

PUBLIC RECORD**Dates:** 22/05/2025**Doctor:** Dr Simon MORAN**GMC reference number:** 3115204**Primary medical qualification:** MB BS 1986 University of London

Type of case	Outcome on impairment
Review - Misconduct	Impaired

Summary of outcome
Suspension, 12 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Mr Nicholas Flanagan
Lay Tribunal Member:	Mr Matthew Fiander
Registrant Tribunal Member:	Dr Aamna Khan
Tribunal Clerk:	Mrs Jennifer Ireland

Attendance and Representation:

Doctor:	Not present, not represented
Doctor's Representative:	N/A
GMC Representative:	Mr Tom Phillips, 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 Impairment - 22/05/2025

1. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Moran's fitness to practise is impaired by reason of misconduct.

The Outcome of Applications Made during the Impairment Stage

2. The Tribunal granted an application made by Mr Phillips, Counsel, on behalf of the GMC, pursuant to Rules 15 and 40 of the Rules and determined that notice of this hearing had been properly served on Dr Moran. It also granted the GMC's application made pursuant to Rule 31 of the Rules to proceed with the case in Dr Moran's absence. The Tribunal's full decision is included at Annex A.

Background

3. Dr Moran qualified in 1986 at the University of London. In 1991, he became a partner at the Pelham Medical Practice ('the Practice') in Gravesend, Kent. He retired from the Practice in August 2020.

The 2024 Tribunal

4. Dr Moran's case was first heard at a Medical Practitioners Tribunal hearing which took place between 1 and 8 May 2024 ('the 2024 Tribunal').

5. The 2024 Tribunal found proved that, prior to his retirement, Dr Moran had taken one or more prescription pads which were personalised to Dr A. It found that Dr Moran had inappropriately prescribed medications to himself and a person with whom he had a close personal relationship and had presented the prescriptions to a pharmacy with a view to having the medications dispensed. The 2024 Tribunal found proved that Dr Moran had inappropriately used the prescription pads issued to Dr A to issue the prescriptions, when he knew that the prescription pad did not belong to him. Further, it found that Dr Moran knew

that he should not have been using the prescription pad to write prescriptions, and that Dr A had not given him permission to use the prescription pad.

6. The 2024 Tribunal found that Dr Moran had used the prescription pad in the name of Dr A so as not to arouse suspicion by the patients and prescriber having the same surname. It found that Dr Moran did so in a premeditated manner in order to deceive and had therefore acted dishonestly.

7. Having made its determination on the Facts, the 2024 Tribunal went onto consider whether Dr Moran's actions amounted to misconduct. The 2024 Tribunal took into consideration that there had been a clear acknowledgment from Dr Moran in his response to the NHSCFA that he knew the prescription pad he used did not belong to him and that his actions in issuing prescriptions to himself and a family member were inappropriate.

8. The 2024 Tribunal considered that being able to trust doctors and be confident in the information supplied by them is critical to both the medical profession and the public's confidence in the profession.

9. The 2024 Tribunal determined that Dr Moran's actions breached the paragraphs of GMP, as set out above. It found that Dr Moran had completed the prescriptions in such a way as to purport them as being signed and issued by Dr A, and then presented them at the pharmacy. This was a deliberate act of dishonesty to deceive the pharmacist to obtain medication for himself and XXX. The 2024 Tribunal also took into account the acknowledgement by Dr Moran himself that he had prescribed on other occasions for himself and XXX. The 2024 Tribunal determined therefore that this was not an isolated incident.

10. The 2024 Tribunal considered that other members of the profession would be very concerned by Dr Moran's actions. The 2024 Tribunal found that Dr Moran's actions had brought the medical profession into disrepute, undermined public trust and confidence, and breached a fundamental tenet of the profession. It therefore determined that this amounted to serious professional misconduct and went on to consider impairment.

11. The 2024 Tribunal considered the four elements of Dame Janet Smith's guidance in the *Fifth Shipman report* as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*. It was satisfied that the second, third and fourth elements were engaged. The 2024 Tribunal was mindful that dishonesty is difficult to remediate. Dr Moran

acted dishonestly, and thereby breached a fundamental tenet of the profession and brought the medical profession into disrepute.

12. The 2024 Tribunal considered that Dr Moran had accepted wrongdoing in his prepared statement to the NHSCFA in September 2022, and accepted that he should not have completed and issued the prescriptions for himself and XXX. However, beyond his prepared statement, the 2024 Tribunal was not provided with any evidence that Dr Moran demonstrating an understanding of the nature and gravity of the facts, nor could it identify any indications of insight from the evidence before it. Neither was there any evidence of any steps taken by Dr Moran to remediate his misconduct. Further, there was no evidence that Dr Moran understood the impact his dishonest actions had on the reputation of the medical profession or public confidence in the medical profession. It was therefore the 2024 Tribunal's view that Dr Moran had shown limited insight. In the absence of any other evidence, the 2024 Tribunal concluded that there remained a risk of repetition.

13. The 2024 Tribunal was of the view that the misconduct in this case was serious. It took into account Dr Moran's admission that he had prescribed on several occasions for himself and XXX. It was of the view that this was not an isolated incident and involved repeated acts of dishonesty.

14. The 2024 Tribunal was satisfied that a member of the public, aware of the full facts of the case, would be concerned that a doctor had acted in such a way, and that a fellow professional would find Dr Moran's actions wholly unacceptable. It was of the view that, given the nature of the misconduct found, public confidence in the profession would be undermined if a finding of impairment were not made. A finding of impairment was needed to maintain public confidence in the medical profession and to promote and maintain proper professional standards and conduct for the members of the profession.

15. The 2024 Tribunal concluded that a period of suspension would be an appropriate and proportionate sanction. It was of the view that this would give Dr Moran the opportunity to develop further insight into the seriousness of his misconduct and to complete remediation.

16. The 2024 Tribunal was satisfied that a 12-month suspension would properly mark the seriousness with which it viewed Dr Moran's conduct. Further, it determined that a period of suspension would send out a clear message to the public, the medical profession and Dr

Moran that this type of behaviour was not acceptable, and uphold the statutory overarching objective.

17. The 2024 Tribunal was of the view that it may assist the reviewing Tribunal to receive evidence of the following:

- Dr Moran’s insight into the impact of his actions on the public interest and public confidence in the medical profession by reflection following the Tribunal’s findings;
- Evidence from Dr Moran that he has maintained his medical knowledge and skills during the period of suspension.

Today’s Hearing

18. This is the first review of Dr Moran’s case. The Tribunal now has to decide in accordance with Rule 22(1)(f) of the Rules whether Dr Moran’s fitness to practise remains impaired by reason of his misconduct.

The Evidence

19. The Tribunal has taken into account all of the documentary evidence received. This included, but was not limited to:

- MPTS Record of Determination, dated May 2024;
- MPTS letter to Dr Moran, dated 13 June 2024; and
- GMC letters to Dr Moran, dated 19 June 2024, 30 January 2025 and 9 April 2025.

Submissions

20. On behalf of the GMC, Mr Phillips submitted that Dr Moran’s fitness to practise remains impaired by reason of misconduct. He took the Tribunal through the determinations of the 2024 Tribunal. He submitted that the onus is on Dr Moran to demonstrate that he is now fit to return to unrestricted practise.

21. Mr Phillips submitted that Dr Moran has not attended today’s hearing, nor has he provided any evidence of insight or remediation with respect to his conduct. He submitted that there is no reason for this Tribunal to depart from the findings of the 2024 Tribunal.

The Relevant Legal Principles

22. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal’s judgment alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for Dr Moran to satisfy it that he would be safe to return to unrestricted practise.

23. This Tribunal must determine whether Dr Moran's fitness to practise is impaired today, 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.

The Tribunal's Determination on Impairment

24. The Tribunal, in making its decision, noted the various items that the May 2024 Tribunal highlighted may assist this Tribunal.

25. The Tribunal was conscious that Dr Moran has not engaged with the GMC since the last hearing. There is no evidence before the Tribunal that Dr Moran has made steps to remediate for his actions, nor is there any evidence of development of insight. Further, there is no evidence that Dr Moran has kept his knowledge and skills up to date.

26. Taking those factors into account, the Tribunal could not be satisfied that the risk of repetition had been mitigated. Until insight had been developed and remediation demonstrated, the Tribunal was of the view that there remains a risk of repetition.

27. In considering whether Dr Moran's fitness to practise is currently impaired, the Tribunal balanced the lack of engagement with the regulator and review process against the overarching objective. The Tribunal was mindful that there is an onus on Dr Moran at a review hearing to demonstrate that he has sufficiently addressed the concerns in the case, which it determined he had yet to do. For the maintenance of proper professional standards and upholding confidence in the profession, the Tribunal considered it necessary to find that Dr Moran's fitness to practise remains impaired.

28. This Tribunal has therefore determined that Dr Moran's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 22/05/2025

29. Having determined that Dr Moran's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to his registration.

Submissions

30. On behalf of the GMC, Mr Phillips submitted that the appropriate sanction in this case is a further period of suspension. He directed the Tribunal to relevant paragraphs of the Sanctions Guidance (2024) ('the SG') throughout his submissions.

31. Mr Phillips submitted that the decision as to the appropriate sanction to impose in this case is a matter for the Tribunal exercising its own independent judgment. He stated that erasure was an irreversible step, and, at this stage, a further period of suspension would give Dr Moran one final opportunity to engage with these proceedings and meet the expectations of the Tribunal should he wish to do so.

32. With respect to mitigation, Mr Phillips submitted that there was some insight in this case, because Dr Moran had accepted wrongdoing right from the outset in his statement to the NHSCFA. He reminded the Tribunal that there was no previous adverse history with the GMC, and no evidence of any repetition of the misconduct. Further, he stated that no patients came to any harm, and Dr Moran's prepared statement included acknowledgement of remorse and regret.

33. Turning to aggravation, Mr Phillips reminded the Tribunal that Dr Moran had intentionally used another doctor's prescription pads to avoid arousing suspicion, and to deceive a pharmacist into dispensing medication. He submitted that the dishonesty involved in this case was repeated.

34. Mr Phillips submitted that that there are no exceptional circumstances in this case which would justify the Tribunal taking no action. Further, he submitted that an order of conditions would not be appropriate or workable and would not adequately reflect the seriousness of the misconduct involved, particularly given Dr Moran's limited engagement.

35. Mr Phillips submitted that suspension is the appropriate sanction in this case given the seriousness of the conduct and the need to maintain public confidence in the profession. He submitted that the Tribunal should consider whether erasure is the appropriate sanction, particularly given the fact Dr Moran has been suspended for 12 months and has not engaged with the GMC in that time. He stated that a further period of suspension would give Dr Moran a final opportunity to engage. He stated that the Tribunal should give consideration to the length of suspension and take into account that Dr Moran would need adequate time to remediate should he wish to do so, as well as to prepare for a future Tribunal.

The Relevant Legal Principles

36. The Tribunal is aware that the decision as to the appropriate sanction, if any, to impose on Dr Moran's registration is a matter for it alone, exercising its independent judgement. In reaching its decision, the Tribunal has taken account of the SG. The Tribunal has also taken into account its decision on impairment, the submissions of Mr Phillips, and the documentary evidence adduced during this review hearing.

37. The Tribunal recognised that the purpose of a sanction is not to be punitive, although it may have a punitive effect. The Tribunal must impose a sanction only if it is required in order to protect patients, maintain public confidence in the profession, and/or meet the wider public interest. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Moran's interests with the public interest.

The Tribunal's Determination

38. The Tribunal first identified what it considered to be the aggravating and mitigating factors in this case. It determined to adopt the findings of the 2024 Tribunal in relation to those factors. It reminded itself of its conclusions and findings on impairment.

39. The Tribunal took into account that there had been a finding of dishonesty with an element of calculation and intention to deceive as found by the 2024 Tribunal.

40. The Tribunal also considered that Dr Moran has not engaged with the GMC or the MPTS. There has been no contact from Dr Moran for over 12 months and no indication that he has taken remedial steps or gained insight into his misconduct. Without this information, the Tribunal considered that the risk of repetition identified by the 2024 Tribunal remained.

41. Turning to mitigation, the Tribunal noted that there has been no evidence of repetition of the dishonesty since the last hearing, and no further concerns have been brought to the GMC's attention.

42. The Tribunal also took into account that Dr Moran has retired from practice, and there is no evidence before it that suggests he is seeking to return to active practice.

43. In deciding what sanction, if any, to direct, the Tribunal reminded itself that it must consider each of the sanctions available, starting with the least restrictive, to establish which is most appropriate and proportionate.

No action

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

45. The Tribunal was satisfied that there were no exceptional circumstances in Dr Moran's case which could justify it taking no action. It determined that, given the Tribunal's findings in respect of impairment, to take no action, would not be sufficient, proportionate nor in the public interest.

Conditions

46. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Moran's registration.

47. The Tribunal noted that conditions may be workable where a doctor has insight into their misconduct, is likely to comply with conditions, and where a doctor is likely to respond positively to remediation or retraining. The Tribunal considered that these factors do not currently apply in Dr Moran's case, given his lack of engagement with the regulatory process.

48. Therefore, the Tribunal could not be satisfied that any conditions would be workable or would adequately protect the public. In the circumstances, the Tribunal concluded that imposing conditions on Dr Moran's registration would not be appropriate or proportionate and would not uphold the overarching objective.

Suspension

49. The Tribunal next considered whether it would be appropriate and proportionate to impose a further period of suspension on Dr Moran's registration. In making its decision, the Tribunal had regard to paragraphs 91 to 102 of the SG.

50. The Tribunal took into consideration its assessment of Dr Moran's insight and the associated risk of repetition. It was of the view that Dr Moran, with a further opportunity to address his misconduct and reflect on his actions, may be able to develop his insight to a sufficient level that he would be in a position to return to the medical profession should he wish to do so.

51. The Tribunal considered that, whilst four years have passed since the dishonest conduct occurred, only 12 months have passed since the substantive hearing. The 2024

Tribunal found that the dishonesty had not been so serious that erasure was the only appropriate sanction and had determined to impose a 12-month suspension, in order to give Dr Moran time to remediate and gain insight. Taking this into consideration, the Tribunal was of the view that the stage in the process has not yet been reached that the sanction of erasure is proportionate or necessary.

52. In light of the above, the Tribunal determined that a further period of suspension would be the appropriate and proportionate sanction when considering Dr Moran's interests alongside the public interest. The Tribunal took into account the impact that this sanction may have upon Dr Moran. However, in all the circumstances the Tribunal concluded that his interests are outweighed by the need to protect, promote and maintain the health, safety and well-being of the public, to maintain public confidence in the profession and to declare and uphold proper standards of conduct and behaviour.

53. In determining the length of the suspension, the Tribunal had regard to paragraphs 99 to 102 of SG and the table following paragraph 102. The Tribunal was of the view that Dr Moran needs sufficient further time to fully engage with the regulatory process, and to reflect on the concerns raised. It considered that these steps are necessary in order for Dr Moran to develop his insight and to take steps to remediate. The Tribunal also considered that there is a need to provide evidence of keeping his clinical skills and knowledge up to date, and sufficient time is required to permit Dr Moran to do that.

54. Taking these matters into account, the Tribunal was satisfied that a further period of 12 months' suspension was appropriate and proportionate to meet the needs of the overarching objective and is in Dr Moran's own interests in order that he has sufficient time in which to gather the necessary evidence, to develop his insight, and demonstrate steps taken to remediate.

55. The Tribunal determined to direct a review of Dr Moran's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Moran to demonstrate how he has developed insight and remediated his misconduct. It therefore may assist the reviewing Tribunal if Dr Moran provides:

- Evidence of his reengagement with his regulator;
- Evidence of his insight into the impact of his actions on the public interest and public confidence in the medical profession;

- Evidence from Dr Moran that he has maintained his medical knowledge and skills during the period of suspension;
- Any other information Dr Moran considers may assist.

56. The Tribunal have directed to suspend Dr Moran's registration for 12 months. The MPTS will send Dr Moran a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period.

57. That concludes this case.

ANNEX A – 22/05/2025

Service and Proceeding in Absence

58. Dr Moran was neither present nor legally represented at this hearing. The Tribunal noted that in order to proceed with the hearing in Dr Moran's absence, it needed to be satisfied that Dr Moran had been properly served with notice of the hearing and that it was appropriate for the hearing to proceed in his absence.

59. The Tribunal was provided with a copy of a Service Bundle from the General Medical Council (GMC). The Service Bundle indicates that, on 9 April 2025, the GMC sent a letter to Dr Moran at his registered address, indicating that his case was due to be reviewed on 22 May 2025 and enclosing a draft copy of the hearing bundle. The letter was not delivered and was returned to the GMC on 7 May 2025.

60. The Tribunal also noted that, on 7 April 2025, the MPTS sent Dr Moran a Notice of Hearing letter to his registered address, confirming that his hearing would commence on 22 May 2025 and that it was expected to last one day. The MPTS letter also requested confirmation from Dr Moran as to whether he would be attending and provided information as to the support available in relation to the hearing. The letter was delivered on 8 April 2025. No response was received.

GMC's Submissions

61. On behalf of the GMC, Mr Phillips took the Tribunal through the service bundle and highlighted that the Notice of Hearing had been sent to Dr Moran by post to his registered address and had been signed for by a person named Moran. He invited the Tribunal to conclude that all reasonable efforts had been made to serve Dr Moran in accordance with the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules').

62. Mr Phillips submitted that the Tribunal should proceed in Dr Moran's absence in accordance with Rule 31 of the Rules. He submitted that it was clear that Dr Moran had been properly served with notice of today's hearing. He stated that Dr Moran had not attended the 2024 Tribunal hearing and it was reasonable to infer that Dr Moran had made a deliberate decision not to attend today.

Tribunal's Determination

Service

63. The Tribunal had regard to Rule 40(2) of the Rules which provides that a notice or document required to be served under the Rules may be served by ordinary post, or by electronic mail to an electronic mail address, that the practitioner had notified to the Registrar as an address for communications.

64. In light of the evidence showing the Notice of Hearing being served by post to Dr Moran, the Tribunal was satisfied that Dr Moran had been properly served with the Notice of Hearing in accordance with Rules 15 and 40 of the Rules.

Proceeding in Dr Moran's Absence

65. In making its determination the Tribunal noted that the decision as to whether or not the hearing should proceed in Dr Moran's absence was a matter for its discretion and that such discretion was to be exercised with care and caution.

66. The Tribunal noted that the letters sent to Dr Moran informed him of the date and venue of the hearing, his right to attend it, and to be legally represented. He was also informed that the hearing could proceed in his absence if he did not attend. No response was received to the letters. The Tribunal concluded, in light of the information before it, that Dr Moran had voluntarily absented himself from this hearing.

67. The Tribunal considered whether an adjournment would result in Dr Moran attending the hearing. Setting aside that there had been no application for an adjournment, there was no evidence before the Tribunal that an adjournment would result in Dr Moran attending. The Tribunal formed the view that Dr Moran had made it clear in his lack of correspondence with the GMC and MPTS that he did not intend to participate in this hearing. The Tribunal also took into account that Dr Moran did not attend the previous hearing.

68. The Tribunal also considered whether any decision to proceed in Dr Moran's absence may result in disadvantage or prejudice to him taking account of the fact that it may not necessarily have all of the information which Dr Moran would wish to present. However, the Tribunal considered that any such prejudice must be balanced against other factors including the statutory overarching objective and the public interest. The Tribunal noted that the public interest included the need for a fair, economic, expeditious and efficient disposal of the hearing. These matters should be balanced against any prejudice to Dr Moran.

69. The Tribunal noted that part of its role was to ensure a fair hearing notwithstanding Dr Moran's absence. The Tribunal observed that all reasonable efforts had been made to

inform Dr Moran of today's hearing. The Tribunal also noted that no application has been made to adjourn and there was no evidence to indicate that an adjournment would result in his attendance. The Tribunal balanced these facts against the statutory overarching objective, the fair, economic, expeditious and efficient disposal of the proceedings and the public interest.

70. Having considered each of the relevant factors, the Tribunal determined that it is fair, just, and in both the public and Dr Moran's interest to proceed with the hearing in his absence.