

PUBLIC RECORD

Dates: 16/07/2025 - 18/07/2025

Doctor: Dr Brian HARRIS

GMC reference number: 0333766

Primary medical qualification: MRCS 1963 Royal College of Surgeons of England

Type of case

Restoration following
disciplinary erasure

Summary of outcome

Restoration application refused. Right to make further applications suspended indefinitely.

Tribunal:

Legally Qualified Chair	Ms Marianne O'Kane
Lay Tribunal Member:	Mrs Natalie Banks
Registrant Tribunal Member:	Dr Matthew O'Meara
Tribunal Clerk:	Mr Larry Millea

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Ms Emma Gilsenan, 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 Restoration - 18/07/2025

1. The Tribunal has convened to consider Dr Harris' application for his name to be restored to the Medical Register following his erasure for disciplinary reasons in 2018.
2. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended ('the Act') and Rule 24 of the General Medical Council (Fitness to Practise) Rules 2004, as amended ('the Rules').
3. This is Dr Harris' second application to be restored to the Medical Register. He attended in person to this stage of proceedings and was unrepresented.

Background

4. Dr Harris qualified in 1964 from the Royal College of Surgeons of England. He worked as a Senior House Officer in Westminster Hospital, completed general practice training and registrar training, prior to becoming a consultant psychiatrist in general adult psychiatry in 1980. Dr Harris held the post of Medical Director for the Cardiff Community Trust from 1996 to 2000, initially retiring but returning to work after a short period at Powys Teaching Health Board, until 2005. He worked as a consultant at the Royal Glamorgan Hospital from 2005, retiring from that post in 2011 but continuing to undertake private and locum work for Aneurin Bevan Health Board. Dr Harris has also held a number of lecturing positions during his career in the field of perinatal psychiatry.

The 2017 Tribunal

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5. The circumstances that led to Dr Harris' erasure were considered at a hearing before a Medical Practitioners Tribunal ('MPT') which concluded in December 2017 ('the 2017 Tribunal'), though the determination did not take effect until the expiry of the appeal period in early 2018.

6. Those circumstances can be summarised as Dr Harris having carried out 14 private consultations with five different patients between 10 December 2013 and 20 December 2014 whilst his registration was subject to an interim order of suspension, following an MPTS Interim Orders Panel ('IOP') hearing in November 2013. The 2017 Tribunal also found that Dr Harris failed to disclose the suspension to his patients when he knew, or ought to have known, that the interim order was in place, and that his conduct was misleading and dishonest.

7. The initial concerns were raised with the General Medical Council ('GMC') on 29 September 2015 by a doctor ('the second doctor') who had seen a patient, previously seen by Dr Harris. The patient was due to see Dr Harris again and wished to discuss the medication that he had prescribed. The second doctor made enquiries about Dr Harris and was concerned that Dr Harris appeared to have been suspended from the GMC Register since 2013.

8. Dr Harris was not present but was legally represented for the first two days of the 2017 Tribunal, and had provided a witness statement to the Tribunal. At the outset of the hearing an application for voluntary erasure was made, which the 2017 Tribunal refused.

9. Dr Harris accepted that he had undertaken the consultations in breach of the interim order of suspension and that he had failed to disclose this fact to his patients, in circumstances where he knew or ought to have known that a suspension was imposed on his registration. He accepted that his actions were misleading but denied that his conduct was dishonest. The 2017 Tribunal found, however, that Dr Harris' actions were both misleading and dishonest. The Tribunal concluded that Dr Harris' conduct fell far short of the standard reasonably to be expected of a doctor and that his actions and omissions amounted to misconduct.

10. The 2017 Tribunal took account of Dr Harris' admissions, his acceptance that his actions had brought the profession into disrepute, his expressions of apology and demonstration of some level of insight. Given Dr Harris' lack of acknowledgement however that his actions were dishonest, the 2017 Tribunal was not satisfied that he would not repeat his conduct in the future. It noted that Dr Harris had put patients at risk and found that whilst there was no suggestion of concerns about his clinical skills, he had practised without a licence and as such would not have been subject to the same appraisal and revalidation checks as other practitioners.

11. The 2017 Tribunal determined that honesty is a cornerstone of the professions and that in acting as he did, Dr Harris had breached a fundamental tenet of the profession. It concluded that Dr Harris' actions had brought the profession into disrepute and that both public confidence in the profession and the need to maintain proper professional standards and conduct for members of the profession would be undermined if a finding of impairment was not made. The 2017 Tribunal therefore determined that Dr Harris' fitness to practice was impaired by reason of his misconduct.

12. The 2017 Tribunal acknowledged that Dr Harris had some insight into the fact that his conduct was wrong. However, it found that his explanation of his behaviour was limited and restricted to the assertion that he wanted to do what was best for his patients. The 2017 Tribunal determined that Dr Harris' conduct was serious and that, whilst such conduct was not always incompatible with continued registration, it was so in the specific circumstances of this case. It found that there was no acknowledgement of dishonesty by Dr Harris, there was a risk of repetition of his conduct, and there was no evidence that he had taken steps to remediate his actions. Further, the 2017 Tribunal considered that Dr Harris had already been suspended on an interim basis and had ignored this restriction.

13. The 2017 Tribunal noted Dr Harris' acknowledgement that what he did was wrong demonstrating some insight into the impact of his actions on patients, their families and the profession. However, it found that other than an apology to the GMC, there appeared to be no clear regard for the impact of Dr Harris' actions on the Regulator and its processes.

14. The 2017 Tribunal erased his name from the Medical Register.

The 2023 Restoration Hearing

15. Dr Harris made a previous application to be restored to the Medical Register which was considered by an MPT in July 2023 ('the 2023 Tribunal').

16. The 2023 Tribunal considered that, whilst Dr Harris now recognised the impact his misconduct had on patients and that it brought the profession into disrepute, he failed to focus on the impact of his dishonesty on his Regulator and its processes. Dr Harris had provided the Tribunal with some personal reflections but had not provided these in writing and while accepting that his actions were dishonest, was unable to fully articulate how he had reached this conclusion. The 2023 Tribunal considered that Dr Harris had developed further insight, but it was not yet complete.

17. The Tribunal noted that Dr Harris had not provided any documentary evidence of his reflection and learning. In his oral evidence, Dr Harris was unable to provide any clear or specific examples of his reflections or evidence of how he was assisted by them. Dr Harris had not undertaken any courses on ethics and probity. The 2023 Tribunal concluded that it had not been provided with evidence to satisfy it that Dr Harris had remediated his misconduct.

18. The 2023 Tribunal was of the opinion that Dr Harris' had developed further insight since the 2017 hearing. However, it was not satisfied that it had developed sufficiently nor that he had fully remediated his misconduct. The 2023 Tribunal considered that, until Dr Harris developed greater insight including in-depth reflection and made a more concerted effort towards remediation, a risk of repetition remained.

19. Dr Harris told the 2023 Tribunal that he had discussed current medicine with a relative who was a doctor. He also told the 2023 Tribunal of his research into Alzheimer's disease. Dr Harris confirmed that he had not undertaken any Continuous Professional Development ('CPD') and said that the last patient he saw was when he was suspended.

20. The 2023 Tribunal noted that it was ten years since Dr Harris was suspended. Dr Harris accepted that his medical skills and knowledge would have deteriorated and that he would have a lot of 'catching up' to do. He also accepted that there was nothing he had done that would convince the 2023 Tribunal he was safe to return to clinical practice and conceded that he was not in a position to do so.

21. The 2023 Tribunal indicated that in circumstances where the findings that led to erasure were of such seriousness, it required "extensive and persuasive evidence" before it could be satisfied that Dr Harris would be fit to practise again.

22. In the course of that hearing, Dr Harris informed the Tribunal that he had no intention to return to clinical practice and that he simply wished his name to be restored to the Medical Register. He accepted that he had made the application without fully understanding the implications of restoration.

23. The 2023 Tribunal, having balanced its positive finding that Dr Harris had developed some further insight, against all three limbs of the statutory overarching objective, determined to refuse his application for restoration.

The Current Restoration Hearing

The Evidence

24. The Tribunal has taken into account all the evidence that it has received, both oral and documentary.

Documentary Evidence

25. The Tribunal received documentary evidence which included, but was not limited to, Dr Harris' application for restoration; the determinations and transcripts of the 2017 and 2023 Tribunals; a schedule of CPD activities and a reflection undertaken by Dr Harris; an apology letter from Dr Harris to one of the patients he saw whilst suspended.

Witness Evidence

26. Dr Harris gave oral evidence at the hearing, in person.

27. At the outset of his evidence, Dr Harris made it clear that he has no intention to return to clinical practice.

28. Dr Harris stated that he had sent letters of apology via their General Practitioners to three of the five patients he saw while suspended. In respect of two other patients, he did not have contact addresses, but has made further enquiries in order to contact them. In terms of maintaining professional knowledge and skills, Dr Harris referred the Tribunal to the schedule of CPD undertaken privately. Dr Harris stated in evidence that he wrongly saw the patients and they were not protected as he would not have had indemnity insurance if anything went wrong, but none of the patients came to any harm.

29. In response to questions from Ms Gilsenan, Dr Harris gave the following evidence.

30. In terms of maintaining professional knowledge and skills, he acknowledged that he had not undertaken study on the subjects of ethics and probity, relevant to the matters in issue for this Tribunal.

31. In relation to his personal reflections and further development of insight, Dr Harris had not undertaken any written reflection. He had not thought of doing so, but in

considering the matter in the course of giving evidence, stated that the ethical code of honesty was broken because he was working when he should not have been, adding that he did not hurt anyone. When questioned about the impact on patients, he repeated that he had not hurt anyone, albeit he was unable to make contact with two of them. He acknowledged that it would have been “disastrous” if something had happened to any of the patients.

32. With regard to any impact on the reputation of the medical profession, Dr Harris stated that his conduct gave a bad impression of the profession, but that in terms of public confidence, he was highly regarded by his patients who he stated were “perfectly happy”. He did not know what impression the wider public would have, as they did not have the full facts.

33. He acknowledged that his dishonest actions constituted a blatant disregard for the GMC and its processes but he had not thought of it that way. He now accepted that his acts and omissions were a significant departure from the standards set out in the prevailing edition of Good Medical Practice (2013) ('GMP'). It was his view that he had been a good doctor in his career, but should have informed his patients that he was struck off. He admitted that he had done wrong and if he were restored to the Register and hypothetically the same situation recurred, he would stop working and not see patients.

34. Dr Harris had not undertaken any clinical placement or shadowing and agreed that his clinical skills had deteriorated and further agreed that without recent, direct clinical experience there would be patient safety issues. He asserted however that this was a hypothetical situation as he had no desire to return to practice. Dr Harris accepted that he was not currently fit to return to unrestricted practice. It was simply his wish to be restored to the Register as he did not wish to die as a doctor who had been struck off.

35. During his evidence, Dr Harris reiterated that none of the patients he saw while suspended were harmed and that the matters from which the current proceeding originated had concluded without any stain on his character.

36. The Tribunal had received in evidence a copy letter to one of the affected patients, written on 12 July 2025, some four days before this hearing commenced, Dr Harris wrote:

"I saw you as a patient at Spire Hospital Cardiff when apparently I shouldn't have since I was being investigated by the GMC re 5 allegations for all of which I was found not guilty. I apologise for this."

37. It asked Dr Harris to clarify his use of the word “apparently” in this context. Dr Harris responded that he did not give too much thought to the use of the word ‘apparently’, and that it was a mistake.

Submissions on behalf of the GMC

38. Ms Gilsenan, Counsel, provided written submissions to the Tribunal and Dr Harris. On behalf of the GMC she submitted that Dr Harris had failed to demonstrate, evidentially, that he had developed full insight into the misconduct and probity concerns raised by the 2017 Tribunal. She further submitted that there has been no material change since 2023, when the 2023 Tribunal noted that Dr Harris had not provided any written reflections, not provided evidence as to why his actions were dishonest or any evidence of the impact of his actions on patients and the reputation of the medical profession.

39. Ms Gilsenan submitted that Dr Harris has not been in clinical practice in the UK for over ten years and that this lapse of time is significant, adding that Dr Harris has not undertaken any clinical attachment or work shadowing. He has not undertaken any accredited CPD or other courses on the subjects of ethics and probity. He has not taken advice from any senior colleague to consider how to address the specific concerns regarding his misconduct. She submitted that Dr Harris has failed to provide sufficient evidence to demonstrate full insight into the misconduct concerns, that he has failed to provide sufficient evidence of reflection and insight to demonstrate that he has fully remediated these concerns.

40. Ms Gilsenan submitted that the Tribunal could not be assured that the risk of repetition of the misconduct has reduced, and that an ordinary, well informed member of the public who is aware of all the relevant facts would be shocked and concerned to learn that a doctor who had been erased from the Medical Register was allowed to return to it over ten years later without full assurance that his misconduct and probity concerns had been fully remedied.

41. She submitted that the longer a doctor is away from clinical practice, the greater the likelihood their clinical knowledge and skills will have deteriorated to a degree that may put

patients at risk. A lapse of ten years, as in this case, would inevitably raise patient safety concerns if Dr Harris returned to unrestricted practice.

42. She stated that in erasing Dr Harris, the 2017 Tribunal sent a clear message to the profession regarding what constitutes unacceptable behaviour, corresponding with its duty to promote and maintain professional standards and conduct. She noted that the issues of concern arising from the 2017 and 2023 hearings had not been fully addressed by Dr Harris in the interim.

43. Ms Gilsenan's concluding submission on behalf of the GMC was that there has been no material change since 2023, and there is no evidence to suggest that Dr Harris is fit to return to unrestricted practice, having regard to the overriding objective. She submitted that the Tribunal should refuse the application for restoration.

Dr Harris' submissions

44. Following a period of time overnight to consider submissions made on behalf of the GMC, Dr Harris addressed the Tribunal and stated that he now agreed with the GMC's position, as set out by Ms Gilsenan, and wished to remain erased from the Medical Register. Following enquiry from the Tribunal to confirm that this was an informed decision, he stated multiple times during the course of the second day of the hearing that this was his position, having reflected and discussed the matter with his wife overnight.

The Tribunal's Approach

45. The Tribunal considered the statement made by Dr Harris during the closing of the case that he no longer wished to proceed with the application for restoration and wished to remain erased. It accepted this statement as being genuinely held and an informed decision.

46. The Tribunal heard representations from parties on this matter. Ms Gilsenan submitted that the Tribunal was seized of the case, that there was no provision for withdrawal of a matter at this stage within the Rules, and that the Tribunal should proceed and consider the restoration application on the basis of the evidence and submissions it had heard.

47. Dr Harris submitted that he did not see why the Tribunal would continue to consider his restoration application, given that he no longer wished to be restored, but rather, now wished to remain erased.

48. The Legally Qualified Chair gave legal advice to the parties regarding the position and the legal provisions, as set out in Rules 24 and 28, and the requirement for the Tribunal to proceed to consider and determine Dr Harris' application to be restored.

49. The Tribunal was mindful of Rule 28 of the Rules, in respect of withdrawal of matters. The Tribunal concluded that as the case had formally opened and evidence and submissions had been heard, Rule 28 was not engaged and it was seized of the proceedings. It therefore determined that it was required to go on and consider the application in accordance with Rule 24 of the Rules and make its decision.

50. The Tribunal reminded itself that its power to restore a practitioner to the Medical Register in accordance with Section 41 of the Act is a discretionary power. This power is to be exercised in the context of the Tribunal's primary responsibility to act in accordance with the statutory overarching objective to protect the public, as set out later in this determination.

51. While the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Harris' name to the Medical Register is a matter for this Tribunal exercising its own judgment. The Tribunal reminded itself that, if it directs that Dr Harris' name should be restored to the Medical Register, it can do so only without restrictions on his practice, regardless of whether he intends to return to clinical practice or not.

52. Throughout its consideration of Dr Harris' application for restoration, the Tribunal was guided by the approach laid out in the MPTS 'Guidance for medical practitioners tribunals on restoration following disciplinary erasure' ('the Guidance').

53. The Tribunal reminded itself that the onus is on a practitioner to satisfy it that they are fit to return to unrestricted practice and that it should not go behind the original Tribunal's findings on facts, impairment and sanction.

54. The Tribunal was also reminded of the general principles set out in the case of *Bolton v Law Society [1994] 1 WLR 512*, which stated:

The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is a part of the price.

55. The Guidance sets out at B2, reproducing the position set out in *GMC v Chandra [2018] EWCA Civ 1989*, that the test for the Tribunal to apply when considering restoration is:

Having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective?

56. The Tribunal was conscious that, in making its decision, it should consider the following five factors set out within paragraphs B4-B34 of the Guidance which address:

- a. *the circumstances which led to the erasure;*
- b. *whether Dr Harris has demonstrated insight into the matters that led to erasure, taken responsibility for his actions and actively addressed the findings about his behaviour or skills;*
- c. *what Dr Harris has done since his name was erased from the register;*
- d. *the steps Dr Harris has taken to keep his skills and knowledge up to date; and*
- e. *the lapse of time since erasure;*

and then go on to determine whether restoration will meet the overarching objective.

The Tribunal's Decision

57. The Tribunal has considered the parties' submissions carefully and has evaluated all the evidence in order to reach its decision as to whether Dr Harris is fit to practise having regard to the overarching objective.

58. In reaching its decision, the Tribunal was conscious that Dr Harris' motivation in making the application was borne from a deep and sincerely held desire to be restored to the Register in his lifetime. He drew the Tribunal's attention to his advancing years, he is currently aged 85, and did not "wish to leave the planet as an erased doctor".

59. It was a recurring feature of the case that despite the Tribunal's best endeavours to explain the conditions which had to be satisfied before a restoration could take place, Dr Harris continued to state that he simply wanted to be restored to the Register and did not intend to practise clinically. The Tribunal was unable to satisfy Dr Harris that it was not possible to simply restore him administratively to the Register and that the conditions for restoration had to be met, whether or not he ever intended to practise.

The circumstances which led to Dr Harris' erasure

60. The Tribunal noted the circumstances that led to Dr Harris' erasure. He undertook 14 individual consultations with five different patients between 10 December 2013 and 20 December 2014, when he knew his registration had been suspended by an Interim Orders Panel on 12 November 2013, and failed to disclose to those patients that his registration had been suspended. Dr Harris' actions were found to be misleading and dishonest, amounted to misconduct and impaired his fitness to practise.

61. The 2017 Tribunal determined that, whilst such conduct was not always incompatible with continued registration, it was considered to be so in the specific circumstances of this case given its findings that there was no acknowledgement of dishonesty by Dr Harris, there was a risk of repetition of his conduct, and there was no evidence that he had taken steps to remediate his actions. Further, the 2017 Tribunal considered that Dr Harris had already been suspended on an interim basis and had ignored this.

Whether Dr Harris has demonstrated insight into the matters that led to erasure, taken responsibility for his actions, and actively addressed the findings about his behaviour or skills

62. In considering this aspect, the Tribunal bore in mind in particular paragraph B10 of the Guidance, which states:

B10 Factors that can be relevant to a doctor demonstrating genuine insight include, but are not limited to, evidence they have:

a considered the concern, understood what went wrong and accepted they should have acted differently

b demonstrated that they fully understand the impact or potential impact of their performance or conduct, for example by showing remorse

c demonstrated empathy for any individual involved, for example by apologising fully

d taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising

63. The Tribunal considered that Dr Harris appeared to have made minimal progress in developing further insight since the 2023 Tribunal, save for his efforts to make contact with the affected patients and some limited expressions of apology to them.

64. In relation to the letter written to a patient on 12 July 2025, referred to above, the Tribunal assessed that he was still seeking to minimise his actions in treating patients while suspended. It considered that this correspondence demonstrated an ongoing lack of insight by Dr Harris, particularly due to the use of the word ‘apparently’. It considered his explanation that the use of the word was a mistake difficult to accept, finding that he had used that word intentionally.

65. The Tribunal was of the opinion that Dr Harris had not developed further insight into the impact of his actions on the public interest or to the wider profession, which were the key concerns of the 2017 and 2023 Tribunals. The 2023 Tribunal made it clear to Dr Harris, that it “*required extensive and persuasive evidence*” in order to find Dr Harris was fit to practise again and could be restored, unrestricted, to the Medical Register. The 2023 Tribunal found that he had not done so. This Tribunal finds itself in the same position

66. It considered that Dr Harris has taken limited steps to provide the evidence required to demonstrate his insight, particularly in regard to the wider impact of his actions and in respect of the need for probity and honesty by doctors.

67. The Tribunal noted that this was Dr Harris’ second restoration application, that he has been through the process previously and has been provided the relevant Guidance during the hearing and provided with an opportunity to review it. He was also provided with the GMC’s written opening and submissions and given time to consider and respond. The Tribunal was of the opinion that he had not meaningfully engaged with the restoration process and that his stance appeared to remain the same as at the 2023 Tribunal.

68. In considering remediation, the Tribunal was mindful of paragraph B15 of the Guidance, which states:

B15 Remediation can take several forms, including, but not limited to:

- a participating in training, supervision, coaching and/or mentoring relevant to the concerns raised*
- b attending courses relevant to the concerns raised, for example anger management, maintaining boundaries, ethics or English language courses*
- c evidence that shows what a doctor has learnt following the events that led to the concerns being raised, and how they have applied this learning in their practice (where applicable)*
- d evidence of good practice in a similar environment to where the concerns arose.*

69. The Tribunal received a bundle of CPD activity provided by Dr Harris which included a significant volume of self-directed study, equating on average to approximately two hours per week since 2023. However, this activity related to Dr Harris' review and summaries of various scientific journals, articles and publications. None of this CPD related to the key areas of concern, namely ethics and probity, save for reference to a British Medical Journal article on the Israel-Gaza conflict.

70. As well as an absence of CPD targeting the areas of concern, there was no evidence of professional or other meaningful courses undertaken by Dr Harris, and no reflection on the key issues identified by the 2017 and 2023 Tribunals. The Tribunal was of the opinion that Dr Harris had failed to understand the importance of these issue to this Tribunal. Whilst Dr Harris is to be commended for the time and effort in his self-directed CPD, none of this was directly relevant to developing his insight or to addressing the concerns identified by the 2017 and 2023 Tribunals.

71. In considering the risk of repetition, the Tribunal was mindful of paragraph B23 of the Guidance, which states:

B23 Tribunals can also consider the following factors in assessing whether the concerns are likely to be repeated:

- a whether there was a pattern of similar concerns*

- b the environment in which a doctor has been working since their erasure*
 - i. where a doctor has been working in a similar environment to where the concerns arose and has been exposed to situations when there was a risk of repeating the concerns, the absence of repetition will be relevant*
 - ii. where a doctor has not been working in a similar environment to where the concerns arose the absence of repetition will be of little or no relevance*
- c the circumstances giving rise to the concerns – if the concerns arose in unique circumstances which are themselves unlikely to be repeated, then, it may suggest that the risk of repetition in the future is reduced*
- d what steps a doctor has put in place to avoid the circumstances arising again and/or to cope with those circumstances, should they arise again*
- e whether the doctor has an otherwise positive professional record, including an absence of any other concerns from past or current employers or another regulatory body*

72. The Tribunal considered that paragraph B23(d) was particularly applicable. Given that Dr Harris has still not developed insight into the impact of his actions on the public perception and wider profession, nor fully accepted the seriousness of his dishonesty, the Tribunal could not be satisfied that he had put in place any steps to avoid repetition should he find himself in similar circumstances.

73. Although the evidence of Dr Harris was that he had no intention of returning to practice or treating patients again, the Tribunal noted that he had previously retired before returning to practice and that, were he to be restored, he would be entitled to return to unrestricted practice. The Tribunal therefore concluded that whilst the outstanding issues had not been remediated, a risk of repetition necessarily remained.

What Dr Harris has done since his name was erased from the register

74. The Tribunal noted that Dr Harris has been out of practice in the 10 years since his erasure and has not undertaken any clinical practice, medical work or clinical/medical

attachments. In his evidence, Dr Harris clearly acknowledged that his medical skills have deteriorated with the passage of time and that currently he would not be fit to return to unrestricted practice.

The steps Dr Harris has taken to keep his medical knowledge and skills up to date

75. The Tribunal accepted that Dr Harris has attempted to maintain his knowledge, as demonstrated by the more than 74 reflections he provided as part of his CPD bundle. However, the Tribunal considered that the ability to return to unrestricted practice would require structured, in depth professional development, supported by other professionals who would be in a position to provide the requisite guidance and support.

76. Overall, while the Tribunal acknowledged Dr Harris' endeavours, the evidence he provided was not sufficient for it to find that his knowledge and skills were up to date to the standard required for it to find that he is fit to return to unrestricted practice.

The lapse of time since erasure

77. The Tribunal considered that whilst 10 years had elapsed since his erasure, Dr Harris still has not developed the necessary insight or demonstrated remediation. It bore in mind paragraph B34 of the Guidance, which states:

B34 The longer the doctor has been away from clinical practice, the greater the likelihood that their knowledge and skills will have deteriorated to a degree that may place patients at risk. Tribunals should pay close regard to how the doctor has maintained their knowledge during a lengthy period away from the register.

Will restoration meet the overarching objective?

78. Having made the above findings as to whether Dr Harris is fit to practise, the Tribunal next considered whether restoration would meet the statutory overarching objective. In so doing, it performed a balancing exercise, weighing its findings above with its obligations under the individual limbs of the overarching objective which are:

- To protect, promote and maintain the health, safety and well-being of the public
- To promote and maintain public confidence in the profession, and

- To promote and maintain proper professional standards and conduct for members of that profession.

79. The Tribunal considered that whilst to his knowledge no patients were clinically harmed as a result of Dr Harris' actions, he was not insured to treat patients while suspended, nor was he subject to appraisal or revalidation processes. Currently, Dr Harris has not kept his knowledge and skills up to date to a sufficient standard such that he is fit to return to unrestricted practice. This has the capacity to put patient safety at risk, were he to be allowed to return to unrestricted practice.

80. The Tribunal could not be assured that the risk of repetition of the misconduct was reduced, and that an ordinary, well informed member of the public who was aware of all the relevant facts would be concerned to learn that a doctor who had been erased from the Medical Register was allowed to return to it over ten years later without full assurance that his misconduct and probity concerns had been fully remedied.

81. The Tribunal was of the opinion that, given the clear findings of the 2017 and 2023 Tribunals, and its own finding that Dr Harris still lacked insight, had not remediated and that the main concerns remained, public confidence in the profession would be undermined were he to be restored to unrestricted practice.

82. Similarly, the Tribunal determined that given the lack of insight and remediation, professional standards and conduct for members of the profession would not be adequately maintained were Dr Harris to be allowed to return to unrestricted practice.

83. Accordingly, the Tribunal determined that Dr Harris' application should be refused and his name should not be restored to the Medical Register.

Application under section 41(9) of the Medical Act - 18/07/2025

1. Having made a decision to refuse Dr Harris' application for restoration, as required under Rule 24(2) of the Fitness to Practise Rules, the Tribunal then invited submissions from the parties as to the exercise of its power under section 41(9) of the Medical Act 1983 ('the Act') to direct that Dr Harris' right to make any further such applications should be suspended indefinitely.

2. Section 41(9) of the Medical Act states:

'41(9) Where, during the same period of erasure, a second or subsequent application for the restoration of a name to the register, made by or on behalf of the person whose name has been erased, is unsuccessful, a Fitness to Practise Panel may direct that his right to make any further such applications shall be suspended indefinitely.'

Submissions

On behalf of the GMC

3. Ms Gilsenan, Counsel, on behalf of the GMC, submitted that section 41(9) of the Act was engaged, as this is Dr Harris' second unsuccessful application for restoration to the Register, and that this Tribunal should exercise its power to indefinitely suspend Dr Harris' right to make any further such application.

4. She made a number of submissions as follows:

- That Dr Harris has submitted limited evidence to demonstrate remediation or that he had maintained his medical knowledge and skills;
- The passage of time since he was erased and the deterioration in such knowledge and skills over this period;
- There was in fact less evidence submitted in support of this second restoration application than in respect of his first such application;
- The reasons he wants to be restored, which are emotional in nature;
- The test that has to be satisfied in order to achieve restoration, including evidence that the three limbs of the overarching objective are satisfied.

5. Dr Harris submitted that he agreed and accepted what the GMC had said and repeated his unequivocal position that he wished to remain erased a number of times.

The Tribunal's decision on Dr Harris' right to make further applications for restoration

6. The Tribunal bore in mind the 'Guidance for medical practitioners tribunals on restoration following disciplinary erasure' ('the Guidance'), which states:

'E1 If restoration is refused, the doctor must automatically wait at least 12 months before applying again. The tribunal has no discretion to make this period longer or shorter unless the doctor has made two or more previous applications.

E2 If it is the doctor's second unsuccessful application, tribunals should consider whether to indefinitely suspend the doctor's right to apply for restoration.

E3 The doctor has the right to make representations on the question of whether the tribunal should use their power to indefinitely suspend further restoration applications.'

7. Before making a direction, the Tribunal also considered the representations made, as set out in Rule 24 of the FTP Rules which provides:

'1) The FTP Panel shall consider an application in accordance with the procedure set out in this Rule.

2) The order of proceedings at a hearing to determine an application shall be as follows—

- (i) before deciding whether or not to make a direction to suspend indefinitely the applicant's right to make further applications for restoration under section 41(9) of the Act, the Medical Practitioners Tribunal shall-*
- (ii) consider any representations made and evidence received, and*
- (iii) where the applicant is present, invite further representations and evidence from him specifically upon this issue.'*

8. The Tribunal accepted the submissions made by both parties and also bore in mind fairness to the Regulator. While Dr Harris stated his unequivocal position today that he has no intention of making any further restoration application, the Tribunal was conscious that in the absence of an order under section 41(9), that he would remain free to do so, leaving the GMC in a position where it would have to respond.

9. Given the findings this Tribunal has reached, and set out in its determination, in relation to the lapse of time since Dr Harris was erased, the lack of progress in developing his level of insight, demonstration of remediation, his failure to meaningfully keep his medical knowledge and skills up to date, and the fact that restoration would not meet the

**Record of Determinations –
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overarching objective, it determined to grant the GMC's application to indefinitely suspend Dr Harris' right to make a further restoration application.

10. This determination is in accordance with Dr Harris' own wishes, expressed repeatedly during Days 2 and 3 of the proceedings.

11. That concludes this case.