew"

18.26 [Patient A] "Aww thankyou for making mine too :) I cant believe I gave you my number lol you seemed so lovely and hot I couldn't help myself x"

18.29 [Dr Young] “It doesn’t happen to me every day a gorgeous [XXX] woman gives me her number I promise you. Its usually tears or abuse lol.so yea cant get much better”

18.30 [Patient A] “Lol you are so funny lol and very sweet im glad you texted me back x”

18.32 [Dr Young] “Meant texted not texted back :/ augh you know what I mean lol x’

27. The Tribunal noted that the message at 18.26 might be read ‘either way’ but there was the possible inference that Patient A offered her number from: ‘I gave you my number... I couldn’t help myself’. In addition, Patient A made a point of saying that Dr Young ‘texted’ her first. The Tribunal took into account that, whilst Patient A had maintained her account in her witness statement and during cross-examination, she had been inconsistent in the light of some of the evidence in the text messages of their later exchanges. It considered that Patient A did bear Dr Young a continuing degree of resentment, following the break-up of their relationship.

28. The Tribunal bore in mind that the burden of proof lay on the GMC to prove the factual allegation. Having considered the evidence in the round, the Tribunal found itself not satisfied that the GMC had proved it was more likely than not that Dr Young asked Patient A for her telephone number.

29. Accordingly, the Tribunal found paragraph 1b of the Allegation not proved.

### Paragraph 3a

30. The Tribunal was of the view that, in relation to paragraph 3a of the Allegation, again, it did not have sufficient evidence before it to conclude that Dr Young said such words to Patient A.

31. The Tribunal noted that Patient A made this assertion in her witness statement, but not with particularity as to time, date or place. When asked in the hearing to give further detail, Patient A referred to a time when she and Dr Young had been in a car together, discussing the concerns. The Tribunal noted that this must have been before the break-up of the relationship.

32. Patient A’s evidence was also that she had known, XXX, that it was against guidance for a doctor to have a relationship with a patient. It inferred that the issue of a threat to Dr Young’s position had been known from the start of the relationship. The Tribunal considered that, whilst a conversation of sorts may have taken place at an indeterminate time, it did not

have enough evidence to support the assertion of a definite conversation ‘in or around April 2022, i.e. specifically post the break-up.

33. Accordingly, the Tribunal found paragraph 3a of the Allegation not proved

**Paragraph 3b**

34. The Tribunal considered paragraph 3b of the Allegation.

35. The evidence in support of this paragraph came from Patient A, in her witness statement and her oral evidence. Whilst Patient A’s oral evidence was consistent with her witness statement, the Tribunal took into account that, in the text messages exhibited for dates between 12 April 2022 and 25 May, plus some later dates, there was no mention of Dr Young offering any inducement to Patient A. He had stated, in a text dated 16 April 2022 that he had already reported the matter to his immediate consultant, which indicated that the ‘cat was out of the bag’ by then. There was reference to the ‘[XXX] trip’, which is dealt with in 3d below.

36. Further, the Tribunal took into account that, in giving oral evidence, Patient A had stated that she was unable to recall having threatened to report Dr Young to a Northern Ireland newspaper, which was clearly referred to in the text messages. She had not accepted having engaged in a long-tail exchange of messages with Dr Young or having contacted him frequently after the break-up, which was again not consistent with the text messages provided. The Tribunal took into account that Patient A had also clearly been very hurt by Dr Young’s actions towards her in being unfaithful. In the view of the Tribunal, this undermined the weight that it gave to Patient A’s evidence.

37. The Tribunal was of the view that it did not have before it sufficient evidence on the basis of which it could find this paragraph of the Allegation proved. The Tribunal noted that there was no reference to Dr Young making this comment in the text messages before it. It considered that in the absence of any other evidence put forward by the GMC, it could not find this allegation proved.

38. Accordingly, the Tribunal found paragraph 3b of the Allegation not proved

**Paragraph 3c**

39. The Tribunal considered paragraph 3c of the Allegation.

40. Similarly to paragraph 3b of the Allegation, the Tribunal considered that there was no reference to this comment in the text messages before it, between Patient A and Dr Young. It again bore in mind its assessment of Patient A's evidence. The Tribunal considered that in the absence of any further evidence in relation to this paragraph of the Allegation, it was not satisfied that it was more likely than not to have occurred.

41. Accordingly, the Tribunal found paragraph 3c of the Allegation not proved

**Paragraph 3d**

42. The Tribunal went on to consider paragraph 3d of the Allegation.

43. The Tribunal noted that both Patient A and Dr Young agreed in their evidence that there had been discussion of a trip to XXX, paid for by Dr Young. Dr Young's evidence was that this had been first raised before the break-up. Patient A, during cross-examination accepted that Dr Young had paid for a previous trip elsewhere before their break-up and had discussed taking her and XXX to XXX. She told the Tribunal that she could not really remember the conversation, but they had 'chatted' about it.

44. The Tribunal considered the text messages between Patient A and Dr Young. It noted where Dr Young had said to Patient A:

*'I promise to do what I've said if you do what you plan. Like if you and [XXX] want treated and sent to [XXX] il do that like I said I would for us.'*

45. The Tribunal noted that, in this text message, timed at 08:50 on 28 April [2022], Dr Young made reference to a previous conversation between them, and to doing what he promised, previously '*for us*'.

46. The Tribunal were satisfied that given the evidence it had before it, what is outlined at paragraph 3d of the Allegation was discussed between Patient A and Dr Young.

47. Accordingly, the Tribunal found paragraph 3d of the Allegation proved.

**Paragraph 3e**

48. The Tribunal considered paragraph 3e of the Allegation. It considered that this was a very serious allegation, in which it was alleged that Dr Young had offered a threat to Patient A.

49. The Tribunal noted that the alleged threat was particularised as quoted words: '*If you say anything they'll go to your house and sort you out*' or words to this effect, although in her witness statement, Patient A had said that there were these words, or '*words to the effect of*'.

50. The Tribunal considered that the GMC had to satisfy it that Dr Young had stated the condition for Patient A to not 'say anything' or else there were persons on his holiday who were 'dodgy boys' (a reference in Northern Ireland to paramilitaries, the Tribunal was informed by Patient A) who would come to her house and offer some harm to Patient A.

51. The Tribunal was of the view that the text messages between Patient A and Dr Young supported that there were conversations between Dr Young and Patient A around the time of a trip to Spain. The texts included references to the people Dr Young was with on the bus on a stag party in XXX. There was some retrospective reference by Patient A to persons similar to the '*dodgy boys*' in her texts, but this did not contain direct reference to the words specified within the Allegation.

52. Dr Young's evidence, in his witness statement, was that a person in the party, on a bus, had asked why he was upset, and made reference to 'sort the person' out who was making him upset. He said that he understood this to be dealing with the communications he was receiving from Patient A. In his oral evidence, Dr Young said that, in fact the person had referred to sorting '*it*' i.e. the problem out, and his witness statement was not correct. He said that a person on the bus had been singing '*sectarian*' songs and had been in a state of intoxication. Dr Young said he had relayed this to Patient A, who had asked if she was being threatened.

53. Patient A, in her oral evidence, maintained that she had been threatened. During cross-examination, Dr Young's account of what was said was put to Patient A, but she only maintained that she was threatened. On re-examination by Mr Doran, Patient A referred to the conversation as '*something along the lines*' of Dr Young stating that he would '*hate them to come to her house and sort it*' which the Tribunal noted were different to the words in the Allegation itself. Patient A said that she replied that she hoped he was not threatening her, but she took the words as a threat.

54. Patient A stated in her oral evidence that she did not remember threatening to contact the press about her relationship with Dr Young or going to his employer or the GMC.

55. The Tribunal noted that, around this time, Dr Young's replies to Patient A included evidence that he was experiencing a level of distress over the fall-out from the relationship break-up and his responsibility for it. The texts showed that Patient A had laid out for the doctor the degree of her hurt and the effect that his behaviour had on her and her family. There had been discussion over Dr Young's XXX, a threat to expose Dr Young in the Belfast Telegraph and for Patient A to find out the name of another woman whom Dr Young had been seeing.

56. As stated above, in view of the text messages showing that Patient A had indeed threatened Dr Young with going to the press, and that she had persisted in making contact with him after the break-up, and that the text messages showed him indicating that he was experiencing some distress, the Tribunal considered that Patient A's lack of recall did affect the weight it gave to her evidence. The text messages also showed that Patient A held a significant degree of hurt over Dr Young's conduct.

57. The Tribunal considered that what is alleged in paragraph 3e of the Allegation, was a direct threat of harm towards Patient A if she was to say anything to Dr Young's employer or the GMC about their relationship.

58. The Tribunal also gave some weight to Dr Young's good character. He denied he had made a threat to Patient A. Whilst his good character was affected to a degree by the fact that he had admitted parts of the Allegation, which reduced his credit, the Tribunal did afford this some weight in assessing his credibility.

59. The Tribunal, having considered the evidence before it, came to the view that the evidence fell short of proving that Dr Young made the direct threat as alleged to Patient A with his comments. The Tribunal was of the view that whilst there was discussion of what others on the bus were saying, it was not satisfied that Dr Young had made a threat to Patient A of those others coming to her house to '*sort her out*'.

60. Further, the Tribunal, had regard to the text messages between Patient A and Dr Young and noted the final message provided where Dr Young stated:

*'I never have nor never will threaten you. I only said sum dodgy boy on holiday said come to him if whoever is making you so upset doesn't let you be as I was so upset on the bus by you threatening me with the papers n other things.'*

61. The Tribunal therefore did not consider there was sufficient evidence that a direct threat was made to Patient A by Dr Young, and it concluded that although an exchange took

place with reference to an individual who was also on the XXX stag party, it was not a threat from Dr Young to Patient A.

62. Accordingly, the Tribunal found paragraph 3e of the Allegation not proved.

**Paragraph 3f**

63. The Tribunal took into account that both Dr Young and Patient A agreed that she had asked him if he was threatening her, after he subsequently relayed the comments of those on the bus.

64. The Tribunal considered that given the evidence, it was probable and consistent with both Patient A and Dr Young's evidence that Dr Young said '*I'm just telling you*' or words to that effect.

65. Accordingly, the Tribunal found paragraph 3f of the Allegation proved.

**Paragraph 4a**

66. The Tribunal considered whether paragraph 4a of the Allegation was proved in relation to paragraphs 1aa and 1ab of the Allegation.

67. In relation to paragraph 1aa of the Allegation, the Tribunal took the view that this statement by Dr Young had been not at all professional. The Tribunal took into account that Dr Young went on to make reference to Patient A's '*boyfriend*' needing to look after her. It noted that Dr Young obtained Patient A's mobile number and had texted her within half an hour of obtaining that number and then commenced a close personal relationship that lasted for some nine months. The Tribunal considered that it should look at the whole of the interactions in the consultation in the round.

68. The Tribunal considered that the statement '*would not normally get to see a lovely young lady like you*' had been opening the door on an inappropriate set of interactions, which had ultimately led to Patient A's mobile phone number coming into Dr Young's possession. It concluded that this comment, or words to the effect, had been made by Dr Young, in pursuit of a future sexual relationship with Patient A.

69. It therefore determined that his actions in relation to this paragraph of the Allegation were sexually motivated.

70. In relation to paragraph 1ab of the Allegation, the Tribunal again considered the evidence as to the consultation as a whole. The Tribunal was of the view that a comment such as this was made by Dr Young in order to find out whether Patient A was already in a relationship. In its view, this had been with a view to embarking on some type of relationship with her himself if the opportunity was there. The Tribunal determined that Dr Young's actions at paragraphs 1ab of the Allegation had been in pursuit of a future sexual relationship and were sexually motivated.

71. The Tribunal therefore found paragraph 4a of the Allegation proved in relation to each of paragraphs 1aa and 1ab.

#### Paragraph 4b

72. The Tribunal considered, only in relation to those parts of paragraph 3 which it had found proved as facts, whether these had been an attempt to persuade Patient A to not report his actions to either his employer and/or the GMC.

73. In relation to the matter of a trip to XXX, paragraph 3d, the Tribunal took into account that there was evidence, in the text message dated 28 April 2022 of Dr Young offering to meet an obligation which had been previously discussed between him and Patient A. This had been referred to as a trip previously envisaged '*for us*', per the text message.

74. The Tribunal took into account that, in the text message, Dr Young had made reference to a threat of self-harm, but a lack of inter-connection between this threat and the trip. He had also, per the text message dated 16 April 2022, already reported himself to his immediate consultant, Dr D.

75. Patient A, whilst maintaining in evidence that Dr Young had asked her what she needed '*not to talk*' and that Dr Young had offered her money, did not, in oral evidence, recall the details of the conversation about the XXX trip. She said in her witness statement that she had been tempted to take the money for the XXX trip, as a payback, but had not.

76. The Tribunal concluded that Patient A was not clear in her evidence in maintaining that there was a clear inducement in the offer of a XXX trip. It was of the view that the comments in the text messages were consistent also with the general apologies being repeatedly made by the doctor in the text messages for his past conduct. There was no direct reference to a XXX trip being the price of Patient A's silence.

77. The Tribunal was not persuaded that, on the balance of probabilities, these comments were made in an attempt to stop Patient A reporting their relationship to his employer, or to the GMC.

78. The Tribunal had also found paragraph 3f proved. Therefore, the Tribunal considered whether the statement '*I'm just telling you*' had been made as an inducement to not report Dr Young to the employer or the GMC. The Tribunal had found that the words had been said in response to Patient A's request to clarify whether she was being threatened. As such, it did not find that these words amounted to an attempt to persuade Patient A to not report Dr Young to the employer or the GMC.

79. The Tribunal therefore found paragraph 4b of the Allegation not proved.

### The Tribunal's Overall Determination on the Facts

80. The Tribunal has determined the facts as follows:

#### Patient

1. On 8 July 2021, you treated Patient A at Antrim Area Hospital, and you:
  - a. said:
    - a. that you "would not normally get to see a lovely young lady like you", or words to that effect; **Determined and found proved**
    - b. "your boyfriend will need to look after you", or words to that effect; **Admitted and found proved**
  - b. asked Patient A if you could have her mobile number; **Not proved**
  - c. sent one or more text messages to Patient A, including those which are set out at Schedule 1. **Admitted and found proved**
2. Between approximately 8 July 2021 and April 2022, you engaged in a close personal relationship with Patient A. **Admitted and found proved**
3. In or around April 2022, you had one or more telephone conversations with Patient A, during which you said:
  - a. that you would lose your job, if your employer or the GMC found out you had been in a relationship with Patient A, or words to that effect; **Not proved**

- b. "What do I need to do for you not to talk?" or words to that effect; **Not proved**
  - c. "Do you need money?" or words to that effect; **Not proved**
  - d. that you would take Patient A and XXX on a trip to XXX; **Determined and found proved**
  - e. "If you say anything they'll go to your house and sort you out", or words to that effect; **Not proved**
  - f. "I'm just telling you", or words to that effect, when Patient A asked if you were threatening her. **Determined and found proved**
4. Your conduct as described at paragraph:
- a. 1 and/or 2 was sexually motivated; **Admitted and found proved**
  - b. 3 was an attempt to persuade Patient A to not report your actions as described at paragraphs 1 and/or 2 to your employer and/or the GMC; **Not proved**
  - c. ~~1 to 3 took place when you knew Patient A was vulnerable by reason of her mental health condition.~~ Deleted under Rule 17(2)g

Ms B

5. ~~On 21 February 2022 at your home, you physically assaulted Ms B in that you:~~
- a. ~~rugby tackled her from a standing position onto the sofa;~~ Deleted under Rule 17(6)
  - b. ~~on one or more occasion held her tight in a bear hug preventing her from moving;~~ Deleted under Rule 17(2)g
  - c. ~~punched her in the nose;~~ Deleted under Rule 17(6)
  - d. ~~refused to let her go despite her confirming that you were hurting her.~~ Deleted under Rule 17(2)g

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

**Determination on Impairment - 06/08/2025**

81. 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 Young's fitness to practise is impaired by reason of misconduct.

## The Evidence

82. 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 further evidence as follows.

83. On behalf of Dr Young, the Tribunal also received :

- An impairment stage defence bundle containing a number of testimonials;
- An impairment stage bundle containing information in relation to remediation work undertaken by Dr Young and his reflections.

## Submissions on Behalf of the GMC

84. On behalf of the GMC, Mr Doran invited the Tribunal to find impairment in the case of Dr Young.

85. Mr Doran submitted that Dr Young's actions in pursuing Patient A, initiating an exchange of text messages and subsequently embarking on a close personal relationship with Patient A, were sexually motivated and amounted to misconduct that is serious.

86. Mr Doran submitted that Dr Young acted contrary to the guidance set out in Good Medical Practice (GMP) and therefore this can only amount to serious professional misconduct.

87. In relation to the matter of current impairment, Mr Doran submitted that in the GMC's view, each of the four limbs of the Dame Janet Smith guidance on impairment are 'answered in the affirmative' in this case.

88. Mr Doran submitted that the Tribunal will be required to consider Dr Young's attitude towards his conduct, the risk of repetition, Dr Young's insight and what steps the doctor has taken subsequently to remedy his conduct.

89. Mr Doran submitted that Dr Young employed 'flattery' with a view to 'chatting up' Patient A. Mr Doran stated that Dr Young was quick to receive the mobile number of the patient, quick to pursue her and persisted in a close personal relationship with Patient A for 9 months. Mr Doran drew the Tribunal's attention to some of the personal issues Dr

Young spoke of in his oral evidence, such as his need to please others and he submitted that such personal issues, in the view of the GMC, could arise in the future.

90. Mr Doran asked the Tribunal to consider whether public confidence would be undermined if a finding against Dr Young were not made. He submitted that this case involved serious misconduct over a considerable period of time, that Dr Young abused his position of trust and put his own needs over that of his patients. He concluded that a finding of impaired fitness to practise was necessary to ensure that the public is protected and that public confidence in the medical profession is maintained.

#### **Submissions on Behalf of Dr Young**

91. On behalf of Dr Young, Mr Brassington stated that it was not his submission that there was no misconduct or impairment in this case, and acknowledged that the decision is for the Tribunal.
92. Mr Brassington stated that Dr Young's conduct is capable of being remedied and in his view, has been remedied and further submitted that the possibility of repetition was 'a vanishing one'.
93. Mr Brassington drew the Tribunal's attention to the impairment stage bundles it had received and asked it to consider the extensive courses and remediation work undertaken by Dr Young.
94. Mr Brassington submitted that Dr Young is a doctor blessed with very good insight into his failures. He drew the Tribunal's attention to Dr Young's reflections.
95. Mr Brassington submitted that Dr Young has breached a fundamental tenet of GMP and fully accepts this, which is why his submission was not to challenge misconduct or impairment. Mr Brassington stated that Dr Young fully recognises the impact of his conduct and is very sorry for it. However, Mr Brassington submitted that it would not be right for him not to mention the context of the behaviour. He stated that the clinical interaction with Patient A was ' fleeting' and amounted to a short consultation, albeit inappropriate within that context.
96. Mr Brassington submitted that Dr Young's actions are plainly remediable and in his view, have been remedied. Dr Young has undertaken a significant amount of self-reflection and learning. Mr Brassington further stated that Dr Young has been through some 3 years of 'hellish scrutiny' and noted that the idea he would ever risk his professional life

again in this way ‘is a fanciful one’. Mr Brassington submitted that the doctor has learned from his foolishness and will not repeat his behaviour.

97. Mr Brassington submitted that public interest is engaged, Dr Young has indeed brought the profession into disrepute. However, he submitted that there was no patient harm. Mr Brassington noted that the GMC’s submission was that the misconduct took place over a ‘considerable’ period of time. Mr Brassington opined that what occurred during the consultation was undoubtedly misconduct in terms of the initiation of texting, however, he noted Patient A’s evidence, that she understood that the relationship was an inappropriate one, but she continued with it. Mr Brassington submitted that this is not a longstanding case of misconduct.
98. Mr Brassington concluded that given the circumstances, he accepted that there was likely to be a finding of impairment in the case of Dr Young.

### The Relevant Legal Principles

99. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal’s judgement alone.
100. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct and that the misconduct was serious and then whether the finding of that misconduct which was serious, could lead to a finding of impairment.
101. The Tribunal must determine whether Dr Young’s fitness to practise is impaired today, taking into account Dr Young’s conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

### The Tribunal’s Determination on Impairment

#### Misconduct

102. The Tribunal having had regard to all of the evidence received and submissions by both parties, considered whether Dr Young’s actions amounted to misconduct.

103.The Tribunal first dealt with paragraphs 1 and 2 of the Allegation. It considered whether Dr Young saying to Patient A '*I would not normally get to see a lovely young lady like you'* or words to that effect, '*your boyfriend will need to look after you'* or words to that effect, sending one or more text messages to Patient A and subsequently engaging in a close personal relationship with Patient A between approximately 8 July 2021 and April 2022, amounted to misconduct.

104.The Tribunal referred to GMP and noted that the below paragraphs were breached by Dr Young's conduct:

*1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*

...

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

105.The Tribunal further had regard to guidance named 'Sexual Behaviour and Your Duty to Report to Colleagues' published in March 2013. It noted that paragraph 3 of this guidance was also breached by Dr Young's actions:

*'To maintain the trust of patients and the public, you must never make a sexual advance towards a patient or display sexual behaviour. Sexual behaviour – for example, making inappropriate sexual comments – does not necessarily involve touching the patient.'*

106.The Tribunal took into account that it should not aggregate matters which did not amount to serious professional misconduct, so that they were incorrectly considered as potentially impairing fitness to practise. It noted that some of the sub-paragraphs of paragraph 1 were one-off statements. However, as stated in its facts determination, these statements contributed to the overall inappropriate nature and direction of the conversation in the consultation and had to be viewed in context.

107.The Tribunal reminded itself that the comments in paragraphs 1aa, 1ab and the actions in 1c had been found to be sexually motivated. The Tribunal therefore concluded that each of the comments viewed in their full context in paragraphs 1aa, 1ab and 1c were serious professional misconduct, regarded singly and as a whole.

- 108.The Tribunal noted the GMC's submission that the misconduct, particularly in relation to paragraph 2, took place over a considerable period of time. It also noted the submission on behalf of Dr Young, that the Tribunal should be cautious in considering that the misconduct extended beyond the initial consultation and the texting.
- 109.The Tribunal also found that for Dr Young to have engaged in an approximately 9-month close personal relationship, on the basis that it had commenced in the context of a power imbalance inherent in the doctor-patient relationship, was a serious matter. The initial consultation had allowed Dr Young to come into possession of Patient A's mobile phone number, and he had compounded this by actively texting her and engaging in the text exchange directly leading to them becoming involved.
- 110.The Tribunal took into account that there was no evidence before it that the relationship had continued in circumstances of vulnerability on the part of Patient A, or of coercion or unwillingness on her part. It concluded that the misconduct in regard to paragraph 2 amounted to Dr Young having engaged and embarked upon a close personal, consensual relationship with Patient A in the context of it having come about as a result of the doctor-patient relationship, noting that there was no ongoing therapeutic relationship between them.
- 111.The Tribunal considered that these matters were serious breaches of the requirements of paragraph 53 of GMP (2013 version, which was in effect at the time of these events) and the texting breached paragraph 3 of the March 2013 guidance.
- 112.The Tribunal concluded that Dr Young's conduct at paragraphs 1 and 2 of the Allegation fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct which was serious.
- 113.In view of the above, the Tribunal considered that Dr Young's actions at paragraphs 1aa, 1ab, 1c and 2 of the Allegation amounted to misconduct.
- 114.The Tribunal moved on to consider whether the proved facts at paragraph 3 amounted to misconduct. The facts found proved at paragraph 3d and 3f are that in or around April 2022, Dr Young had one or more telephone conversations with Patient A where he said that he would take Patient A and XXX on a trip to XXX and that he said '*I'm just telling you*' in response to Patient A asking whether he was threatening her.
- 115.The Tribunal had not found that these statements were made in the context of paragraph 4b. They had not been found to amount to attempts to persuade Patient A

not to report Dr Young to his employer or the GMC. In its findings over the ‘[XXX] trip’ the Tribunal had found that Dr Young was referring back to discussions had before their break-up. In relation to the statement *‘I’m just telling you’*, the Tribunal had found this was a response to Patient A’s question. In its view, neither of these matters were breaches of professional standards.

116.The Tribunal found that neither of the conduct found proved in paragraphs 3d or 3f amounted to misconduct.

### **Impairment**

117.Having determined that the facts found proved amounted to misconduct, the Tribunal went on to consider whether, as a result of that misconduct, Dr Young’s fitness to practise is currently impaired.

118.The Tribunal considered, taking into account its findings as to the facts and misconduct and also considering the evidence provided to it at this stage, whether there remained a risk to the public and whether Dr Young’s past misconduct was remediable, whether it had been remedied and whether it was highly unlikely to be repeated.

119.The Tribunal was of the view that the misconduct in this case, albeit serious, was capable of being remediated through the development of insight and learning on the part of Dr Young. It was therefore appropriate for it to take into account the evidence of the steps he had undertaken since the events under consideration.

120.The Tribunal went on to consider Dr Young’s remediative steps. It noted that Dr Young had undertaken a number of relevant courses and relevant learning, which included courses relating to maintaining professional boundaries, communication, emotional intelligence and professional ethics. Following each course evidenced in the remediation bundle, there was a detailed reflective piece containing Dr Young’s personal learning.

121.The Tribunal noted the positive testimonials from nursing, medical and managerial colleagues. It took into account that Dr Young has continued to work as a doctor inside and outside hospital settings since the events in question. The testimonials make reference to his competent clinical performance and interaction with patients. There have been no concerns raised regarding any of Dr Young’s behaviour.

122. Considering the matter of the doctor's insight, the Tribunal was of the view that Dr Young has displayed a good level of insight, having sufficient breadth and depth. It noted his reflective statement where he said:

*'This experience has made me a more self-aware, reflective, and insightful practitioner. I now approach all doctor-patient relationships with a greater awareness of power imbalances, unconscious bias, and the long-term implications of even seemingly small missteps.'*

And:

*'I have learnt the impact of failing to uphold the standards that are expected of me. I have learnt on personal level the feeling of letting down my profession and a sense of shame that this brings and the impact of letting down my colleagues. Also the significant impact on the Patient A who I was to look after in a professional way and failed to do so. I want to provide the best possible care and have pride in my profession and bring confidence to it by my actions, which is why there will be no repetition in the future.'*

123. The Tribunal accepted that while the proceedings are likely to have had a salutary deterrent effect on Dr Young's future behaviour, this in itself was not sufficient to satisfy it as to any risk of repetition. However, the evidence of the doctor's remediation, in terms of the courses he had undertaken and the detailed reflections which he had provided did persuade the Tribunal that he has understood the seriousness of his misconduct and the effects on those involved. The Tribunal concluded that Dr Young is unlikely to repeat his past misconduct in the future.

124. The Tribunal had found that Dr Young had committed serious breaches of GMP and guidance in relation to professional boundaries. The Tribunal bore in mind the guidance of the court in cited in *CHRE v NMC and P Grant [2011] EWHC 927 (Admin)*, that even where a professional poses no risk to the public, where the misconduct consists of breaching fundamental rules of the professional relationship of a doctor to his patient, a finding of impairment may be justified on the grounds that it is necessary to reaffirm clear standards of professional conduct, so as to maintain public confidence in the profession.

125. The Tribunal considered the guidance laid out by Dame Janet Smith in *The Fifth Shipman Report*, which was referred to in *Grant*:

- a) *Whether the registrant 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;*
- b) *Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;*
- c) *Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession;*
- d) *Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.*

126.The Tribunal determined that Dr Young does not present a future risk to patient safety.

Further, the Tribunal did not find that the doctor had acted dishonestly in the circumstances of the case, and no dishonesty had been alleged.

127.The Tribunal did, however, consider that Dr Young had acted without integrity and had breached fundamental tenets of the profession concerning the relationship of a doctor with his patient by: using the consultation to pursue a sexual relationship; by continuing the pursuit in sending texts to Patient A immediately afterwards; and by entering into a close personal relationship with Patient A.

128.The Tribunal considered that members of the public would be seriously concerned at Dr Young's misconduct. It therefore found limbs b and c of the Dame Janet Smith guidance engaged. It took the view that Dr Young's conduct had brought the profession into disrepute and had breached fundamental tenets of the profession.

129.The Tribunal concluded that, notwithstanding that there was no impairment on public protection grounds, a finding of impairment was necessary to maintain both public confidence in the medical profession, and to uphold proper professional standards and conduct for members of that profession.

130.The Tribunal has therefore determined that Dr Young's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 08/08/2025

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

### Submissions

132.On behalf of the GMC, Mr Doran submitted that the appropriate sanction in this case was one of suspension. Throughout his submissions he referred the Tribunal to relevant paragraphs of the Sanctions Guidance (the SG).

133.Mr Doran referred the Tribunal to the SG, and the paragraphs regarding abuse of position, which he stated were of relevance in this case. He submitted that the GMC was not of the view that Dr Young's behaviour as found proved is fundamentally incompatible with continued registration.

134.Mr Doran submitted that the misconduct in this case is serious and a sanction lower than a suspension would not be sufficient to protect the public. Mr Doran stated that he had no particular submissions on aggravating and mitigating factors, but referred the Tribunal to the reasons in the decision it had previously made.

135.Mr Doran submitted that the Tribunal should be mindful of the relationship Dr Young had with the patient when making its decision regarding sanction.

136.Mr Doran invited the Tribunal to conclude that a lengthy period of suspension was necessary in this case. Further, he stated that a review should be ordered.

137.On behalf of Dr Young, Mr Brassington submitted that sanction of suspension would be appropriate and proportionate in the circumstances but stated that a lengthy suspension was not necessary.

138.Mr Brassington submitted that the public interest was a 'two-way street' and requires that good and useful doctors are put to work as quickly as they possibly can be. He stated that the evidence before the Tribunal is that Dr Young is an excellent doctor, who has fallen short, in a fundamental way, of the expected standards. He accepted that a sanction was necessary to ensure that the public and the profession understands exactly what behaviour is regarded as inappropriate.

139.Mr Brassington referred the Tribunal to the testimonials submitted on behalf of Dr Young, all of whom were fully aware of the circumstances of the case. He submitted that

the testimonials speak highly of Dr Young as an experienced practitioner, who is extremely helpful, and who makes sound clinical judgements, has strong decision-making abilities and consistently delivers a high standard of patient care.

140. Mr Brassington submitted that Dr Young works in the Western Isles, which is a poorly served region of the NHS. He stated that replacing Dr Young would be difficult and there would be an impact upon the patient population there from a sanction. He submitted that the Tribunal should weigh this in the balance when considering proportionality.

141. Mr Brassington submitted that he did not seek to persuade the Tribunal to take no action, as it would not be sufficient in the circumstances. Further, conditions would not be appropriate or workable in this case. He submitted that suspension was the appropriate and proportionate response.

142. In regard to mitigating factors, Mr Brassington submitted Dr Young has insight into his wrongdoing and has successfully remedied the deficiencies that have brought him before the Tribunal. He stated that Dr Young made admissions to a number of the proven facts and has accepted the Tribunal's findings. Mr Brassington submitted that Dr Young has apologised to Patient A and the Tribunal in both his evidence and his reflections. Further, he stated that Dr Young is now adhering to GMP, and there is no suggestion that he has fallen short elsewhere. He stated that Dr Young has no previous history, was of previous good character, and has not repeated his conduct in the three years since the allegations came to light. He submitted that Dr Young has fully cooperated with these proceedings since the beginning of the inquiry.

143. In respect of aggravating factors, Mr Brassington submitted that Dr Young accepts that the conduct was entirely inappropriate but stated that the doctor-patient relationship between the two had been fleeting, lasting approximately 10 to 15 minutes with no ongoing therapeutic relationship. He had discharged Patient A by the time he accepted her telephone number, which he did not request. He reminded the Tribunal that the close personal relationship had persisted for nine months. Mr Brassington accepted that Dr Young should not have flirted with Patient A during the consultation, or engaged in the relationship, as it was plainly inappropriate. Mr Brassington, however, disagreed with the suggestion that Dr Young had engaged in predatory behaviour.

144. Mr Brassington submitted that a suspension was appropriate and stated that the length should be carefully considered. He submitted that there is no risk to patients. He stated that patients want good doctors at work and would not thank the Tribunal for depriving

the Western Isles of an otherwise excellent doctor. He submitted that a review was not necessary in this case.

### The Relevant Legal Principles

145.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, including the specific paragraphs on the more serious cases.

146.The Tribunal 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, provided it is otherwise a proportionate sanction. It reminded itself that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive sanction.

147.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 Young's interests with the public interest, but on the basis that the reputation of the profession as a whole is more important than the interests of an individual doctor.

### The Tribunal's Determination on Sanction

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

#### Aggravating factors

149.The Tribunal considered that Dr Young's conduct had constituted an abuse of his professional position. In the Tribunal's view, though, it did not consider that his conduct was properly characterised as predatory behaviour [*in the sense of seeking out the patient or relying on her vulnerability*] but rather had been opportunistic in nature. It had found that the doctor had opened the way by virtue of the conversation to inappropriate behaviour by, effectively, flirting with Patient A. He had then been proactively engaging in misconduct by taking the first step of texting Patient A, eventually leading to a relationship. It remained the case, however, that Dr Young had failed to maintain

professional boundaries, and had used his position to pursue sexual relationship with a patient.

150.The Tribunal also acknowledged that this was sexually motivated misconduct. It accepted that there was no evidence that Dr Young's conduct towards Patient A was unwelcome and that it had resulted in a long-term close personal relationship. The Tribunal recognised that sexually motivated misconduct is inherently serious, and Dr Young had used his professional relationship, however fleeting that may have been, to pursue a close personal relationship. The Tribunal was of the view that, no matter the circumstances, Dr Young's actions were inappropriate, but on the spectrum of cases involving sexually motivated misconduct, were at the low end.

#### Mitigating factors

151.The Tribunal considered the remediation Dr Young has undertaken. Dr Young has demonstrated remorse. It is clear that Dr Young has reflected on his actions and the circumstances of them and has developed a good level of insight.

152.The Tribunal acknowledged that Dr Young has no previous fitness to practise history and was of previous good character. He has worked for the last two of the three years since the index events without repetition of any concerns. He has provided the Tribunal with positive testimonials which speak to Dr Young maintaining his clinical practice, keeping up to date with guidance, and otherwise being a good doctor.

153.The Tribunal balanced the aggravating and mitigating factors throughout its deliberations and went on to consider each sanction in order of ascending severity, starting with the least restrictive.

154.The Tribunal was mindful of the basis for its finding of impairment. It had found that it was unlikely that Dr Young would repeat his misconduct, and therefore there was not a risk to patients in the future. However, the seriousness of the misconduct was such that a finding of impairment had been made in the wider public interests, that it was necessary to maintain both public confidence in the medical profession, and to uphold proper professional standards and conduct for members of the profession.

#### No action

155.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.

156.The Tribunal was satisfied that there were no exceptional circumstances in Dr Young'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 wider public interest and would not mark the seriousness of Dr Young's misconduct.

### Conditions

157.The Tribunal next considered whether it would be appropriate to impose conditions on Dr Young's registration. The Tribunal had regard to paragraphs 81, and 85 of the SG, which state:

- '81 Conditions might be most appropriate in cases:*
- a involving the doctor's health*
  - b involving issues around the doctor's performance*
  - c willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout their working life, improving the quality of their work and promoting patient safety*
- ...*
- 85 Conditions should be appropriate, proportionate, workable and measurable.'*

158.The Tribunal took into account that the case did not fit within the examples in paragraph 81, as a type of case where conditions may be most appropriate.

159.The Tribunal considered that no conditions could be formulated which would be appropriate, workable or measurable, in light of the misconduct that had been found proved. Further, the Tribunal determined that the imposition of conditions would not be sufficient to mark the seriousness of Dr Young's actions.

160.The Tribunal concluded that an order of conditions would not be appropriate to maintain public confidence in the profession, and to promote and maintain proper professional standards and conduct for members of the profession.

### Suspension

161.The Tribunal then went on to consider whether a period of suspension would adequately protect the public, in the sense of the need to maintain public confidence in the profession and uphold proper standards for its members. In considering whether to impose a period of suspension on Dr Young's registration, the Tribunal had regard to paragraphs 91, 92 and 93 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).*

*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 (see paragraphs 24–49)'*

162.The Tribunal also considered that the SG at paragraphs 97(a), (e), (f) and (g), were of particular application to 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.'*

163.The Tribunal had regard to its findings at the impairment stage, namely that Dr Young's conduct was a serious departure from GMP and that his actions had breached fundamental tenets of the profession. It acknowledged that it had found an abuse of professional position and sexual misconduct, albeit at the low end of the spectrum. Sexual misconduct is inherently serious. However, the Tribunal balanced these aggravating factors with the mitigating factors, that Dr Young had demonstrated a good level of insight, had previously been of good character and there had been no repeat of concerns, during his subsequent work. The Tribunal also balanced the public interest with Dr Young's interests and the public interest in having the services of a competent clinician.

164.The Tribunal took into account the significant amount of remediation and reflection completed by Dr Young. It was satisfied that Dr Young was remorseful for his actions and that he had taken appropriate steps to understand and address his behaviour. It is clear that Dr Young has taken sufficient action such that the Tribunal considers it unlikely that he would repeat his misconduct.

165.Overall, the Tribunal decided that this case was not one where Dr Young's misconduct was fundamentally incompatible with continued registration. Whilst there had been an abuse of position, the facts found proved, and the particular circumstances of the case, coupled with Dr Young's insight and remediation, led the Tribunal to conclude that continued registration would not be contrary to the public interest.

166.The Tribunal considered the factors which might lead to consideration of erasure. It acknowledged that sexual misconduct and abuse of position involve serious breaches of GMP and may often result in the most serious sanction. However, in this case the Tribunal determined that it was satisfied by Dr Young's remediation of his misconduct and development of insight. In those circumstances, the Tribunal determined that a lesser sanction than erasure could be applied, and that erasure was disproportionate and unnecessary.

167.In light of the above, the Tribunal determined that a period of suspension would be an appropriate and proportionate sanction when considering the public interest, which includes the need to promote and maintain public confidence in the profession and to declare and uphold proper standards of conduct and behaviour. The Tribunal took into

account the impact that this sanction may have upon Dr Young. However, in all the circumstances the Tribunal concluded that the impact of an order of suspension on Dr Young is outweighed by the public interest.

### **Length of Suspension**

168.In determining the length of the suspension, the Tribunal had regard to paragraphs 99 to 102 of SG and the table following paragraph 102.

169.The Tribunal considered the aggravating factors in this case and acknowledged that this was a serious departure from the principles set out in GMP.

170.The Tribunal also had regard to the mitigating factors of the case in considering the length of the suspension, including the positive testimonial evidence, which demonstrate that he is otherwise a good doctor who is well regarded by his colleagues. The Tribunal recognised that whilst matters of sexually motivated misconduct are always serious, it considered in this case that the actions of Dr Young were at the lower end of this spectrum.

171.The Tribunal acknowledged that there was a public interest in allowing an otherwise competent doctor to return to practice, whilst still upholding the statutory overarching objective and marking the seriousness of the misconduct.

172.The Tribunal also reflected that Dr Young has developed good insight and has taken appropriate remedial steps. There are no specific actions that Dr Young would need to demonstrate during a period of suspension, and so the length of suspension does not need to allow time for further remediation. Taking all these elements into account, it was satisfied that a period of three months suspension was appropriate and proportionate.

173.In the Tribunal's view, a three-month suspension was sufficient to satisfy the need to promote and maintain public confidence and to send out a clear message to the profession that this type of conduct is unacceptable, in order to maintain proper professional standards. The Tribunal was satisfied that a reasonable and well-informed member of the public or the profession would be satisfied that this was a proportionate response to Dr Young's misconduct. A suspension for any longer period would be purely punitive in nature and therefore disproportionate.

### **Review**

174.In determining whether to impose a review, the Tribunal had regard to Paragraphs 163 and 164 of the SG dealing with review hearings which state:

*'163 It is important that no doctor is allowed to resume unrestricted practice following a period of conditional registration or suspension unless the tribunal considers that they are safe to do so.*

*'164 In some misconduct cases it may be self-evident that, following a short suspension, there will be no value in a review hearing. [...]'*

175.For the reasons set out above, the Tribunal is satisfied that a review prior to the expiry of this period of suspension would serve no useful purpose, because it was satisfied that:

- a. there are no patient safety concerns;
- b. Dr Young has already remediated and shown a significant degree of insight; and
- c. the unlikely risk of repetition identified.

176.The Tribunal is satisfied that Dr Young has undertaken appropriate, relevant and sufficient continuing professional development, as evidenced by the courses undertaken and his written reflections provided. He has provided testimonials which attest to his good behaviour over the period of his recent employment. There are no concerns about his clinical competencies or behaviours. The suspension of his registration is for the purposes of marking the disapproval of his misconduct, maintaining public confidence and providing a message to the public and to the profession as to the required professional standards. In the circumstances, the Tribunal determined that it is not necessary to direct a review hearing.

#### Determination on Immediate Order - 08/08/2025

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

#### Submissions

178. On behalf of the GMC, Mr Doran drew the Tribunal's attention to the relevant paragraphs of the SG and submitted that an immediate order was necessary in the case or Dr Young, in light of the Tribunal's sanction determination.

179. Mr Doran submitted that an immediate order was necessary on the basis of public interest grounds and in order to mark the seriousness of Dr Young's misconduct.

180. On behalf of Dr Young, Mr Brassington submitted that an immediate order was not necessary in this case.

181. Mr Brassington submitted that such an order was not necessary for the protection of patients, nor was it in the doctor's interest.

182. Mr Brassington submitted that an immediate order should be imposed where there was a need to protect patients, however, in this case, there is no risk to patient safety which leaves the Tribunal only to consider the public interest and whether it is in the public interest to impose an immediate order.

183. Mr Brassington stated that the Tribunal has imposed its sanction in order to protect the public interest. He continued that this sanction is sufficient to do that and stated that there would be no other need to impose an immediate order.

184. Additionally, Mr Brassington brought to the Tribunal's attention that Dr Young has shifts booked in the Western Isles Hospital over the next several weeks. Mr Brassington submitted that the Tribunal will understand how difficult it is to gain medical cover, and he stated that it would not be in the public interest for Dr Young to be subject to an immediate order and be rendered unable to undertake those shifts over the next several weeks.

### The Tribunal's Determination

185. The Tribunal had regard to legal advice provided by the LQC and to the submissions made by both parties and to the guidance contained within the SG, in particular, paragraphs 172 and 173 which state:

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

186. The Tribunal considered that this is not a case of public protection, and it has already determined that there is no risk to patient safety.

187. The Tribunal went on to consider whether an immediate order was necessary to satisfy the public interest. The Tribunal determined that the 3-month suspension it had imposed on Dr Young's registration was sufficient to mark the seriousness of his misconduct with regard to the public interest in maintaining public confidence in the profession and upholding proper professional standards.

188. Further, the Tribunal noted that Dr Young has been practising without issue, within clinical settings, since the events that led to this proceedings took place.

189. The Tribunal considered Mr Brassington's submission that Dr Young had shifts booked at the Western Isles Hospital over the next several weeks. However, this fact added little weight to its decision making in view of paragraphs 174 and 175 of the SG, which state:

*'174 Doctors and their representatives sometimes argue that no immediate order should be made as the doctor needs time to make arrangements for the care of their patients before the substantive order for suspension or erasure takes effect.*

*175 In considering this argument, the tribunal will need to bear in mind that any doctor whose case is considered by a medical practitioners tribunal will have been aware of the date of the hearing for some time and consequently of the risk of an order being imposed. The doctor will therefore have had time to make arrangements for the care of patients before the hearing, should the need arise.'*

190. Given the circumstances, the Tribunal determined not to impose an immediate order of suspension on Dr Young's registration.

191. This means that Dr Young's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless he lodges an appeal. If Dr Young does lodge an appeal, the substantive order will not come into effect until the outcome of any appeal is known.

192. That concludes this case.

ANNEX A – 28/07/2025

### Application to Amend the Allegation

193. Ms B, who was due to give oral evidence on day two of the Tribunal withdrew her consent and agreement to attend the hearing.

194. Consequently, Mr Doran, on behalf of the GMC, made an application pursuant to Rule 17(6) of Rules, that, paragraphs 5a and 5c of the Allegation be removed.

### Submissions

195. Mr Doran informed the Tribunal that Ms B had made clear to the GMC that due to the stress and anxiety caused by these proceedings, she no longer wished to attend to give evidence by any means.

196. Mr Doran informed the Tribunal that paragraphs 5a and 5c of the Allegation are dependant on Ms B's evidence. He went on to state that paragraphs 5b and 5d, are supported by Ms C and therefore in the GMC's view still stand.

197. Mr Doran submitted that Ms B was clear and categoric in her wish to withdraw from the hearing and that therefore, he saw no benefit in adjourning for further enquiry.

198. On behalf of Dr Young, Mr Brassington did not oppose the application made by Mr Doran.

### The Tribunal's Decision

199. The Tribunal considered that given the information it had before it and the submissions made by both parties, the amendment to the Allegation could be made without injustice to either party.

200. The Tribunal therefore determined to grant this application and remove paragraphs 5a and 5c of the Allegation.

ANNEX B – 30/07/2025

### Application Under Rule 17(2)g

201. Following the close of the GMC's case, Mr Brassington, on behalf of Dr Young, made an application pursuant to Rule 17(2)(g) of the Rules of 'no case to answer' in relation to paragraphs 4c, 5b and 5d of the Allegation.

202. Rule 17(2)g provides that:

*'17(2) The order of proceedings at the hearing before a Medical Practitioners Tribunal shall be as follows*

...

*(g) the practitioner may make submissions as to whether sufficient evidence has been adduced to find some or all of the facts proved and whether the hearing should proceed no further as a result, and the Medical Practitioners Tribunal shall consider any such submissions and announce its decision as to whether they should be upheld;'*

203. In summary, Mr Brassington submitted that the GMC had adduced insufficient evidence to prove these paragraphs of the Allegation, and he invited the Tribunal to decide that these paragraphs of the Allegation should go no further.

#### Submissions on behalf of Dr Young

204. Mr Brassington reminded the Tribunal that it should take into account the evidence that has been adduced and the test to be applied as set in *in R v Galbraith [1981] 2 All ER 1060*.

205. In respect of allegations 5b and 5d, Mr Brassington submitted that there is no evidence upon which the Tribunal could properly and safely conclude that there was a physical assault on Ms B on 21 February 2022.

206. Mr Brassington submitted that the only evidence before the Tribunal was in the form of a witness statement from Ms C, which she produced after witnessing what occurred between Dr Young and Ms B. Mr Brassington submitted that it was clear that there was animosity between Dr Young and Ms C, with Ms C stating that she 'hated' Dr Young and that she had blocked his telephone number that evening. Mr Brassington therefore submitted to the Tribunal that Ms C had no reason to defend Dr Young in her evidence.

207. Mr Brassington rehearsed Ms C's statement where she describes Ms B trespassing into Dr Young's home, Dr Young suffering a sustained attack at the hands of Ms B and Dr

Young grabbing Ms B in a bear hug and holding her in an attempt to stop the attack against him:

*'The woman then began hitting Dr Young and due to this Dr Young restrained the woman. Dr Young was a bodybuilder and was very strong and when he restrained the woman she said 'stop, stop - you are hurting me' or words to that effect. Dr Young did not let go and due to this, the woman asked me to ask Dr Young to stop or words to that effect. I asked Dr Young to let go of the woman or words to that effect, and he then stopped restraining her. After Dr Young let go of the woman, she was still very upset. At this time, I was still in shock and did not know what to say.'*

208. Mr Brassington submitted that Dr Young was plainly lawfully and appropriately preventing himself from being assaulted by 'a crazed intruder'. Mr Brassington further stressed that according to the evidence of Ms C, Dr Young was quiet throughout this incident and was not shouting or aggressive.

209. Mr Brassington submitted that given the circumstances, the restraint Dr Young used on Ms A was not unreasonable and that there is 'frank' and 'unequivocal' evidence that Dr Young was under attack.

210. Mr Brassington submitted that the GMC cannot prove that Dr Young's behaviour in this regard was not self-defence. Mr Brassington stated that self-defence is not unlawful and does not amount to assault, and therefore he submitted that accordingly, paragraphs 5b and 5d of the allegation should be removed.

211. In relation to allegation 4c, Mr Brassington submitted that there is no evidence that Dr Young knew Ms A was vulnerable by reason of her mental health condition.

212. Mr Brassington stated that there may be no doubt that Ms A had previously received diagnoses in relation to depression and anxiety. However, in her statement and during her oral evidence, Ms A stated that her previous medical history was not discussed during the consultation with Dr Young on 8 July 2021.

213. Mr Brassington submitted that there is no evidence before the Tribunal that during the course of the consultation in July 2021, Dr Young was aware of her previous medical history, nor of any medication she was taking which would have raised any suspicion of a mental health condition. Mr Brassington stated that further, there is no evidence available that Ms A disclosed this information to Dr Young at any point during their relationship.

214. Mr Brassington submitted that there was simply an absence of evidence to establish that Dr Young knew this was a patient who had received previous psychiatric diagnoses or relevant medications and that accordingly, paragraph 4c of the allegation should be removed.

215. In summary, Mr Brassington submitted that there is no evidence, in relation to these allegations in order for them to proceed to be answered by Dr Young and accordingly he invited the Tribunal to dismiss them.

Submissions on Behalf of the GMC

216. On behalf of the GMC, Mr Doran submitted that there was a case to answer in relation to allegations 4c, 5b and 5d of the Allegation.

217. In respect of allegations 5b and 5d, Mr Doran submitted that an assessment of whether Dr Young's response was reasonable or proportionate in the circumstances was required and respectfully, that is a task for the decision-making stage.

218. Mr Doran submitted that Ms C explains in various statements that Dr Young is a bodybuilder and is very strong. Ms C stated that Ms B said 'stop, stop, you're hurting me' or words to that effect. She also explains in a further statement that Ms B was kicking Dr Young 'like a toddler'. Mr Doran submitted that there is evidence, in the form of Ms C's statements, that Dr Young was holding Ms B very tightly and was causing her pain. Mr Doran submitted that the evidence was that Ms B kept asking Dr Young to 'stop' but he refused to do so.

219. Mr Doran submitted that there is a possibility that a Tribunal could find that the evidence amounted to assault against Ms B by Dr Young.

220. In relation to allegation 4c, Mr Doran submitted that this allegation is not limited to events that took place during the first consultation at the hospital in July 2021.

221. Mr Doran submitted that an inference could be drawn that since Dr Young prescribed Ms A medication during the July 2021 consultation, Dr Young must have had some information about Ms A's 'medicine regime' and further, would know that the medication Ms A took were to treat conditions such as depression and anxiety.

222. Mr Doran submitted that further, an inference could be drawn that since Dr Young and Ms A were in a close personal relationship, Dr Young would have known that Ms A took the medication in question and therefore known about her medical history.

223. Mr Doran submitted that there are clear inferences that Dr Young was aware of Ms A's vulnerability due to her mental health condition and in all the circumstances, he submitted that the case in relation to those allegations should not be withdrawn at this stage.

### The Tribunal's Approach

224. The Tribunal reminded itself that, at this stage, its purpose was not to make findings of fact but to determine whether sufficient evidence, taken at its highest, had been presented by the GMC such that a properly directed Tribunal could find the relevant paragraphs proved to the civil standard. The Tribunal considered the submissions made by both parties and had regard to all the evidence adduced by the GMC.

225. In considering whether sufficient evidence had been adduced to find these paragraphs of the Allegation proved, the Tribunal had regard to test as set out in *R v Galbraith [1981] 2 All ER 1060*:

*'(1) If there is no evidence that the crime alleged has been committed by the defendant, there is no difficulty. The judge will of course stop the case.*

*(2) The difficulty arises where there is some evidence but it is of a tenuous character, for example, because of inherent weakness or vagueness or because it is inconsistent with other evidence.*

*(a) Where the judge comes to the conclusion that the prosecution evidence, taken at its highest, is such that a jury properly directed could not properly convict upon it, it is his duty, upon a submission being made, to stop the case.*

*(b) Where however the prosecution evidence is such that its strength or weakness depends on the view to be taken of a witness' reliability, or other matters which are generally speaking within the province of the jury and where on one possible view of the facts there is evidence upon which a jury could properly come to the conclusion that the defendant is guilty, then the judge should allow the matter to be tried by the jury.'*

### The Tribunal's Decision

226. In relation to paragraphs 5b and 5d of the Allegation, the Tribunal considered that the only evidence it has before it in relation to these paragraphs of the Allegation are the statements of Ms C.

227. The Tribunal considered that, when taking account of the evidence it has before it, Dr Young's actions appeared to commence as actions of self-defence which had been a response to Ms B attacking him, which in the circumstances, was proportionate and reasonable.

228. The Tribunal accepted advice that legitimate acts of self-defence negated assault.

229. The Tribunal took into account that the evidence of Ms C, which was accepted and agreed by the parties, was that Ms B had been an uninvited trespasser into Dr Young's home and had also been the initial aggressor. Ms C's evidence was that Dr Young's actions had been in response to Ms B's initial aggression towards him. The Tribunal concluded that it did not have before it evidence on which it could conclude that Dr Young had exceeded the use of reasonable force in response to Ms B's actions towards him. Therefore, it concluded that it could not conclude that Dr Young had carried out a physical assault on Ms B, either in respect of sub-paragraph 5b or 5d. Therefore, the submission of no case succeeds on the first limb of the Galbraith test.

230. Accordingly, the Tribunal determined to grant Mr Brassington's application under Rule 17(2)g of the Rules and remove paragraphs 5b and 5d of the Allegation.

231. In relation to paragraph 4c of the Allegation, the Tribunal took into account the agreed statement of facts which included that Ms A had a history of complaints of anxiety and depression, for which she had been prescribed appropriate medications. The records suggest that Ms A received numerous fit notes for stress. The diagnoses pre-dated Ms A's visit to A&E on 8 July 2021. The GP records indicate that no referral to psychiatry had ever been made by her GP or received at Antrim Hospital, or that Patient A was ever a psychiatric patient at Antrim Hospital.

232. The Tribunal found that there was no evidence before it that Dr Young knew about Ms A's previous medical diagnoses. The Tribunal noted that Ms A in her statements and in her oral evidence, was clear that no discussion regarding her medical history took place.

233. The Tribunal considered the GMC's invitation to draw an inference that, because Dr Young and Ms A were in a close relationship, Dr Young 'must have known' about Ms A's medical diagnoses. The Tribunal rejected that this was a legitimate inference for it to draw. It

was of the view that this line of reasoning would take it beyond legitimate inference and would amount to speculation in the absence of actual evidence to that effect.

234. The Tribunal was also of the view that it had no evidence that Dr Young had knowledge of any mental health condition on the part of Ms A which may have led to a vulnerability. The Tribunal concluded that it had no evidence that Dr Young had known that Patient A was vulnerable by reason of her mental health condition and submission succeeded on the first limb in the Galbraith test. Accordingly, the Tribunal determined to grant Mr Brassington's application under Rule 17(2)g of the Rules and remove paragraph 4c of the Allegation.

#### SCHEDULE 1

1. "Thank you for making my day. Matthew"
2. "It doesn't happen me every day a gorgeous XXX woman gives me her number i promise you. Its usually tears or abuse lol.so yea cant get much better"