

# General Medical Council

## David Stephen TRENNERY Doctor

GMC reference number: 7554447



Registered with a licence to practise



This registrant has been given a **warning**. [View details...](#)



This doctor is not on the GP Register



This doctor is not on the Specialist Register

This doctor is subject to revalidation;

This doctor is not currently connected to a Designated Body.

Profession

Doctor

Registered qualification

MB BS 2018 St George's Hospital Medical School

Provisional registration date

23 Jul 2018

Full registration date

07 Aug 2019

Gender

Male

## General information

This doctor's registration or restoration was granted subject to the requirements of our approved practice setting (APS) scheme.

You can find out what this means at [www.gmc-uk.org/aps](http://www.gmc-uk.org/aps).

[More information about employment check requirements](#)

Annual retention fee due date: 07 Aug 2026

## Trainee info

This doctor is in a GMC approved training programme.

This doctor is currently undertaking a GMC approved postgraduate training programme(\*). Details of the doctor's training programme are displayed below:

Programme

General Practice

Postgraduate training organisation

NHSE Education South West

(\*). Based on information provided to the GMC on an annual basis

# Registrant history

## Fitness to practise history (Since 20 October 2005)

| From        | To          | Status  | Details |
|-------------|-------------|---|---------|
| 18 Feb 2026 | 18 Feb 2027 | <a href="#">This registrant has been given a warning - view</a> |         |

### Warnings on the registrant's registration

Warnings are issued to indicate when a registrant's behaviour or performance is significantly below the standards expected, but when restricting a registrant's practice is not necessary. [See more on warnings.](#)

#### From 18 Feb 2026 to 18 Feb 2027

'Between 23-25 March 2021, whilst working at Gloucestershire Royal Hospital, Dr Trennery pursued an inappropriate course of conduct toward Patient A, in that on one or more occasion he: a. visited Patient A on wards when not clinically indicated; b. spent long periods of time talking to Patient A when she was no longer under his care and when it was not clinically indicated; c. touched Patient A's arm/s with his hand/s; d. touched Patient A's leg/s with his hand/s; e. said words to the effect of "you can message me, but not about doctor stuff"; f. told Patient A personal details about his life, including: i. he was training for a marathon; ii. that he had lost a lot of weight; iii. about his relationship with his ex- partner and/or how his partner had cheated on him with their boss; iv. that he was in a bad financial situation and had to borrow money from his parents. g. showed Patient A a photograph of himself topless on his mobile phone; h. followed Patient A's drawing page on Facebook; i. gave Patient A some headphones as a gift; j. gave Patient A printed out Shakespeare quote/s; This conduct was in pursuit of an improper emotional relationship with Patient A, who he was aware was vulnerable. This conduct does not meet the standards required of a doctor. It risks bringing the profession into disrepute and it must not be repeated.

The required standards are set out in Good medical practice. In this case, the following paragraphs of Good medical practice are particularly relevant: "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." "2. Good doctors work in partnership with patients and respect their rights to privacy and dignity. They treat each patient as an individual. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability." "53. You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them." "65. You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.

He was also reminded of the standards expected in the GMC's Guidance 'Maintaining a professional boundary between you and your patient' (2013) paragraphs 1, 3, 4 and 14: "1. In Good medical practice we say: 53 You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them." "3 Trust is the foundation of the doctor-patient partnership. Patients should be able to trust that their doctor will behave professionally towards them during consultations... 4 You must not pursue a sexual or improper emotional relationship with a current patient." "14 You must consider the potential risks involved in using social media and the impact that inappropriate use could have on your patients' trust in you and society's trust in the medical profession. Social media can blur the boundaries between a doctor's personal and professional lives and may change the nature of the relationship between a doctor and a patient. You must follow our guidance on the use of social media."

He was further reminded of the standards expected in the GMC's Guidance 'Doctors' use of social media (2013)', paragraphs 10 and 11: "10 Using social media also creates risks, particularly where social and professional boundaries become unclear. You must follow the guidance in Maintaining a professional boundary between you and your patient. 11 If a patient contacts you about their care or other professional matters through your private profile, you should indicate that you cannot mix social and professional relationships and, where appropriate, direct them to your professional profile." A number of aspects of his misconduct fell at the lower end of the spectrum in respect of seriousness. Whilst his misconduct did not amount to a finding of current impairment, due to his insight, remediation and the consequential low risk of repetition. However, it is necessary in the public interest, and in order to maintain and uphold proper professional standards for members of the profession, to issue this formal warning. This warning will be published on the medical register in line with our publication and disclosure policy, which can be found at [www.gmc-uk.org/disclosurepolicy](http://www.gmc-uk.org/disclosurepolicy)."

## Hearings (Since 20 October 2005)

| Date | Hearing | Details |
|------|---------|---------|
|------|---------|---------|

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18 Feb 2026

Medical Practitioners Tribunal

 [View details...](#)

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**Registration and licensing history** (Since 20 October 2005)

| <b>From</b><br>..... | <b>To</b><br>..... | <b>Status</b><br>.....                              |
|----------------------|--------------------|---|
| 07 Aug 2019          | Present            | Registered with a licence to practise               |
| 23 Jul 2018          | 07 Aug 2019        | Provisionally registered with a licence to practise |

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**Please note:**

All doctors who were registered before 20 October 2005 have their registration 'From' date set to 20 October 2005.

This is the date when the register went online.

If you need to know whether the doctor was registered before 20 October 2005 please [contact us](#).

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Results of search on: 23 Jun 2026 at 09:14 BST

The details shown are valid at the date and time of the search only.