

PUBLIC RECORD**Dates:** 15/09/2025 - 17/09/2025**Doctor:** Dr Thomas KWAN**GMC reference number:** 4298427**Primary medical qualification:** MB BS 1996 University of Newcastle upon
Tyne

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	Mr Gerry Wareham
Lay Tribunal Member:	Ms Victoria McCloud
Registrant Tribunal Member:	Dr Pavan Rao

Tribunal Clerk:	Mrs Jennifer Ireland
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Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr Alex Mullen, 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 - 15/09/2025

Background

1. Dr Kwan qualified in 1996 at the University of Newcastle Upon Tyne. At the time of the events Dr Kwan was practising as a General Practitioner at the Happy House Surgery in Sunderland.
2. The allegation that has led to Dr Kwan's hearing can be summarised as, on 22 January 2024, having researched poisons, and having prepared false documentation, Dr Kwan entered his Mother's home in the disguise of a community nurse working for the NHS. His intention was to administer a lethal dose of poison to Mr A, her long-term partner, under the pretence of administering a COVID-19 Vaccination Booster. Dr Kwan injected a dose of iodomethane, a substance predominantly used as a fumigant pesticide, which was highly toxic if ingested, inhaled or absorbed. The following day, Mr A attended the local hospital as his arm was inflamed and had blistered. He was found to have developed necrotising fasciitis and had to undergo multiple surgeries to excise dead tissue in his upper arm, remaining seriously unwell for several weeks and spending time in the intensive care unit.
3. Dr Kwan was identified and arrested on 5 February 2024. He was subsequently charged with the attempted murder of Mr A. Dr Kwan pleaded guilty to the offence on 7 October 2024, after the opening of the Trial had been heard.
4. On 6 November 2024, Dr Kwan was sentenced to an immediate custodial sentence of 31 years and 5 months.

5. The initial concerns were reported to the GMC by Police, as part of the investigation into the incident.

The Allegation and the Doctor's Response

6. The Allegation made against Dr Kwan is as follows:

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

1. On 7 October 2024, at Newcastle Crown Court, you were convicted of the attempted murder of Mr A. **To be determined.**
2. On 6 November 2024 you were sentenced to 31 years and 5 months imprisonment. **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 Facts to be Determined

7. Dr Kwan did not make any formal admissions to the Allegation. In light of this, the Tribunal is required to determine the Allegation in its entirety.

The Evidence

8. Dr Kwan provided his own witness statement, dated 8 August 2025. He also accepted, when asked by the Tribunal, that he was the person named in the Certificate of Conviction.

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

- Certificate of Conviction, dated 10 December 2024; and
- Sentencing remarks, dated 6 November 2024.

The Tribunal's Approach

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

11. The Tribunal was also mindful of 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.

(4) Production of a certificate signed by an officer of a regulatory body that has made a determination about the fitness to practice of a person shall be conclusive evidence of the facts found proved in relation to that determination.

(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

12. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

Paragraph 1

13. The Tribunal had regard to the Certificate of Conviction received from Newcastle Crown Court, dated 10 December 2024. The document recorded that Dr Kwan was, on 7 October 2024, and based on his own guilty plea, convicted of the attempted murder of Mr A.

14. The Tribunal noted that there was that Dr Kwan did not dispute that he was the person referred to in the Certificate of Conviction. It took into account the statement provided by Dr Kwan and noted that there was no evidence or submission that disputed the accuracy of the Certificate of Conviction.

15. In the circumstances the Tribunal concluded that the GMC had discharged its burden of proof.

16. Accordingly, the Tribunal found paragraph 1 of the Allegation proved.

Paragraph 2

17. The Tribunal considered whether, on 6 November 2024, Dr Kwan was sentenced to 31 years and 5 months imprisonment.

18. The Tribunal noted that the wording of the Allegation mirrored the wording of the Certificate of Conviction. Having had regard to the Certificate of Conviction, the Tribunal was satisfied that Dr Kwan was sentenced as outlined.

19. Accordingly, the Tribunal found paragraph 2 of the Allegation proved.

The Tribunal's Overall Determination on the Facts

20. The Tribunal has determined the facts as follows:

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

1. On 7 October 2024, at Newcastle Crown Court, you were convicted of the attempted murder of Mr A. **Determined and found proved.**
2. On 6 November 2024 you were sentenced to 31 years and 5 months imprisonment. **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 - 16/09/2025

21. The Tribunal now has to decide in accordance with Rule 17(2)(I) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Kwan's fitness to practise is impaired by reason of a conviction for a criminal offence.

Submissions

22. On behalf of the GMC, Mr Mullen submitted that Dr Kwan's fitness to practise is currently impaired by reason of his conviction.

23. Mr Mullen submitted that all three limbs of the statutory Overarching Objective were engaged in this case. He referred the Tribunal to the Sanctions Guidance (2024) ('the SG') which states that as a general principle where a doctor has been convicted of a serious

criminal offence or offences, they should not be permitted to resume unrestricted practise until they have completed their sentence. That could only be implemented if a finding of impairment was made.

24. As regards the first limb of the Overarching Objective, Mr Mullen accepted that Mr A was not a patient of Dr Kwan in any conventional sense, however he stated that it could be considered that he was *'treated'* by him, albeit under false pretences. He stated that consideration of patient safety is closely tied to the seriousness of and motivation for the offending, and that in this case the criminality had been committed for personal gain. He submitted that the Tribunal should note that Dr Kwan had procured a number of highly dangerous chemicals and ingredients by apparently dishonest means, had demonstrated interest in poisons and their effect on human bodies and had used his medical skills, expertise and knowledge to commit the offence. Mr Mullen submitted that the seriousness and planned nature of the criminal behaviour demonstrated a clear risk of repetition and risk of harm to patients and the public, should similar motivation be present.

25. Mr Mullen submitted that there is no insight apparent from Dr Kwan, he has instead sought to blame others for the position that he now finds himself in, such as his Counsel for the advice given at Trial, and the prosecution barrister for misleading the judge. He stated that Dr Kwan's statement to this Tribunal is at odds with the conviction and its factual basis, such as his statements about the false NHS letters. Further Mr Mullen submitted that Dr Kwan appears to have dismissed the administering of the poison to Mr A as *'an isolated, unprecedented mistake'*, to pass it off as an error rather than a carefully calculated plan to kill Mr A as established by the conviction and as set out in the sentencing remarks. He stated it was clear that Dr Kwan never intended to give a legitimate COVID-19 vaccination to Mr A, and to suggest that the administration of the poison was a mistake is a shocking absence of any insight into the reality of what happened. He submitted that Dr Kwan does not address many elements of the case, such as his use of false number plate, and does not display legitimate remorse, but instead criticises Mr A for his appearance on television, and downplays his criminal actions, suggesting that there does not appear to have been any lasting effect on Mr A. Further, there was no evidence of remediation or reflection, though Dr Kwan does express regret regarding the impact that his incarceration will have on him and his family. He submitted that, for these reasons, there is an ongoing risk of repetition as Dr Kwan demonstrates a *'dangerous and destructive attitude towards offending'*.

26. Mr Mullen submitted that public confidence in the profession would be undermined if a finding of impairment were not made. He invited the Tribunal to consider the principles set

out in Good Medical Practice (2013) ('GMP') and stated that the public must have confidence in the medical profession and those who provide medical care. Mr Mullen submitted that both the public's confidence in the profession and proper professional standards would not merely be undermined, but '*destroyed*' if a finding of impairment were not made in this case. He stated that the behaviour amounts to a fundamental breach of the public's trust in the profession, particularly because of the connections to medical practise in the way Dr Kwan attempted to murder Mr A, utilising his knowledge and experience as a doctor within the NHS.

27. Further, Mr Mullen stated that other registrants would be looking to this case and would be insulted if a finding of impairment was not made. He stated that this would cause serious reputational damage to the profession and undermine the maintenance of appropriate standards; there was a clear need to send a strong message that serious offending of this nature will not be tolerated by the regulator. He stated that Dr Kwan's offending has brought the profession into disrepute and has undermined the trust placed in the profession, such that a finding of impairment is necessary.

28. Dr Kwan asked the Tribunal to review the statement he had submitted in advance of the hearing. He stated that the circumstances of his conviction were not related to his profession, as Mr A had never been his patient. He submitted that the circumstances arose from familial relationship difficulties and patient safety had never been compromised.

29. Dr Kwan stated that his professional career has been otherwise unblemished, with no complaints or concerns about his performance. He stated that he was '*privileged and very honoured*' to serve the NHS and his patients. He submitted that he has never betrayed the trust of the public, and that he deeply regrets his offence. He stated that he has insight into his offence and takes full responsibility. He submitted that he would never jeopardise the safety of his patients.

The Relevant Legal Principles

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

31. The Tribunal must determine whether Dr Kwan's fitness to practise is impaired today by way of the conviction, taking into account his 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.

32. Further, 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 *CHRE v NMC and Paula Grant* [2011] EWHC 297 Admin. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

- a. 'Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. Has in the past and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The Tribunal's Determination on Impairment

33. The Tribunal first considered the details of the case, which involved the attempted murder of Mr A, and in that regard was greatly assisted by reference to the sentencing remarks of the learned judge. The offence was motivated by financial gain, involved a significant amount of planning, including sophisticated deceptions which led Mr A to believe that he was participating in an NHS COVID-19 Vaccination programme intended to protect those vulnerable to the disease. Further, it involved Dr Kwan gaining access to chemicals and poisons, using deceptive measures in order to conceal any trail.

34. The Tribunal concluded that behaviour such as this breached a fundamental tenet of the profession, namely that doctors should act with integrity and within the law. The Tribunal further concluded that by his actions and subsequent conviction, Dr Kwan will have brought the profession into disrepute.

35. The Tribunal next considered whether Dr Kwan's conduct was capable of being remedied, has been remedied, and whether it was unlikely to be repeated. In so doing, the Tribunal looked for evidence of remorse, remediation and insight.

36. The Tribunal had careful regard to the statement produced by Dr Kwan, setting out his view of the circumstances of the case and how the offence for which he was convicted occurred.

37. The Tribunal noted that Dr Kwan denies that his fitness to practise is impaired as this offence occurred outside his professional practise as Mr A was not his patient. The Tribunal noted however, that although Dr Kwan denies that Mr A was his patient, it was evident that he used his medical knowledge and professional experience in order to gain the trust of Mr A, and to carry out the crime. The Tribunal therefore disagreed with Dr Kwan's assertion that his criminal behaviour was not linked to his profession; indeed, it found that his inability or reluctance to see that link, and the harm thereby caused to the reputation of the medical profession, was relevant evidence of his lack of insight.

38. The Tribunal found it to be particularly concerning that Dr Kwan referred to the injection of iodomethane as '*an isolated, unprecedented mistake*', and was surprised by the relevance he seemed to find in the claim that there was no clinical data available on iodomethane as '*no one has ever been injected with the chemical*' and so he was not aware of the potential effects such as pain and necrotising fasciitis. He then went on to state that the injection of '*vaccination dosage of 1.5ml, at very much below the lethal dosage exposure is evident of no intent of serious injury.*' The Tribunal found that this was indicative of a lack of insight and acceptance of responsibility for his actions, and portrayed an absence of remorse towards Mr A.

39. Further, Dr Kwan referred to the NHS letters he produced as having '*a small NHS logo printed on the corner of the letters*', but states that the letters do not state that they were from an NHS organisation. The Tribunal also noted that Dr Kwan seemed to suggest that Mr A should have contacted the organisation named within the letters to determine their validity, as no such organisation or programme existed. The Tribunal was of the view that this was another attempt to distance his criminality from his profession. This also indicated to the Tribunal that Dr Kwan was seeking to place blame on his victim, for accepting the bona fides of the letter, again underlining a profound lack of insight and remorse.

40. The Tribunal considered that the grave conduct which led to the conviction was not easily capable of remediation, particularly in the absence of any real insight. Further, the Tribunal had close regard to the sentencing remarks of Lambert J, who stated that:

‘you posed a high risk to Mr A and a medium risk to your mother of further serious harm by violence. I accept this assessment, [...]. It follows from this assessment that I find that you are a dangerous offender.

...

I have no doubt that the offence to which you have pleaded guilty is an exceptionally serious offence. You intended to kill Mr in all of the circumstances which I have outlined and your attempt caused him serious physical and psychological harm.

...

The author of the Pre-Sentence Report identifies two people only as being at significant risk of serious harm by you, your mother and Mr A. However, she said that your responses in interview:

“...highlighted a troubling level of distorted thinking, a distinct sense of entitlement and a capacity for the most extreme behaviour in order to meet [your] own needs and ends no matter the cost or consequences.”

Such distorted thinking may have the potential to expose to risk people other than your mother and Mr A, namely, in your case, anyone who has something which you think of as yours. I also bear in mind your morbid obsession with toxic chemicals, including those found in your garage, and the library of poison literature.

However, my assessment must also take into account that you are now 53 years old and you have no previous convictions. You are well into middle age and have not sought to harm anyone other than Mr A. Taking into account all that I have read about you and about the circumstances of your offending, I am satisfied that your obsession with the money to which you felt you were entitled has arisen in very particular family circumstances. There is no evidence before me that you have posed or will pose, on release, a risk to the wider community.’

41. The Tribunal was of the view that Dr Kwan has not provided any evidence of genuine remorse, reflection or remediation, and that there was little beyond his unsupported assertion to demonstrate that he has developed appropriate insight into his behaviour. In the absence of that evidence, and given the extreme seriousness of the criminality, the Tribunal concluded that there remained a risk of repetition and of potential harm to the public.

42. The Tribunal was satisfied that limbs (a) to (c) of the test in *Grant* (Para 12 above) were engaged. The Tribunal was satisfied that Dr Kwan's actions in seeking to murder Mr A for financial gain, and his willingness to use his medical experience and skills in doing so, indicated a clear risk of harm to future patients. Further, his conviction clearly brought the medical profession into serious disrepute and breached fundamental tenets of the profession.

43. The Tribunal noted that there was no specific allegation of dishonesty in this case, however, it was satisfied that there were elements of deception including false NHS letters that were significant and relevant to the gravity of the offending behaviour.

44. The Tribunal had regard to the statutory Overarching Objective. It was satisfied that Dr Kwan's conduct and conviction engaged all three limbs. It had already found that there was a risk of harm to the public due to the gravity of the conviction and the lack of insight or remediation. The Tribunal also considered that a member of the public in full knowledge of the facts of the case would be extremely likely to have their confidence in the profession seriously undermined if a doctor convicted of such a serious crime was not found to be impaired. This was a crime in furtherance of which Dr Kwan had used his knowledge of the medical profession to gain his victim's trust and even entry to his home in order to attempt to murder him, and for which he was sentenced to a term of 31 years and 5 months imprisonment. For the same reasons the Tribunal was also of the settled view that a finding of impaired fitness to practise was required to declare and uphold proper standards of behaviour and to maintain public confidence in the profession, and that Dr Kwan's colleagues had a right to expect that this would follow.

45. The Tribunal has therefore determined that Dr Kwan's fitness to practise is currently impaired by reason of his conviction for a criminal offence.

Determination on Sanction - 17/09/2025

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

Submissions

47. On behalf of the GMC, Mr Mullen submitted that the only appropriate sanction in this case is one of erasure. Throughout his submissions, he referred the Tribunal to relevant paragraphs of the SG.

48. Mr Mullen reminded the Tribunal that sanctions were not designed to be punitive although there may be a punitive effect. He stated that the primary goal of sanction was to ensure the Overarching Objective is met and maintained, applying the principle of proportionality.

49. Mr Mullen directed the Tribunal to paragraph 109 of the SG, which listed likely indicators that erasure was the appropriate sanction. He submitted that a number of those factors applied in this case. He submitted that a conviction of this seriousness was a particularly serious departure from GMP and constituted behaviour which is fundamentally incompatible with being a doctor. He reminded the Tribunal of its findings made at the impairment stage in relation to the profound lack of insight and remediation, and the ongoing risk to the public. He also reminded the Tribunal of the abuse of position of trust and elements of dishonesty involved in the commission of the crime. He stated that this was within a context of financially motivated offending.

50. Mr Mullen invited the Tribunal to consider paragraph 119 of the SG:

***'119** As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.'*

51. Mr Mullen reminded the Tribunal that Dr Kwan will serve a minimum of two thirds of his sentence in custody, and that accordingly there was no other sanction that can properly meet that principle in this case.

52. Mr Mullen invited the Tribunal to consider aggravating and mitigating factors in this case, referring the Tribunal to the sentencing remarks of Lambert J. Further he stated that Dr Kwan's deceptive behaviour in creating false letters from the NHS had the potential to seriously damage public trust in the NHS. Mr Mullen stated that the only identifiable mitigating factor was the lack of previous fitness to practise history, which was a '*drop in the ocean*' in the overall context of this case.

53. Mr Mullen invited the Tribunal to conclude that a case where there has been a callous and calculated attempt to murder under false pretences, was fundamentally incompatible with continued registration and no other sanction could adequately address the seriousness of the Allegation.

54. Dr Kwan stated that he sincerely apologised to Mr A and his family, his former colleagues, his own family and anybody who had been affected by his actions. He stated that he would accept any sanction placed upon him by the Tribunal.

The Relevant Legal Principles

55. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, was a matter for it alone, exercising its own judgment. In reaching its decision on sanction, the Tribunal had regard to the SG. It bore in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it noted that any sanction imposed may have a punitive effect. It reminded itself that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive.

56. Throughout its deliberations, the Tribunal had regard to the Overarching Objective, which includes the protection of the public, the maintenance of public confidence in the profession, and the promotion and maintenance of proper professional standards and conduct for members of the profession. It applied the principle of proportionality, balancing Dr Kwan's interests with the public interest.

57. The Tribunal also bore in mind the principles set out in *Council for the Regulation of Health Care Professionals v General Dental Council, Fleischmann* [2005] EWHC 87 (Admin) which provides:

'... as a general principle, where a practitioner has been convicted of a serious criminal offence or offences he should not be permitted to resume his practice until he has

satisfactorily completed his sentence. Only circumstances which plainly justify a different course should permit otherwise. Such circumstances could arise in connection with a period of disqualification from driving or time allowed by the court for the payment of a fine.'

The Tribunal's Determination on Sanction

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

Aggravating factors

59. The Tribunal took into consideration the nature of the offence, which of its own self was extremely serious. It took note of the sentencing remarks of Lambert J and noted the aggravating factors set out within, which it accepted.

60. The Tribunal was of the view that a particularly aggravating factor in this case was the abuse of Dr Kwan's profession by virtue of his use of his medical knowledge and of the practise and workings of the NHS to commit his crime. Dr Kwan has used the falsified letters and communications and used the NHS as cover to invade a private home and attack his victim. His crime had been widely reported and carried the risk that public trust in communications from and interactions with the NHS could be undermined.

61. The Tribunal also took into account as an aggravating factor its conclusions at the impairment stage of Dr Kwan's lack of insight and remediation, and the identified risk of repetition as set out in its determination.

Mitigating factors

62. The Tribunal took into account that Dr Kwan has no previous convictions or prior fitness to practise history. However, in light of the gravity of his offence, the Tribunal concluded this could be given very little weight.

63. The Tribunal also took into account that Dr Kwan had used the opportunity to address the Tribunal on sanction only to apologise to Mr A and all of those affected by his actions. The apology was not qualified and appeared genuine. An apology at this late point may have small weight set against the damage caused by Dr Kwan's actions, but the Tribunal

considered this may perhaps be an indication that Dr Kwan was beginning the journey towards developing insight.

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

No action

65. The Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

66. The Tribunal was satisfied that there were no exceptional circumstances in Dr Kwan's case which could justify it taking no action. Further the Tribunal considered that concluding the case by taking no action would be insufficient to protect the public interest and would not mark the seriousness of Dr Kwan's conviction.

Conditions

67. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Kwan's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable. The Tribunal noted that conditions may be workable where a doctor has insight into their misconduct, where a doctor is likely to comply with conditions, and where a doctor is likely to respond positively to remediation or retraining. The Tribunal considered that none of these apply in Dr Kwan's case.

68. The Tribunal further considered that no workable or measurable conditions could be formulated which would address the seriousness of Dr Kwan's conviction and the conduct which lay behind it. Further, when taking into account paragraph 119 of the SG and *Fleischmann*, the Tribunal concluded that it would be wholly improper for a doctor currently under a custodial sentence to be permitted to practise with restrictions. It therefore concluded that conditions would be insufficient to maintain public confidence in the profession or to promote and maintain standards for members of the profession.

Suspension

69. In considering whether to impose a period of suspension on Dr Kwan's registration, the Tribunal had regard to paragraphs 92 and 93 of the SG, in addition to 119 (set out above), which provide:

'92 *Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).'*

93 *Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions.'*

70. The Tribunal had regard to its findings that Dr Kwan had breached a fundamental tenet of the profession with his offending behaviour. The Tribunal was satisfied that this represented a significant departure from the principles set out in GMP.

71. The Tribunal also had regard to its findings on insight and remediation. There was no evidence upon which the Tribunal could place reliance that Dr Kwan had any significant insight into his conduct, and the impact this had on Mr A and the reputation of the profession.

72. In considering whether Dr Kwan's conduct was fundamentally incompatible with continued registration, the Tribunal took into account the very serious nature of the crime and the lengthy custodial sentence that he is currently serving.

73. The Tribunal was of the view that, given the seriousness of Dr Kwan's conduct which led to his conviction and the fact that he will be expected to remain in prison for a minimum of two thirds of his sentence of 31 years and 5 months, it could not conclude that a sanction of suspension would satisfy the criteria set out in the SG in order to meet the statutory Overarching Objective.

Erasure

74. The Tribunal went on to consider whether the sanction of erasure was appropriate and proportionate.

75. The Tribunal had regard to paragraphs 107 and 109 (a), (b), (c), (d), (g), (h) and (j) of the SG and considered they were particularly relevant in Dr Kwan's case:

'107 *The tribunal may erase a doctor from the medical register in any case – except one that relates solely to the doctor's health and/or knowledge of English – where this is the only means of protecting the public*

...

109 *Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).*

***a** A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.*

***b** A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*

***c** Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients (see further guidance below at paragraphs 129–132 regarding failure to provide an acceptable level of treatment or care).*

***d** Abuse of position/trust (see Good medical practice, paragraph 81: 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession').*

...

***g** Offences involving violence.*

h Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128).

...

j Persistent lack of insight into the seriousness of their actions or the consequences.'

76. The Tribunal was satisfied that Dr Kwan's underlying conduct as set out in the determination on impairment clearly engaged each of the above paragraphs. It therefore concluded that Dr Kwan's conviction was fundamentally incompatible with continued registration.

77. The Tribunal had no doubt that a sanction of erasure was the only outcome that would adequately mark the seriousness of the conviction, protect the public, maintain public confidence in the profession and promote and maintain proper standards of conduct for members of the profession.

78. The Tribunal has therefore directed that Dr Kwan's name be erased from the Medical Register.

Determination on Immediate Order - 17/09/2025

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

Submissions

80. On behalf of the GMC, Mr Mullen submitted that, in all the circumstances an immediate order should be imposed in this case. He stated that this was significantly to protect the public interest. He submitted that, practically, Dr Kwan was not able to pose a risk to patients, however, immediate action must be taken to protect public confidence in the profession. He stated that a well-informed member of public would be '*confused, shocked and dismayed*' if Dr Kwan was not immediately suspended from the register. Further, he stated that public confidence in the profession would be damaged, as well as the confidence

of members of the profession. He confirmed that there was an Interim Order currently in place.

81. Dr Kwan made no submissions to the Tribunal.

The Tribunal's Determination

82. In reaching its decision, the Tribunal considered the relevant paragraphs of the SG and exercised its own independent judgment. In particular, it took account of paragraphs 172, 173 and 178:

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

173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.

...

178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'

83. The Tribunal determined that in light of the seriousness of Dr Kwan's conviction, his current custodial sentence and the sanction imposed, it is in the public interest to make an order suspending his registration with immediate effect, to uphold and maintain professional standards and maintain public confidence in the profession.

84. This means that Dr Kwan's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

85. The interim order is hereby revoked.

86. That concludes this case.