

**PUBLIC RECORD**

**Date:** 06/06/2025

**Doctor:** Dr Michael GOODWIN

**GMC reference number:** 4045526

**Primary medical qualification:** MB BS 1993 University of London

Type of case	Outcome on impairment
Misconduct	Not impaired
XXX	XXX

**Summary of outcome**  
Conditions for 12 months

**Legally Qualified Chair:**

Legally Qualified Chair:	Mrs Linda Lee
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**Review on the Papers**

This case was reviewed on the papers, with the agreement of both parties, by a Legally Qualified Chair.

**Overarching Objective**

Throughout the decision making process the chair 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 – 06/06/2025**

1. I have reviewed the background to Dr Goodwin's case, which was first considered by a fitness to practise medical practitioners' tribunal in June 2024. At that MPT hearing Dr Goodwin, a consultant anaesthetist, was found impaired by reason of misconduct XXX. He was suspended for 12 months. The misconduct related to inappropriately self-administering XXX in-between procedures and/or during procedures and being under the influence of the drug whilst working as a consultant anaesthetist on operating lists. Dr Goodwin also dishonestly entered inaccurate information on the controlled drugs register (CDR). Dr Goodwin admitted the entirety of the Allegation.

2. At the hearing in June 2024, Dr Goodwin accepted, and that tribunal found Dr Goodwin's fitness to practice to be impaired XXX by reason of his misconduct XXX. In relation to misconduct, the tribunal found that Dr Goodwin had self-administered XXX whilst responsible for the care of his patients in the operating theatre, he had deceived his colleagues and acted dishonestly in creating false entries on the CDR to conceal his use of XXX. That tribunal determined to suspend Dr Goodwin's registration for a period of 12 months.

3. In order to provide assistance at this review, the tribunal at the hearing recommended that Dr Goodwin provide:

- An up-to-date reflective piece on Dr Goodwin's insight into the dishonest misconduct and the findings of the tribunal
- Any evidence of continuing remediation
- Evidence that Dr Goodwin has kept his medical knowledge and skills up to date including relevant Continued Professional Development
- XXX
- Evidence of future career intentions
- Current testimonials to cover probity and conduct
- Any other evidence that Dr Goodwin considers will assist the reviewing tribunal.

4. Dr Goodwin and the GMC have agreed that this review should be considered on the papers in accordance with Rule 21B of the General Medical Council (Fitness to Practise) Rules 2004. They have provided agreed terms of an order which I could make at this review.

5. I have considered all of the evidence presented to me, and the agreed submissions made by Dr Goodwin and by the GMC. XXX.

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6. I have taken into account that since the previous order was made, the circumstances have not changed.

7. In reaching my decision, I have taken account of the Sanctions Guidance. I have borne in mind that the purpose of the sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

8. I have applied the principle of proportionality, weighing Dr Goodwin's own interests with the public interest. The public interest includes amongst other things, the protection of patients, the maintenance of public confidence in the profession, and declaring and upholding of proper standards of conduct and behaviour.

9. I have borne in mind the statutory overarching objective which is 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 the medical profession.

10. I have determined that Dr Goodwin's fitness to practise is no longer impaired by reason of his misconduct XXX.

11. XXX

12. In reaching this decision, I have given consideration to the evidence submitted by the GMC and Dr Goodwin. XXX.

13. XXX

14. The documents supplied by Dr Goodwin includes his statement of reflection, which focuses on his misconduct, the gravity and impact of his actions, insight XXX. Dr Goodwin refers to the strategies he has developed to help prevent a repeat of the behaviour. XXX.

15. Dr Goodwin has reflected at length on his dishonesty and its impact on his former patients, himself, his family, his profession, on the NHS and on the wider public. Dr Goodwin has attended a session with a medical ethicist and barrister, where they discussed a number of 'truth telling scenarios'. He has read 'Truth, Trust and Medicine' by Jennifer Jackson and 'The Trusted Doctor' by Rosamund Rhodes-Kemp - two medical ethicists with expertise on trust, honesty and professionalism in medicine.

16. Dr Goodwin has arranged a PPAS-approved (Practitioner Performance Advice Scheme) back-to-work programme in readiness, should he be permitted to work.
17. Dr Goodwin has provided evidence that he has completed fifteen CPD courses in the last 12 months. They include courses on probity, conduct and topics relevant to Dr Goodwin's speciality. Dr Goodwin has provided detailed reflective notes for most of the courses. Dr Goodwin's notes detail what he learned from those courses and how he would put that learning into practice. Dr Goodwin plans to do more courses and reflection.
18. XXX
19. Dr Goodwin has provided eight testimonials, one of which is submitted on behalf of fifteen doctors. All but one of the testimonials clearly state they are aware of the previous hearing and are supportive of a return to clinical practice.
20. I have considered XXX. I have also considered the submission that Dr Goodwin is no longer impaired by misconduct XXX.
21. Having considered the evidence, and in particular Dr Goodwin's reflective statement, as set out above, it is clear that Dr Goodwin fully appreciates the gravity of his dishonesty and the wider impact it had. Dr Goodwin has embarked on a course of study to develop his understanding of the impact of his actions. Dr Goodwin's reflective notes on the Reflections on a course he attended on, 'Self-reflection and Developing Insight' demonstrate an in depth understanding of his dishonest conduct. There has been no repetition.
22. I have also considered the observations of the original Tribunal and note that it found that at the time of that hearing although Dr Goodwin was to be given credit for XXX and for undertaking courses relating to probity, Dr Goodwin had not adequately remediated his dishonest misconduct at that time and it observed that Dr Goodwin had made more effort to reflect on XXX aspects of his behaviour, than on his dishonesty and the wider impact of his misconduct on colleagues, patients, the profession and the wider public interest. On the evidence before me, I conclude that Dr Goodwin has now remedied this and has acknowledged and understood the wider impact of his dishonesty, such that I find that he is no longer impaired by reason of misconduct.
23. XXX