PUBLIC RECORD

Dates: 21/01/2026 - 23/01/2026

Doctor:	Dr Alan CAMPBELL
GMC reference number:	7453209
Primary medical qualification:	MB BCh BAO 2014 Queens University of Belfast

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Ms Rachel Jones
Lay Tribunal Member:	Mr Juleun Lim
Registrant Tribunal Member:	Dr Aamna Khan

Tribunal Clerk:	Miss Maria Khan

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Adam Lodge, 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 - 21/01/2026

Background

1. Dr Campbell qualified as a doctor in 2014 from Queens University of Belfast.

2. On 12 January 2022, police attended Dr Campbell's home address to conduct a search. Police spoke with Dr Campbell and informed him of the nature of their enquiries. Dr Campbell was then arrested on suspicion of making, possessing and distributing Indecent Images of Children ('IIOC'). As a result of the search of Dr Campbell's home, a number of electronic devices were seized. An initial interview was conducted with Dr Campbell on the same date. He answered no comment to all questions. He was bailed pending forensic examination of the devices seized.

3. Dr Campbell referred himself to the GMC on 14 January 2022, advising them that he had been arrested on 12 January 2022.

4. Dr Campbell returned for a second police interview on 20 August 2024. He was informed by officers that they had found a total 211 illegal images in six devices (two mobile phones, two laptops, and two hard drives). Specifically, the following IIOC had been found, across all the devices: six images and 44 videos in Category A, 17 images and 39 videos in Category B, and 82 images and 23 videos in Category C. At this interview, Dr Campbell admitted that the relevant devices belonged to him, and that he was responsible for the IIOC being on those devices.

5. The allegations that have led to Dr Campbell's hearing are in summary that, on 8 May 2025 at Downpatrick Crown Court, he was convicted of: (a) five counts of possession of an indecent photograph or pseudo-photograph of a child or children, and (b) six counts of making an indecent photograph or pseudo-photograph of a child or children.

6. It is also alleged that, on 24 June 2025, Dr Campbell was sentenced to a Community Service Order of 75 hours to be completed within 12 months, a Probation Order for a period of two years, and a Sexual Offences Prevention Order for a period of five years. Further, it is alleged that, as a result of his conviction and sentence, Dr Campbell became subject to notification requirements pursuant to sections 80 and 82 of the Sexual Offences Act 2003, for a period of five years.

The Outcome of Applications made during the Facts Stage

7. The Tribunal granted the GMC's application, made pursuant to Rules 15, 40 and 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to proceed with the hearing in Dr Campbell's absence. The Tribunal's full decision on the application is included at Annex A.

The Allegation and the Doctor's Response

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

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

1. On 8 May 2025 at Downpatrick Crown Court you were convicted of:
    a. five counts of possession of an indecent photograph or pseudo-photograph of a child or children, contrary to Article 15(1) of the Criminal Justice (Evidence, Etc.) (Northern Ireland) Order 1988;
    To be determined
    b. six counts of making an indecent photograph or pseudo-photograph of a child or children, contrary to Article 3(1)(a) of the Protection of Children (Northern Ireland) Order 1978.
    To be determined
2. On 24 June 2025 you were sentenced to a:
    a. Community Service Order of 75 hours to be completed within 12 months;
    To be determined
    b. Probation Order for a period of two years;
    To be determined
    c. Sexual Offences Prevention Order for a period of five years.
    To be determined
3. As a result of the conviction and sentence set out at paragraphs 1-2, you became subject to notification requirements pursuant to sections 80 and 82 of the Sexual Offences Act 2003 for a period of five years.
    To be determined

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

The Evidence

9. Dr Campbell declined to attend his hearing and did not provide a witness statement or any additional evidence. No witnesses were called on behalf of the GMC.

10. The Tribunal had regard to the documentary evidence related to the conviction, which included the following:

- Certificate of Conviction, dated 8 July 2025;
- Sentencing remarks of HHJ Geoffrey Miller KC, dated 24 June 2025;
- MG5 (Police report);
- Summaries of audio recorded interviews, dated 12 January 2022 and 20 August 2024;
- Letter from Dr Campbell's current legal representative, dated 15 January 2026.

The Submissions

11. Counsel for the GMC, Mr Lodge, took the Tribunal to the evidence in the bundle. He said that Dr Campbell was arrested and first interviewed by police on 12 January 2022, following which he referred himself to the GMC on 14 January 2022. Mr Lodge stated that in the initial interview, Dr Campbell answered *'no comment'*. He refused to provide passwords for his devices, however the police were able to examine the devices, and confirmed the presence of IIOC. The devices were subsequently submitted to the Northern Ireland Cyber Crime Centre for full analysis, which took some time to complete, and which revealed the presence of 211 indecent images in Categories A, B and C. Mr Lodge stated that, in respect of IIOC, Category A denotes images including penetrative sexual activity or sexual activity with an animal or sadism. Category B denotes images involving non-penetrative sexual activity. Category C denotes other indecent images not falling within either Categories A or B.

12. Mr Lodge also stated that, in August 2024, Dr Campbell was re-interviewed by the police; he confirmed that the images were his, and that he knew they were illegal images. During the course of the interview, Dr Campbell explained that he obtained the images from an online forum and that a lot of them were just there on the forum. He accepted he probably did also ask people to send him images. Asked by the police if he was aroused by the images, Dr Campbell said he was excited that the images were just there. Dr Campbell was also asked, in this second police interview, about his search history dating back a number of years, specifically the term *"PTHC"*. He was informed this stood for *"pre-teen hard core"*. Dr Campbell accepted that he was responsible for the searches and that he was probably aware, at the time of the search, what *"PTHC"* stood for. Dr Campbell further told police that females were more appealing for him but he did not find a particular age group more appealing. Asked specifically if he had a sexual interest in children, he denied this.

13. Mr Lodge further told the Tribunal that, in his second police interview, Dr Campbell explained he had been having difficulties in his marriage and at work at the relevant time. The doctor also told the police that he knew this was no excuse for the images, which were horrible and deplorable, that he was sickened with himself and was sorry, and he had completed nine months of counselling and courses.

14. Mr Lodge explained that, following his second police interview, Dr Campbell was charged with 11 offences, and pleaded guilty in May 2025 to five counts of possession and six counts of making IIOC. Mr Lodge submitted that, after having entered guilty pleas, Dr Campbell was sentenced on 24 June 2025 in the terms set out in the Certificate of Conviction, which were reflected in the Allegation, Paragraphs 2-3.

15. Mr Lodge further submitted, in respect of Paragraph 2(a) of the Allegation, that although the Certificate of Conviction did not specify that the Community Service Order was to be completed *"within 12 months",* this requirement was implicit and the GMC relied upon relevant legislation to this effect: Article 14 of the Criminal Justice (Northern Ireland) Order 1996.

The Tribunal's Approach

16. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that it must decide whether, on the balance of probabilities, it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove its case. There is no burden on the doctor to prove or disprove anything.

17. The Tribunal was advised to consider Rule 34 of the Rules, in particular:

> *34…*
>
> *(3) Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.*
>
> *(5) The only evidence which may be adduced by the practitioner in rebuttal of a conviction or determination certified in the manner specified in paragraph (3) or (4) is evidence for the purposes of proving that he is not the person referred to in the certificate or extract.*

The Tribunal's Analysis of the Evidence and Findings

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

Paragraph 1(a) and 1(b), Paragraph 2(a), 2(b) and 2(c), and Paragraph 3

19. The Tribunal noted that, on 8 May 2025, Dr Campbell had attended court and pleaded guilty to all 11 counts of possessing and making IIOC, as set out in the Certificate of Conviction.

20. The Tribunal also noted that there was no dispute or evidence that the Certificate of Conviction related to Dr Campbell, including the letter from Dr Campbell's legal representatives dated 15 January 2026, which confirmed that Dr Campbell would not be attending the hearing.

21. The Tribunal was satisfied that the Certificate of Conviction dated 24 June 2024 was a genuine certificate that recorded Dr Campbell was duly convicted of the offences on 8 May 2025, as set out in Paragraph 1(a) and 1(b) of the Allegation.

22. The Tribunal noted that the sentences passed and ancillary orders, as set out in the Certificate of Conviction, accurately reflected the particulars of Paragraph 2(a)-(c) of the Allegation. The Tribunal noted that the Certificate of Conviction did not specify that the Community Service Order was to be completed within 12 months, however it noted that this was provided for by the relevant legislation to which counsel for the GMC had drawn attention. Therefore, the Tribunal was satisfied that the sentence imposed on Dr Campbell reflected Paragraph 2 of the Allegation.

23. The Certificate of Conviction set out that, having been convicted in respect of a sexual offence covered by Part 2 of the Sexual Offences Act 2003, Dr Campbell was notified in open court of his requirement to comply with the notification requirements of the said Act for a period of five years.

24. The Tribunal noted that Sections 80 and 82 form part of Part 2 of the Sexual Offences Act 2003; they relate to the persons becoming subject to the notification requirements, and the notification period, respectively. The Tribunal was satisfied that the GMC had discharged its burden of proof in relation to Paragraph 3.

25. For these reasons and in accordance with Rule 34(3) and Rule 17(2)(j) of the Rules, the Tribunal found the Allegation proved in its entirety.

The Tribunal's Overall Determination on the Facts

26. The Tribunal has determined the facts as follows:

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

1. On 8 May 2025 at Downpatrick Crown Court you were convicted of:
    a. five counts of possession of an indecent photograph or pseudo-photograph of a child or children, contrary to Article 15(1) of the Criminal Justice (Evidence, Etc.) (Northern Ireland) Order 1988;
    Determined and found proved
    b. six counts of making an indecent photograph or pseudo-photograph of a child or children, contrary to Article 3(1)(a) of the Protection of Children (Northern Ireland) Order 1978.

Determined and found proved

2. On 24 June 2025 you were sentenced to a:
    a. Community Service Order of 75 hours to be completed within 12 months;
    Determined and found proved
    b. Probation Order for a period of two years;
    Determined and found proved
    c. Sexual Offences Prevention Order for a period of five years.
    Determined and found proved
3. As a result of the conviction and sentence set out at paragraphs 1-2, you became subject to notification requirements pursuant to sections 80 and 82 of the Sexual Offences Act 2003 for a period of five years.
    Determined and found proved

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

Determination on Impairment - 22/01/2026

27. 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 above, Dr Campbell's fitness to practise is impaired by reason of a conviction for a criminal offence.

The Evidence

28. The Tribunal has reviewed its findings of fact and did not receive any further evidence at this stage.

Submissions

Submissions on behalf of the GMC

29. Throughout his submissions, Mr Lodge, Counsel for the GMC, referred to the new *Guidance for MPTS Tribunals,* Section 3, "*MPT hearings"* ('Section 3 Guidance').

30. Mr Lodge submitted that paragraphs 5 and 11 of the Section 3 Guidance made clear that a conviction was a ground for a finding of impairment. He reminded the Tribunal of its findings, at the facts stage, as to the conviction and sentence.

31. Mr Lodge said that the Tribunal was required to assess whether Dr Campbell posed a current and ongoing risk to public protection, and if so, the level of that risk. The first question was where the allegations lay on the spectrum of seriousness. Mr Lodge relied on paragraph 31 of the Section 3 Guidance, arguing that the allegations fell at the higher end of

the spectrum, as one of the listed factors was a criminal conviction resulting in registration on the Sex Offenders Register.

32. Further, Mr Lodge pointed to features which, in the GMC's view, increased the seriousness of the allegations. Referring to paragraph 36 of the Section 3 Guidance, Mr Lodge said that Dr Campbell's behaviour was persistent and repeated, occurring over a prolonged period, 2014 to 2022; this was an aggravating factor.

33. Mr Lodge submitted that the seriousness was further aggravated by the volume and nature of the material. A total of 211 illegal images and videos were found, including 50 Category A images, many of which were moving images depicting the most serious abuse of children. These factors placed the allegations firmly at the higher end of the spectrum, and in accordance with paragraphs 43 and 44 of the Section 3 Guidance, the starting point for assessing risk was therefore high.

34. Mr Lodge submitted that while Dr Campbell had given an account in his police interview referring to marital difficulties and personal issues, Mr Lodge submitted that this did not explain or justify the conduct in this case.

35. Mr Lodge submitted that the evidence in the criminal proceedings contradicted Dr Campbell's denial of a sexual interest in children. Much of the offending occurred while Dr Campbell was training and working as a general practitioner with access to children. Mr Lodge submitted that in those circumstances the context did not reduce the level of risk.

36. Mr Lodge referred the Tribunal to Step 2(d) of the Section 3 Guidance, and submitted that the Tribunal must also consider Dr Campbell's response to the charges. Mr Lodge told the Tribunal that the doctor had not attended the proceedings and had not sent a representative. Mr Lodge submitted that paragraph 109 of the Section 3 Guidance confirmed that cases at the higher end of the seriousness spectrum, particularly those capable of damaging public confidence, were difficult to remediate. Dr Campbell had provided no evidence of insight or remediation, and therefore there was nothing that could reduce the assessment of risk from high.

37. Mr Lodge submitted that Dr Campbell posed a high current and ongoing risk across all three elements of public protection: protecting the health, safety and wellbeing of the public, maintaining public confidence in the medical profession, and upholding proper professional standards and conduct. Accordingly, Mr Lodge submitted that there must be a finding of current impairment in this case.

The Relevant Legal Principles

38. The Tribunal was advised to consider section 35C(2)(c) of the Medical Act 1983 ('1983 Act'), which in summary provides that conviction is a possible ground for impairment.

39. This Tribunal must determine whether Dr Campbell's fitness to practise is impaired today, taking into account Dr Campbell'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.

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

41. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in the case of *CHRE v NMC and P Grant* [2011] EWHC 927 (Admin). In particular, the Tribunal considered whether its findings of fact showed that Dr Campbell's fitness to practise is impaired in the sense that he:

> *'a. Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> *b. Has in the past or is liable in the future to bring the medical profession into disrepute; and/or*
>
> *c. Has in the past breached or is liable to breach in the future one of the fundamental tenets of the medical profession; and/or*
>
> *d. (not applicable)'*

42. As to insight, the Tribunal reminded itself of *Sawati v GMC* [2022] EWHC (Admin), paragraph 76, and *Sayer v General Osteopathic Council* [2021] EWHC 370 (Admin), in particular paragraph 25. While the entirety of those paragraphs were relevant, the Tribunal noted that:

a) As a general principle insight means *"an acknowledgment and appreciation of a failing, its magnitude, and its consequences for others".*

b) Insight is essential for the doctor's failing to be *"properly understood, addressed and eliminated for the future".* If the doctor's conduct is faulty, but they do not have insight into that, that can give good grounds for concern that the doctor is unlikely to be able to address the conduct, and hence that they pose a continuing risk.

43. Finally, the Tribunal was advised to have regard to the new *Guidance for MPTS Tribunals* which came into effect on 24 November 2025, and which is in four parts. The Tribunal's attention was drawn in particular to:

a) The Introduction section of that new guidance ('Introductory Guidance') and
b) Section 3 of that new guidance, "*MPT hearings"* ('Section 3 Guidance').

The Tribunal's Determination on Impairment

44. Throughout its deliberations, the Tribunal bore in mind the statutory overarching objective: to protect and promote the health, safety and wellbeing 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 the medical profession.

45. The Tribunal referred to the Introductory Guidance and the Section 3 Guidance.

Impairment by reason of a conviction

Step 2A: Legal basis for considering impairment?

46. The Tribunal noted paragraph 9 of the Section 3 Guidance, which states:

> *9 An MPT must be satisfied that there is a legal basis for considering whether a doctor's fitness to practise is impaired, meaning that there is a current and ongoing risk to public protection. The table below explains the grounds of impairment that apply to taking regulatory action in respect of doctors.*

47. The table referred to includes the following:

> *A conviction or caution in the British Islands for a criminal offence ….*

48. Having regard to the terms of the 1983 Act itself, and to the guidance above, the Tribunal was satisfied that there was a legal basis for considering whether Dr Campbell's fitness to practise is impaired, namely a conviction.

Step 2B: Where on the spectrum of seriousness does the allegation lie?

2B(i): Starting point for assessing seriousness

49. The Tribunal reminded itself that Dr Campbell's conviction was for a serious offence: "possessing", and "making" – i.e. downloading – indecent images of children (IIOC). It had regard to the judge's sentencing remarks, in particular the following:

- A total of 211 IIOC – both images and videos – were found across six devices belonging to Dr Campbell. 50 were in the highest category of seriousness of IIOC, Category A: denoting *"images including penetrative sexual activity with an animal or sadism".* The judge further acknowledged that while 211 images is relatively small, when compared to criminal cases involving thousands or even hundreds of thousands of images, nevertheless each such image is *"significant".* Further, each video *"amounts to dozens of single images".* He noted that 39 videos in this case were Category A.

- As the sentencing judge noted, during the period when he was accessing IIOC, Dr Campbell worked as a GP, undoubtedly with access to children.

- While the doctor did not create the images, rather downloading them, the sentencing judge observed that: *"each time one of those images is downloaded that is a further abuse upon the unfortunate innocent child …"*

- Quoting *HM Advocate v Graham*, the judge also reasoned that: *"Viewing, downloading and distributing indecent images of children is part of the process of child sexual abuse. Each photograph represents a serious abuse of the child depicted. Those who access this material through the internet bear responsibility for the abuse by creating a demand for the material … **Such offences can properly be said to contribute to the pain, discomfort and fear suffered by children who are physically abused, and to the psychological harm that the children concerned would suffer**…"*

- While no custodial sentence was imposed, the doctor's sentence subjected him to various requirements which, the Tribunal considered, were onerous and indicative of the seriousness of his offence. The Sexual Harm Prevention Order, among other things, prohibits Dr Campbell from *"undertaking any activity",* paid or otherwise, *"which affords access to children or vulnerable adults, unless approved of [by] his Designated Risk Manager",* for a period of 5 years from his sentence. He was also made subject to notification requirements (i.e. required to be on the Sex Offenders Register) for the same period.

50. The Tribunal considered that the above features of this case strongly pointed to it falling at the higher end of the spectrum of seriousness.

The Tribunal also considered the following paragraphs of the Section 3 Guidance:

> *26 Certain types of behaviour or poor performance represent such a serious departure from the professional standards that they will usually fall at the higher end of the spectrum of seriousness. This is often because the departure from the professional standards amounts to an abuse of, or interference with an individual's dignity, and/or breaches the fundamental tenets of the professions such as failing to act with honesty, integrity and uphold the law.*
>
> *31 Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:*
> *….*
> *a criminal conviction, caution or other disposal that has resulted in a doctor being required to register on the sex offenders register*
> *….*

51. The Tribunal considered both to be engaged. Paragraph 31 was clearly relevant as Dr Campbell's conviction resulted in notification requirements, as set out above. As to paragraph 26, the Tribunal concluded that Dr Campbell's behaviour represented a *"serious departure"* from professional standards which breached *"fundamental tenets of the profession"*; in particular the offence *"amounts to an abuse of, or interference with"* the dignity of the children depicted in the IIOC, by reference to the sentencing judge's remarks, as set out above. Further, doctors are meant to ensure that their actions justify the trust placed in them by the public. The Tribunal considered that the doctor's behaviour was such as to undermine the trust that an informed and reasonable member of the public would place in the medical profession. Finally, the doctor's conviction showed he had failed to *"uphold the law".*

52. In all the circumstances, the Tribunal determined that the starting point for its assessment of the seriousness of the Allegation was high.

2B(ii): Factors aggravating seriousness

53. The Tribunal then considered whether there were any features of this case that increased the level of seriousness. It had regard to paragraph 36 of the Section 3 Guidance:

> *36 Features of the allegation that may increase seriousness include, but are not limited to:*
> ….
> *The behaviour or poor performance was persistent or repeated*
> ….

54. The Tribunal determined that Dr Campbell's offending behaviour had been persistent and repeated, with the offending spanning 2014 to 2022.

Conclusion on Step 2B: Spectrum of seriousness

55. In all the circumstances, the Tribunal concluded that Dr Campbell's offending behaviour clearly fell at the higher end of the spectrum of seriousness.

56. Therefore, noting paragraph 44 of the Section 3 Guidance, the Tribunal's starting point for assessing current and ongoing risk to public protection was high:

> *44 In all cases where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current and ongoing risk to public protection will be high. Evidence of relevant context known about the doctor and/or their working environment and evidence of how the doctor has responded to the concern that decrease risk, will usually have less impact and carry less weight. This is because the risk to public protection arising from allegations at the higher end of the spectrum of seriousness are generally more difficult to mitigate and address.*

Step 2C: Relevant context

57. The Tribunal had regard to paragraphs 45, 50, 70 and 73 of the Section 3 Guidance:

> *45 Relevant context about a doctor and/or their working environment can have an impact on the assessment of whether a doctor poses any current and ongoing risk to one or more of the three parts of public protection. There are three types of relevant context: working environment context, role and experience, and personal context.*
>
> *50 The impact that evidence of relevant context has on the assessment of risk, will depend on the nature of the allegation and individual circumstances of the case. However, evidence of relevant context that may decrease the level of risk to public protection posed by the doctor will usually carry less weight in cases that fall at the higher end of the spectrum of seriousness. This is because the risk to public protection arising from these concerns is generally more difficult to mitigate.*
>
> *70 For personal context to be relevant to the MPT's assessment of current and ongoing risk to public protection, there must be a direct link between it and the doctor's behaviour, performance, or health.*
>
> *73 In cases where there is evidence of personal context that may decrease the level of risk the doctor poses to one or more of the three parts of public protection, this will usually have less impact, and therefore carry less weight, where the allegation falls at the higher end of the spectrum of seriousness and therefore the starting point for assessing current and ongoing risk to public protection is high. This is because the risk to public protection arising from these concerns is generally more difficult to mitigate.*

58. The Tribunal considered if there was any relevant context, and if so, whether it affected its assessment that the case was at the high end of the spectrum of seriousness. The Tribunal determined that the only potentially relevant matter in this case was *"personal context".* It noted that Dr Campbell had chosen to absent himself from these proceedings. Further, he had provided no direct evidence to the Tribunal. Nevertheless, the Tribunal had regard to the brief references to personal difficulties in both Dr Campbell's second police interview, in August 2024, and the judge's sentencing remarks, in June 2025. Dr Campbell had referred to marital difficulties and pressure occasioned by his professional studies and/or work.

59. The Tribunal considered there to be no obvious or direct link between this personal context, and the doctor's offending: as remarked by the sentencing judge, it was *"hard to fathom"* why the personal issues to which Dr Campbell had referred should have led him to searching for, viewing, and downloading IIOC. Nor could the doctor's personal context conceivably explain why he *"continued searching for and obtaining access to these images for a period of upwards of seven years".*

60. In all the circumstances, the Tribunal determined that no weight should be placed on the personal context alluded to in the evidence, given the paucity of details, absence of any direct link to the offending, and the nature and seriousness of his conviction. The Tribunal concluded that there was no relevant context before it which would decrease the seriousness of the Allegation from high.

Step 2D: Doctor's response to the allegations

61. The Tribunal had regard to the Section 3 Guidance, in particular the following:

74 The MPT should consider the evidence available to them to establish if the doctor has:

a. shown insight into their own practice, behaviour and/or impact of a health condition

b. taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation, and

c. ….

77 When assessing evidence of insight and remediation, the key considerations are:

Insight

- *Does the doctor understand what happened and accept how they could have acted differently?*

Remediation

- *Is the allegation remediable?*
- *Has the allegation been remedied?*
- *Is the allegation likely to be repeated?*

78 Evidence of insight and remediation in response to an allegation can be demonstrated and assessed on the papers. However, where a doctor attends a hearing, the MPT will be able to hear from that individual directly. The ability to test the doctor's evidence through questions may in certain circumstances allow the MPT to make a more thorough assessment of the level of insight and remediation shown.

80 However, in cases where the allegation falls at the higher end of the spectrum of seriousness, and therefore the starting point for assessing current and ongoing risk to public protection is high, evidence of insight and remediation will usually carry less weight and therefore will have less impact, if any, on the assessment of current and ongoing risk to public protection. This is because the risk to public protection arising from these allegations is generally more difficult to address, particularly where the allegation is connected to deep seated attitude issues and beliefs.

81 To demonstrate insight, and insight which is genuine, the doctor will need to show they understand what happened and accept how they could have acted differently. This involves showing, where relevant, that they have:

- *considered the allegation, understanding what went wrong and accept they should have acted differently*
- *fully understood the impact or potential impact of their behaviour, performance, or health condition*
- *empathy for any individual affected, for example by apologising*
- *taken, or are taking, steps to remediate and to identify how they will act differently in the future to avoid similar issues arising*
- *….*
- *….*
- *co-operated with earlier investigations into the allegation (if they had the opportunity to do so) and engaged with the GMC's investigation, and/or*
- *self-referred to their employer and/or the GMC.*

82 Evidence of insight will usually come directly from the doctor in the form of a statement or other material demonstrating their reflection.

95 For a doctor to successfully remediate, it's important they have insight into the allegation. This is because to actively address an allegation about their behaviour, performance, or impact of a health condition, a doctor must first recognise there is a concern and try to understand how it arose.

107 The following should be considered when assessing the impact of remediation: …. c. Is the allegation highly unlikely to be repeated?

109 Cases involving the following features can be more difficult to remediate

- *….*
- *….*
- *the allegation falls at the higher end of the spectrum of seriousness and is capable of damaging public confidence in the professions.*

117 Whether the allegation is highly unlikely to be repeated and the impact of this will need to be assessed based on the individual circumstances of the case. In many cases, a conclusion that the allegation is highly unlikely to be repeated will have the impact of decreasing the level of current and ongoing risk to public protection posed by the doctor. However, where the allegation falls at the higher end of the spectrum of seriousness and therefore the starting point for assessing current and ongoing risk to public protection is high, a conclusion that an allegation is highly unlikely to be repeated may be given less weight and therefore have less impact on the assessment of current and ongoing risk.

62. The Tribunal considered, in terms of the doctor's response, that maintaining skills and knowledge was not relevant in this case and there was no evidence going to that issue. It turned therefore to consider insight and remediation.

2D(i) Insight

63. The Tribunal considered, in accordance with paragraph 82 set out above, that evidence of insight should usually come directly from the doctor himself. In this case, the Tribunal was not provided with any direct evidence from Dr Campbell, who neither attended the hearing in person, nor sent a representative on his behalf. In his solicitor's letter dated 15 January 2026, it was said that Dr Campbell considered his attendance would not assist the Tribunal, and would not add anything further to the proceedings. While the Tribunal considered that it was possible for insight to be demonstrated on the papers, as noted at paragraph 78 of the guidance above, Dr Campbell had not submitted a witness statement or any evidence on his own behalf.

64. Nonetheless, the Tribunal considered carefully whether there was evidence in the bundle which may be relevant. It had regard, in particular, to the following:

- The Certificate of Conviction, showing that the doctor pleaded guilty to the charges in May 2025. Further, Dr Campbell had self-referred to the GMC, following his arrest in 2022.
- The second police interview of August 2024, in which the doctor referred to having undertaken unspecified courses and counselling after his arrest.
- The judge's sentencing remarks, particularly the following (which referred to a pre-sentence report of Ms A, of the probation service):

> *"Ms A assesses Campbell as presenting a medium likelihood of general reoffending over the next two years and as not currently crossing the threshold of posing a significant risk of serious harm. I accept this conclusion, based in part on the defendant's lack of any criminal antecedents and partly because it is acknowledged he recognises the harm he has caused to the children in the images, his family, including* [XXX]*, as well as the repercussions for himself and his career. He advised Ms A that he is disgusted with himself and he displays an insight into the impact of his offending".*

- The denial by Dr Campbell that his offending was motivated by a sexual interest in children. In the August 2024 police interview, Dr Campbell was asked about his internet search for the term 'PTHC', *"pre-teen hard core"*. The doctor accepted that he had searched for that term, and probably would have known what this meant. He also told the police that he was *"excited"* by the images. Despite this, Dr Campbell denied that he was sexually attracted to children. The judge's sentencing remarks also highlighted the search terms on Dr Campbell's devices, which he said were *"highly relevant"* in terms of showing a sexual interest in children. The sentencing judge

concluded that, while Dr Campbell continued to deny a sexual attraction to children, *"his admission to being excited by what he saw and that he masturbated whilst watching the images tells a very different story."*

65. The Tribunal considered that the absence of direct evidence from Dr Campbell made it difficult to be satisfied that he had any insight. The Tribunal was also mindful that it had no evidence from Dr Campbell to show how (if at all) his insight had changed since June 2025, when he was sentenced. Nonetheless, in light of the documentary evidence set out above, the Tribunal considered that Dr Campbell appeared to have shown some insight or recognition, in the criminal proceedings, that his offence was serious, and he was culpable. In particular, pleading guilty, self-referral to the GMC, some expressions of remorse, and his apparent recognition that the offending caused harm to the children in the images. However, the references to this effect in the evidence before the Tribunal were short and vague. It was difficult to assess whether Dr Campbell's insight into the impact of his offending on the children in the images, in particular, was genuine and well-developed. Further, there was nothing to suggest that the doctor had any insight into the consequences of such offending for the medical profession, as opposed to repercussions for his career. There was no evidence that the doctor had reflected on the negative impact which such an offence was likely to have on public confidence in the medical profession.

66. The Tribunal was also troubled by the evidence showing that Dr Campbell had refused to accept, and reflect upon, an obvious *'root cause'* of his offending, namely a sexual interest in children. He had consistently denied this. The Tribunal considered that the *"highly relevant"* factors to which the sentencing judge had drawn attention, and the very nature of the offence, clearly contradicted this denial.

67. The Tribunal's view was that, on the evidence before it, Dr Campbell has not developed full, or meaningful, insight into the seriousness, causes, and impacts of his offending. Rather Dr Campbell's insight was, at best, extremely limited.

2D(ii) Remediation

68. As to remediation, i.e. any steps taken by the doctor aimed at reducing the risk of repetition, the Tribunal noted references to Dr Campbell having undertaken courses and counselling. However, the Tribunal had very little information about this and was unable to assess either the relevance or efficacy of these measures, in terms of reducing risk of repetition. In any event, the Tribunal considered that this type of case, i.e. a conviction for possessing and making IIOC, was by its nature difficult to remediate. The Tribunal was of the view that, for there to be any prospect of remediation, there would first need to be full, meaningful and well-developed insight. It was not satisfied Dr Campbell has such insight, in this case.

Conclusion on insight and remediation

69. Finally, the Tribunal noted that paragraph 80 of the Section 3 Guidance indicated that where the Allegation is at the higher end of the spectrum of seriousness, any evidence of insight and remediation *"will usually carry less weight".*

70. Overall, the Tribunal's conclusion was that Dr Campbell had very limited insight. Further, there had not been any relevant remediation. Considering the doctor's response overall, the starting point for assessing the current and ongoing risk to public protection remained high.

71. Furthermore, in light of the evidence and its conclusions as to insight and remediation, the Tribunal's view was that there is a significant risk of repetition of the wrongdoing in this case. Having regard to paragraph 107 of the Section 3 Guidance, the Tribunal was not satisfied that the offence is *"highly unlikely to be repeated."*

Step 2E: Tribunal's decision as to whether Dr Campbell poses any current and ongoing risk to public protection and its finding on impairment

72. The Tribunal took into account the following paragraphs of the Section 3 Guidance:

> *131 The MPT's view on whether the doctor poses any current and ongoing risk to public protection, and if so, what level of risk (low, medium, or high), is based on considering the answers to the questions at steps 2b to 2d:*
>
> - *Where on the spectrum of seriousness does the allegation lie – lower end, mid-range, higher end?*
> - *This provides the starting point for assessing current and ongoing risk to public protection – low, medium or high.*
> - *Is there relevant context known about the doctor or their working environment that impacted on the doctor's behaviour, performance or health and what impact does this have on the assessment of current and ongoing risk – decreases risk, has no impact on risk, increases risk?*
> - *How has the doctor responded to the allegation and what impact does this have on the assessment of risk – decreases risk, has no impact on risk, increases risk?*
>
> *132 Each of the answers will need to be carefully considered and balanced against one another to inform the MPT's view on risk.*
>
> *134 In cases where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current and ongoing risk to public protection will be high. Evidence of relevant context that decreases risk and evidence of insight and remediation that decreases risk may have less impact and carry less*

> *weight because these types of allegations can be more difficult to remediate. Evidence of the doctor having kept their knowledge and skills up to date may also be less relevant. This should be considered by the MPT when they are reaching a view on risk and a conclusion that the doctor poses a current and ongoing risk to one of more of the three parts of public protection requiring restrictive action in response may be needed, particularly as the allegation is likely to engage public confidence.*

73. In light of its conclusions at Steps 2A-2D above, the Tribunal next had to reach an overall conclusion as to whether Dr Campbell posed any current and ongoing risk to public protection, and make a determination on impairment. As set out above, the starting point for the assessment of current and ongoing risk to public protection was that it was high.

74. The Tribunal considered each of the three limbs of the overarching objective in turn, to inform its overall conclusion on the risk to public protection.

75. As to the first limb, patient safety, the Tribunal considered that this was engaged in this case. It noted, as set out above, that the IIOC offence can *"properly be said"* to cause harm to the children involved. It also had regard to its conclusions that there was a risk of repetition, and the reasons it had found (at Step 2D) the doctor's insight to be extremely limited.

76. As to the second limb, public confidence, the Tribunal concluded that public confidence was heavily engaged in the circumstances of this case, in light of the conclusions already reached at Steps 2A-2D.

77. The Tribunal considered, in this respect, the Introductory Guidance as to criminal convictions. In particular, the Tribunal had regard to, and strongly agreed with, paragraph 244 of the Introductory Guidance:

> ***244*** *While the courts distinguish between degrees of seriousness, any conviction for child sex abuse materials will mean the doctor presents a current and ongoing risk to public confidence in the profession, requiring a finding of impairment.*

78. As to the third limb, professional standards, the Tribunal considered this limb, too, to be engaged, and reminded itself of its earlier conclusion that the doctor's behaviour represented a serious departure from fundamental tenets of the profession.

79. The Tribunal had formed the view that there was a significant risk of reoffending, due to Dr Cambell's limited insight and lack of remediation. In those circumstances, the risk could not reasonably be assessed as anything other than high, particularly in relation to maintaining public confidence in the profession. The sentencing remarks emphasised that Dr Campbell's offending had occurred while practising as a GP with access to children. The sentence imposed reflected these risks. The Tribunal further felt that a member of the public, in full knowledge of the facts of the case, would be appalled by Dr Campbell's offending behaviour.

80. In all the circumstances, the Tribunal concluded the current and ongoing risk posed to public protection is high, and that a finding of impairment is necessary, by reference to all three parts of public protection: to maintain public safety, declare and uphold proper standards of professional conduct, and to maintain public confidence in the profession. In particular, the Tribunal considered that a finding of impairment is needed to uphold public confidence in the profession.

81. The Tribunal has therefore determined that Dr Campbell's fitness to practise is impaired by reason of a conviction.

Determination on Sanction - 23/01/2026

82. Having determined that Dr Campbell's fitness to practise is impaired by reason of a conviction, the Tribunal now has to decide, in accordance with Rule 17(2)(n) of the Rules, what action, if any, it should take with regard to Dr Campbell's registration.

The Evidence

83. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

84. On behalf of the GMC, Mr Lodge submitted that erasure was the appropriate sanction in this case. However, he said that the decision was a matter for the Tribunal's independent judgement, and the Tribunal should balance proportionality with the interests of the doctor, and the wider public interest.

85. Throughout his submissions, Mr Lodge referred to *Guidance for MPTS Tribunals, Section 3: "MPT hearings", Part C: stage three – sanction* ('the Sanctions Guidance'). The Sanctions Guidance provided a framework for determining the appropriate sanction in the form of sanction bandings, which suggested that in this case, the sanction should range from a suspension of 12 months to erasure. Mr Lodge's position was that this was the appropriate range for the Tribunal to consider, however, in the alternative, he briefly addressed the Tribunal on less restrictive sanctions than suspension. In his submission, there were no exceptional circumstances which would justify taking no further action, and conditions were clearly neither appropriate, proportionate nor workable.

86. Mr Lodge submitted that, in respect of suspension, the Tribunal should consider relevant paragraphs of the Sanctions Guidance, including paragraph 41. Mr Lodge referred the Tribunal to its findings at the impairment stage that the level of risk was high, there was very limited insight, no relevant remediation, and the Tribunal could not conclude that the behaviour was highly unlikely to be repeated. The Tribunal had also concluded that the

relevant offence caused harm to the children involved. Mr Lodge, on behalf of the GMC, submitted that in all the circumstances, suspension would be insufficient to protect the public from harm, maintain public confidence in the profession, or maintain professional standards.

87. Mr Lodge drew the Tribunal's attention to paragraph 55 and onwards of the Sanctions Guidance, which addressed erasure; in particular, paragraphs 55 and 57. Mr Lodge submitted that, given the seriousness of Dr Campbell's conviction, the risk of repetition, and the limited insight and lack of remediation, any lesser sanction than erasure would put the public at risk of harm and undermine public confidence. He invited the Tribunal to erase Dr Campbell's name from the medical register.

The Relevant Legal Principles

88. The Tribunal was reminded that the appropriate sanction to impose was a matter for its independent judgement. It was advised to have regard to the Sanctions Guidance to which GMC counsel referred, and to the *Guidance for MPTS Tribunals, Introduction* ('Introductory Guidance').

89. The Tribunal was invited to consider that the main reason to impose a sanction is protection of the public. Sanctions are not imposed in order to punish doctors, although they may have a punitive effect. Sanctions should also be proportionate to address the level of current and ongoing risk which the doctor poses.

90. The Tribunal noted that, as a general principle, where a doctor has been convicted of a serious criminal offence, they should not normally be permitted to resume unrestricted practice until they have satisfactorily completed their sentence: *Council for the Regulation of Healthcare Professionals v General Dental Council and Fleischmann* [2005] EWHC 87, at paragraph 54.

91. The Tribunal was also asked to bear in mind that the reputation of the profession is more important than the interests of any individual registrant: *Bolton and Law Society* [1994] 1 WLR 512.

The Tribunal's Determination on Sanction

The Tribunal's approach

92. In making its decision on sanction, the Tribunal had regard to the overarching objective in section 1 of the Medical Act 1983, the Sanctions Guidance, and the Introductory Guidance.

93. The Tribunal first had regard to the sanctions banding table at paragraph 62 of the Sanctions Guidance. It noted the approach suggested at paragraphs 63-64:

> ***63.*** *In all cases, once the MPT has identified the level of banding [in the sanctions banding table], they will need to determine the appropriate length of sanction to impose within that range provided they are satisfied it is the most proportionate type of action considering the individual circumstances …*
>
> ***64.*** *Once the MPT has applied the bandings to reach a provisional view on what sanction is appropriate, before finalising their decision they must consider if there is any additional evidence that may be relevant to deciding what sanction is proportionate. They should also remind themselves of their decision on how the case engaged one of [sic or] more of the three parts of public protection with reference to their decision on impairment and the general guidance and specific case type sections in the Introduction.*

The Tribunal therefore considered it should approach its decision on sanction as follows, before reaching its final conclusion:

1. Identify the relevant banding for this case in the sanctions banding table.

2. Consider what is the least restrictive sanction sufficient and proportionate to protect the public, and reach a provisional view on the appropriate sanction, having regard to its findings at previous stages and to any further relevant passages in the Sanctions Guidance or Introductory Guidance.

3. Consider if there is any additional evidence that may be relevant to the proportionality of the sanction provisionally determined to be appropriate.

<u>The relevant sanctions banding for this type of case</u>

94. The Tribunal considered that the sanctions banding table at paragraph 62 of the Sanctions Guidance indicated that the appropriate starting point for consideration of sanction in Dr Campbell's case was *'Suspension 12 months to Erasure'.* This was because the case involved a criminal conviction in which the Tribunal had, at the impairment stage, assessed the level of risk posed to public protection to be high.

<u>The least restrictive sanction sufficient to protect the public</u>

95. The Tribunal next turned to consider what would be the least restrictive sanction sufficient to protect the public and proportionate in all the circumstances. It noted paragraphs 41, 55 and 57 of the Sanctions Guidance:

> ***41*** *Suspension is for those cases where the doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is currently incompatible with unrestricted registration. This means the current and ongoing risk to public protection posed by the doctor needs to be*

managed by restricting their registration for a period, with the aim they should be able to safely return to unrestricted practice in the future.

55 Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively,[12] is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.

57 Erasure may be the proportionate response where:

a. conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public

b. the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place

c. the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or

d. the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.

96. The Tribunal noted that it had concluded, at the impairment stage, that the current and ongoing risk posed to public protection is high, and that a finding of impairment was necessary by reference to all three parts of public protection. The Tribunal further reminded itself that this case involved a serious criminal conviction, possessing and downloading child sex abuse materials. Having regard to the particular features of this offence as set out in its impairment determination, and to the sanctions banding table, the Tribunal provisionally formed the view that any lesser sanction than 12 months suspension would be clearly insufficient.

97. The Tribunal considered paragraph 57 of the Sanctions Guidance, entitled *"When will erasure be the only proportionate sanction?"* to aid in considering whether suspension or erasure would be appropriate. It considered each sub-paragraph:

- Paragraph 57(a)(i): in line with its provisional conclusion above, the Tribunal felt that conditions would be plainly, and wholly, insufficient to uphold public confidence in this case. Conditions would also fall well below the lowest end of the range indicated by the sanctions banding table, i.e. a 12-month suspension. There was no evidence that conditions would be either workable or appropriate, and nothing to suggest that departing from the Sanctions Guidance to such an extent would be justifiable.

- Paragraph 57(a)(ii): the Tribunal's initial view was that, given the very serious nature of the offence, involving child sex abuse materials, even a 12-month suspension would also be insufficient to mark the gravity of the offence and to uphold public protection, in particular public confidence in the profession.

- Paragraph 57(b): the Tribunal further considered the doctor's behaviour had *"caused serious harm",* having regard to the features which led it to assess the seriousness of the offence as *"high"* in the impairment determination. These included that the offence could properly be said to contribute to the harm of the children depicted in the IIOC, was *"part of the process of child sexual abuse",* and the volume and categories of the images in this case, which included numerous images/videos in Category A.

- Paragraph 57(c): the Tribunal had determined at the impairment stage that Dr Campbell's insight was *"extremely limited".* Although the Tribunal did not consider this to be *"persistent",* it reiterated its conclusion at the impairment stage that it was troubled by the doctor's refusal to accept the *"root cause"* of his offending, namely a sexual interest in children. It had also found there to be a significant risk of repetition of the wrongdoing.

- Overall, and by reference to paragraphs 57(a), (b) and (c), the Tribunal provisionally determined that 12-months suspension would be insufficient to mitigate the risk of harm recurring, and insufficient to protect the public. The Tribunal was mindful that Dr Campbell had been made subject to a Probation Order of 2 years, a Sexual Offences Prevention Order of 5 years, and notification requirements (i.e. registration as a sex offender) for 5 years. A suspension of 12 months would expire significantly before the doctor had completed these aspects of his criminal sentence. This was a strong indication that his offending was incompatible with continued registration at this time. In addition, the Tribunal bore closely in mind that after being suspended for 12 months, the doctor would theoretically be able to resume unrestricted practice, even though he would still be subject to his criminal sentence. The Tribunal noted its previous findings as to the doctor's very limited insight, his lack of remediation, and the significant risk of repetition of the wrongdoing in this case, all of which suggested it would be unacceptable for the doctor to practise in 12 months. The GMC had also submitted that imposing a 12-month suspension would require a review before its expiry, or potentially repeated reviews. The Tribunal was, however, mindful that the doctor had chosen not to engage with these proceedings; it considered it very unlikely that he would develop sufficient insight or remediate his wrongdoing if he was suspended.

- Paragraph 57(d): the Tribunal considered this sub-paragraph was clearly engaged in this case, namely that it would undermine public confidence in the profession if the doctor continued to hold registration, as the offence had caused significant harm to public confidence.

98. Overall the Tribunal considered that, although the sanctions banding started at 12 months suspension, this would be insufficient to meet the overarching objective of protecting the public, given the nature of the offending and the high current and ongoing risk to public protection. The Tribunal was fortified in this conclusion by considering paragraph 251 of the Introductory Guidance:

> ***251*** *While the courts distinguish between degrees of seriousness, any conviction for child sex abuse materials will undermine public confidence in the professions. The only proportionate action in these cases will usually be erasure and any departure from this will need to be carefully explained.*

Any relevant additional evidence?

99. Before reaching a final conclusion, the Tribunal noted that paragraphs 66 onwards of the Sanctions Guidance addresses additional evidence, for instance references and testimonials, or evidence about the impact that taking a specific action may have. There was no such evidence in this case. The Tribunal considered further that, while erasure inevitably would have some impact on Dr Campbell, the reputation of the profession was more important than the interests of any individual doctor.

Conclusion

100. For all these reasons, having regard to paragraph 55 of the Sanctions Guidance, the Tribunal concluded that the doctor's behaviour was both *"incompatible with continued registration at this point in time"* and *"so significant that [he] should not be allowed to practise".* The only proportionate sanction in this case was erasure from the medical register.

Determination on Immediate Order - 23/01/2026

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

Submissions

102. Counsel for the GMC, Mr Lodge, submitted that an immediate order of suspension was necessary in order to uphold public confidence, and in view of the risk to public protection generally. He also submitted that it would be in the doctor's interests, as the evidence from the criminal proceedings may suggest a link between personal stress, and the doctor's previous offending. Mr Lodge also informed the Tribunal that Dr Campbell was subject to an interim order of suspension currently due to expire in August 2026.

The Tribunal's Determination

103. Pursuant to section 38(1) of the 1983 Medical Act, on giving a direction for erasure the Tribunal may, *"if satisfied that to do so is necessary for the protection of members of the public or is otherwise in the public interest, or is in the best interests of [the doctor]",* make an immediate order of suspension.

104. The Tribunal had regard to the relevant paragraphs of the Sanctions Guidance, including 79, 83 and 84:

> ***79*** *The MPT may impose an immediate order where 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.17 Where the MPT has imposed a sanction of conditions, it may impose an immediate order of conditions. Where the MPT has imposed a sanction of suspension or erasure, it may impose an immediate order of suspension.*
>
> ***83*** *The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.*
>
> ***84*** *It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*
>
> *a. the doctor poses a risk to patient safety*
>
> *b. the risk to one or more parts of public protection is high, and/or*
>
> *c. immediate action is needed to maintain public confidence in the medical profession.*

105. The Tribunal considered Mr Lodge's submission that an immediate order would be in Dr Campbell's interest. The Tribunal considered that it did not have any evidence to support this submission.

106. In light of its findings at previous stages of the hearing, the Tribunal considered that the conviction was of a high level of seriousness and that the level of current and ongoing risk to public protection was high. The Tribunal considered that paragraph 84 of the Sanctions Guidance was engaged. The seriousness of Dr Campbell's conviction and the risk to public protection in this case meant that an immediate order was required.

107. As Dr Campbell was neither present nor represented at the hearing, the immediate order of suspension will take effect at the time when notification of this decision is served, or deemed served, on him: section 38(5) of the 1983 Act. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

108. Pursuant to Rule 17(2)(o) and section 41A(3)(a) of the 1983 Act, the Tribunal further directed that the interim order currently in place on Dr Campbell's registration will be revoked at the point when the immediate order takes effect.

109. That concludes this case.

ANNEX A – SERVICE AND PROCEEDING IN ABSENCE – 21/01/2026

110. Dr Campbell was neither present nor represented at the hearing. The Tribunal therefore considered whether to continue with the hearing in his absence.

Submissions

111. The Tribunal was provided with a service bundle by the GMC, which included:

- Email from GMC to Dr Campbell's legal representative enclosing Rule 34(9) letter and final Rule 15 allegations, dated 10 December 2025;
- Email from Dr Campbell's legal representative to GMC confirming receipt of the above, dated 15 December 2025;
- Email MPTS to Dr Campbell's legal representative enclosing Notice of Hearing, dated 10 December 2025;
- Read receipt – Dr Campbell's legal representative in response to MPTS Notice of Hearing, dated 10 December 2025;
- Letter from Dr Campbell's legal representative, dated 15 January 2026.

112. Counsel for the GMC, Mr Lodge, drew the Tribunal's attention to the emails sent to Dr Campbell from the GMC and MPTS regarding the Notice of Allegation and Notice of Hearing, and the responses via email to both, from Dr Campbell's current legal representative.

113. Mr Lodge also drew the Tribunal's attention to the letter from Dr Campbell's current legal representative, dated 15 January 2026, in which they wrote:

> *"I continue to act on behalf of Dr Alan Campbell, on the instructions of the Medical Protection Society ('MPS'). Dr Campbell's matter is due to be considered by the Tribunal at an Medical Practitioners Tribunal ('MPT') hearing, which is listed to commence on Wednesday, 21st January 2026 for three days.*
>
> *I write to confirm that Dr Campbell does not intend to attend the MPT hearing, and he will not be represented. It is not considered that Dr Campbell's attendance would assist by adding anything further to the proceedings. Dr Campbell does not intend any disrespect to the Tribunal by his non-attendance.*
>
> *I would be grateful if this correspondence could be placed before the Tribunal who are due to consider Dr Campbell's matter.*
>
> *Many thanks for your assistance."*

114. Mr Lodge referred the Tribunal to *GMC v Adeogba* [2016] EWCA Civ 162 and *R v Jones [2001]* EWCA Crim 168, in determining whether to proceed in the absence of a practitioner.

115. Mr Lodge asked the Tribunal to consider whether it was fair and in the interests of justice to proceed with a hearing in Dr Campbell's absence, balancing fairness to the practitioner against the public interest, including patient protection. He submitted that no adjournment has been sought in this case by Dr Campbell, and any potential delay must also be taken into account.

116. Mr Lodge submitted that Dr Campbell was clearly aware of the nature and significance of this hearing. He had received the hearing bundle through his solicitors, with whom he has been in contact, and there was proof of service.

117. Mr Lodge submitted that Dr Campbell had chosen not to participate in the proceedings, and had provided no evidence on his own behalf. In these circumstances, an adjournment would be unlikely to secure his attendance.

118. Mr Lodge concluded that service had been properly effected in accordance with the Rules and that it was fair and in the interests of justice for the hearing to proceed in Dr Campbell's absence.

The Tribunal's Determination

119. The Tribunal considered Rule 31 of the Rules:

> ***31*** *Where the practitioner is neither present nor represented at a hearing, the Committee or Tribunal may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules.*

120. The Tribunal also had regard to the new *Guidance for MPTS Tribunals,* Section 1 on procedural matters, specifically the paragraphs on proceeding in a doctor's absence.

Service

121. The Tribunal first considered whether the Notice of Hearing had been served in accordance with the Rules, and paragraph 8 of Schedule 4 to the Medical Act 1983.

122. The Tribunal considered the read receipt from Dr Campbell's legal representative, indicating that they had received the Notice of Hearing by email. There was, further, express confirmation by letter that the solicitors continued to represent Dr Campbell as of January 2026, that he was aware of the hearing, and that he had chosen not to be present.

123. Accordingly, the Tribunal was satisfied that the MPTS Notice of Hearing had been properly served in accordance with Rules 15 and 40 of the Rules, and paragraph 8 of Schedule 4 to the Medical Act 1983.

Proceeding in absence

124. The Tribunal next considered whether it would be appropriate to proceed with this hearing in the doctor's absence, in all the circumstances.

125. The Tribunal again had regard to the letter sent by Dr Campbell's legal representatives on his behalf dated 15 January 2026. The Tribunal considered that it was clear Dr Campbell was aware of this hearing and did not wish to attend or be represented. Dr Campbell had not requested an adjournment.

126. The Tribunal took into consideration whether there would be potential disadvantage to Dr Campbell in proceeding in his absence, balancing this against the wider public interest. It concluded that Dr Campbell has made a conscious decision to not attend this hearing or put forward any evidence. The Tribunal formed the view that an adjournment would be unfair to the public and a waste of resources. Dr Campbell had voluntarily absented himself and there was no evidence to suggest that an adjournment would secure his attendance at a later stage.

127. The Tribunal therefore concluded that it would be both fair and in the public interest for this hearing to proceed without further delay. It exercised its discretion to proceed in Dr Campbell's absence in accordance with Rule 31 of the Rules.