

PUBLIC RECORD**Dates:** 05/01/2026 - 09/01/2026

Doctor: Dr Sarah MYHILL

GMC reference number: 2734668

Primary medical qualification: MB BS 1981 University of London

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment not found proved	Consideration of impairment not reached

Summary of outcome

Case concluded

Tribunal:

Legally Qualified Chair	Mrs Linda Lee
Lay Tribunal Member:	Mr David Probert
Registrant Tribunal Member:	Dr Nicola Kemp

Tribunal Clerk:	Ms Keely Crabtree
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Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Ms Chloe Fairley, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly in private.

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 and Impairment - 09/01/2026

Background

1. Dr Myhill qualified in 1981 with a Bachelor of Medicine and Bachelor of Surgery (MB BS) from the University of London. Prior to the events which are the subject of the hearing, Dr Myhill informed the GMC that until 2020 she had worked as a General Practitioner (GP). Dr Myhill stated that this had been initially within the NHS and then as an independent GP. Dr Myhill said she had not been on the Medical Register since August 2020 and her licence to practise expired in December 2021. Since 2020 Dr Myhill has been working as a naturopathic physician.
2. The allegations that led to Dr Myhill's hearing related to her conduct. It was alleged by the General Medical Council (GMC) that on or around 23 March 2023, Dr Myhill prepared a medical report (the report) when she knew that she had been suspended from practice by a Medical Practitioners Tribunal on 4 March 2023. It was alleged that when Dr Myhill prepared the report, she failed to provide complete and accurate information about her status on the medical register and in that regard her actions were dishonest.
3. It was further alleged that Dr Myhill failed to make clear any potential conflict of interest she may have had in preparing the report and within this report expressed opinions which did not provide a balanced analysis of the facts and included adverse comment on matters outside her expertise.
4. The initial concerns were raised with the GMC by email on 4 January 2024 by Mr B, Case Progression Officer, Staffordshire and Stoke-On-Trent Coroner's Services on behalf of Mr C, HM Assistant Coroner.

5. Between 28 November 2023 and 29 November 2023 the Assistant Coroner conducted an Inquest into the death of Patient A who died on 2 March 2022. Patient A's partner, Mr D provided material in support of his belief that prescribed medication may have been the cause of Patient A's death. The information provided by the Coroner's Services indicated that Patient A's partner sent the Coroner a copy of a document prepared by Dr Myhill. The Coroner wrote to Patient A's partner advising that the document would not be admitted into evidence as Dr Myhill did not appear to be qualified to give expert evidence and had not been involved in the care of Patient A. The Coroner did not hear the evidence of Dr Myhill or call her as a witness. The Coroner concluded Patient A's Inquest on 29 November 2023 with a conclusion of 'natural causes'.

The Allegation and the Doctor's Response

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

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

1. On 4 March 2023, you:
 - a. were suspended from the medical register by a Medical Practitioner's Tribunal;
Admitted and found proved
 - b. knew you were suspended from the medical register.
Admitted and found proved
2. On or around 23 March 2023 you prepared a medical report ('the report').
To be determined
3. When you prepared the report as described at paragraph 2, you:
 - a. failed to provide complete and accurate information about your status on the medical register;
To be determined
 - b. failed to make clear any potential conflict of interest you may have had in preparing the report;
To be determined
 - c. expressed opinions which:
 - i. did not provide a balanced analysis of the facts;

To be determined

- ii. included adverse comment on matters outside of your expertise.

To be determined

4. Your actions at paragraphs 3 a were dishonest by reason of paragraph 1.

To be determined

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct.

To be determined

The Admitted Facts

7. At the outset of these proceedings Dr Myhill made admissions to some paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs of the Allegation as admitted and found proved.

Witness Evidence

8. Dr Myhill provided her own witness statement dated 21 October 2025 and also gave oral evidence at the hearing.

Expert Witness Evidence

9. The Tribunal received evidence from Dr E, GMC expert witness. Dr E provided a written report dated 5 July 2024 and also gave oral evidence at the hearing.

Documentary Evidence

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

- MPTS Notification following expiry of appeal letter dated 6 March 2023, sent by email;
- Coroner's letter to the GMC dated 21 December 2023;

- Dr Myhill's document dated 23 March 2023;
- Record of Inquest into Patient A's death dated 8 April 2022;
- Letter dated 11 April 2024 from Dr Myhill to the GMC;
- A document titled 'Affidavit' received by the GMC from Mr D dated 8 September 2024;
- The Tribunal were provided copies of guidance and advice relating to various drugs, medical conditions and acting as an expert.

The Tribunal's Approach

11. In reaching its decision on the facts, the Tribunal applied the civil standard of proof. This meant that the Tribunal decided whether, on the balance of probabilities, the GMC was able to prove it was more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it was for the GMC to prove the case that it was presenting against the doctor. There was no burden on the doctor to prove or disprove anything.

12. The Tribunal approached its fact finding by identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal assessed the evidence in the round. It considered what conclusions and inferences could be drawn from the documentary evidence. The Tribunal then considered the available oral evidence and subjected that evidence to critical scrutiny against the agreed facts and documentary evidence to consider a witness' reliability and credibility. The Tribunal noted that it should not decide reliability and credibility based on the demeanour of a witness alone.

13. In its approach to the allegation of dishonesty, the Tribunal noted that it should consider the test as set out in *Ivey v Genting Casinos (UK) Limited* [2017] UKSC 67. The Tribunal noted that when dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.

The Tribunal's Analysis of the Evidence and Findings

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

Paragraph 2

2. *On or around 23 March 2023 you prepared a medical report ('the report').*

15. The Tribunal was required to determine whether the document in question amounted to a medical report. The Tribunal noted at the outset that there was no settled or statutory definition of a medical report for the purposes of these proceedings. The Tribunal was therefore required to exercise its own judgment, and did so taking into account the nature, content, context, and intended purpose of the document, considered as a whole.

16. The Tribunal had the benefit of independent expert evidence from Dr E in which he expressed the clear opinion that the document should be regarded as a medical report. Dr E identified a number of features supporting this conclusion, including the use of the salutation "to whom it may concern", the reference to Mr D (who requested the document) in the third person, the review of medical records, and the expression of professional medical opinions regarding the cause and mechanism of death. The Tribunal found this expert evidence to be well-reasoned and helpful and afforded it significant weight.

17. The Tribunal also heard oral evidence from Dr Myhill. Dr Myhill accepted that the document contained features consistent with a medical report but gave a detailed account of the circumstances in which it had been produced. Dr Myhill stated that the document was a private letter written to a friend, drafted late at night, due to her heavy workload. Dr Myhill said that her intention was to support Mr D in dealing with his wife's death and that she had done it pro bono and in haste. Dr Myhill said that she was providing a biologically plausible explanation of why Patient A died, she was not producing a medical report that would be '*pulled apart in detailed examination by the coroner or by the GMC or by anybody else.*' Dr Myhill went on to say that this, '*was done in haste. I probably spent two hours over it. It wasn't expert.*'

18. Dr Myhill explained that she had been careless in her drafting, had not intended the salutation to carry any formal meaning, and had not turned her mind to the possibility that the document might be used in any legal or public process. Dr Myhill said her purpose was to provide what she regarded as an informal explanation of a '*plausible biological mechanism*' to

explain how Patient A *'fit and healthy [XXX]-year-old'* had died within 3 weeks of falling ill. Dr Myhill said that following her cursory review of the medical record as requested by Mr D, she had just picked out the relevant pieces from the GP and hospital reports but did not peruse every page in detail and she had plucked out the important issues that her eyes alighted upon in chronological order as she went along. Dr Myhill also said, *'I spent about two hours writing this letter. I have never done expert witness work, and I have no insurance cover for such. It was never my intention that this private letter should be used as an expert witness report or indeed any sort of medical report. Indeed, I'd be mad to even attempt to write such'*.

19. The Tribunal also noted Dr Myhill's own evidence as to what the document did not contain. Dr Myhill accepted that it was not signed, lacked a formal structure, did not set out or weigh alternative explanations, did not properly reference or evidence the views expressed, and that she had no previous expertise in report writing or acting as an expert. The Tribunal considered these omissions, as described by the Dr Myhill herself, to be consistent with her account that the document was an informal private communication rather than a medical report.

20. The Tribunal further considered the circumstances in which the document came to be disclosed to Mr D. Mr D, to whom the email was addressed attended the Tribunal throughout as a supporter of Dr Myhill but did not give oral evidence. Mr D had produced a written document to the GMC, which purported to be an affidavit and was assessed by the Tribunal as not meeting the requirements of a witness statement. In that document, Mr D confirmed that he had disclosed the document without consulting Dr Myhill and accepted, on reflection, that he perhaps should have done so. The Tribunal attached limited weight to that document but considered it supportive of Dr Myhill's account.

21. In addition, the Tribunal considered the timeline of disclosure, as set out in Dr E's report. The inquest was opened and adjourned on 8 April 2022, with a pre-inquest hearing held on 14 June 2022. The document was produced by Dr Myhill and sent to Mr D on 23 March 2023. There were two subsequent pre-inquest hearings, on 4 April 2023 and 1 September 2023. It appeared that the document prepared by Dr Myhill was not disclosed at either of those hearings. At the hearing on 1 September 2023, Mr D sought additional time to obtain his own expert evidence, which the Tribunal considered lent some support to the view that, despite having been in possession of Dr Myhill's document for approximately six months, Mr D did not at that stage regard it as a report on which he could rely. In his email to the Coroner Mr D referred to the document produced by Dr Myhill as *'a very important statement'*.

22. The document prepared by Dr Myhill was not disclosed to the Coroner until sometime between 1 September 2023 and 3 November 2023, when the Coroner advised that he would not admit it as expert evidence. The Tribunal considered that this chronology supported Dr Myhill's evidence that the document was not written with the intention that it be used as a medical report by Mr D, and that its later deployment was inconsistent with any intention at the time of drafting that it be used as a medical report.

23. The Tribunal also noted the Dr Myhill's evidence that she had not adequately appreciated the inappropriateness of criticising professional colleagues based on a cursory review of the evidence in a document that might become public, and that she appeared to continue to have some difficulty fully understanding why this was not appropriate. The Tribunal considered this relevant in that it lent support to Dr Myhill's evidence that she had no experience or understanding of acting as an expert witness.

24. The Tribunal also took into account the wider context in which the document was produced, as described by Dr Myhill in her evidence. Dr Myhill explained that the document was not commissioned by means of a letter of instruction, requested, or paid for as a medical report, and there had been no offer, request for or indeed any actual payment. Dr Myhill's evidence was that there were no terms of reference or instructions consistent with the preparation of a formal report, and she had not been asked to provide expert evidence for any legal, regulatory, or coronial process at the time of writing. The document was not addressed to any authority, court, or investigatory body, and she did not treat it as a report intended for onward disclosure. She further explained that she did not consider matters such as a duty to a court or the public interest, which from her investigations would ordinarily inform the preparation of a medical report. Dr Myhill's evidence was that she was not even aware that coronial proceedings were in progress. Dr Myhill said that Mr D, *'used my letter without my knowledge or my consent.'*

25. The Tribunal found the use of the salutation "to whom it may concern" difficult to reconcile with a purely private communication. However, the Tribunal accepted Dr Myhill's explanation that this wording resulted from careless drafting rather than a deliberate intention to confer formal status on the document.

26. Having weighed all of the evidence, the Tribunal accepted that the document had features which gave it the appearance of a medical report and acknowledged the strength of the independent expert's opinion to that effect. However, applying its own judgment in the

absence of a settled definition, and having accepted the Dr Myhill's oral evidence as credible, the Tribunal concluded that the document was not intended to be a medical report and indeed could not be regarded as such, but was instead a private communication written in haste and without the care, structure, safeguards, and consideration that would ordinarily be applied to a medical report.

27. Accordingly, the Tribunal found paragraph 2 of the Allegation not proved.

Paragraph 3

3. *When you prepared the report as described at paragraph 2, you:*
 - a. *failed to provide complete and accurate information about your status on the medical register;*
 - b. *failed to make clear any potential conflict of interest you may have had in preparing the report;*
 - c. *expressed opinions which:*
 - i. *did not provide a balanced analysis of the facts;*
 - ii. *included adverse comment on matters outside of your expertise.*

28. At the hearing, the Tribunal summarised the position in relation to paragraph 3 of the Allegation in the following terms: that paragraph 3 of the Allegation concerned matters said to flow from the preparation of the document if, and only if, it were properly characterised as a medical report; that the GMC's case was that, if the document were a medical report, the criticisms in paragraph 3 of the Allegation followed from that characterisation; and that Dr Myhill's case was that this starting point was wrong because the document was private correspondence and should not be judged by reference to the standards applicable to a medical report as detailed in Dr E's report. The Tribunal invited the GMC to confirm whether this accurately reflected its position, and the GMC agreed that it did.

29. The Tribunal has already determined, in its findings at paragraph 2 of the Allegation, that the document was not a medical report but private correspondence. Consistently with the approach set out at the hearing, that determination resolved the basis on which paragraph 3 of the Allegation was advanced, and the Tribunal therefore found paragraph 3 of the Allegation in its entirety not proved.

Paragraph 3(a)

30. Paragraph 3(a) of the Allegation alleged that, when preparing the document, Dr Myhill failed to provide complete and accurate information about their status on the medical register, on the basis that they described themselves as deregistered rather than suspended. The GMC's case was that accuracy as to regulatory status is required where a doctor is preparing a medical report, and that the description used was materially inaccurate in that context.

31. The Tribunal did not find this paragraph proved. As the Tribunal has already determined under paragraph 2 of the Allegation that the document was not a medical report but private correspondence, the standards relied upon by the GMC in relation to formal disclosure of regulatory status did not apply. The Tribunal noted and accepted the evidence that her regulatory status was well known to the recipient of her letter, Mr D. The Tribunal did not accept that the way in which Dr Myhill described their status in private correspondence amounted to a failure of completeness or accuracy of the kind alleged, when assessed in that context.

32. Accordingly, the Tribunal found paragraph 3(a) of the Allegation not proved.

Paragraph 3(b)

33. Paragraph 3(b) of the Allegation alleged a failure to make clear any potential conflict of interest in preparing the document. The GMC's case was expressly advanced on the basis that, if the document were a medical report, there would be an obligation to identify and disclose any potential conflict, whether or not an actual conflict existed.

34. The Tribunal did not find this paragraph proved. This allegation was contingent on the document being characterised as a medical report and on the application of standards governing the preparation of such reports. Given the Tribunal's finding at paragraph 2 of the Allegation that the document was private correspondence, the obligation relied upon by the GMC did not arise. This was especially the case given that the communication was sent electronically to the very person with whom the alleged conflict existed. The Tribunal therefore concluded that there was no obligation on Dr Myhill to disclose any potential conflict of interest in what was a private communication.

35. Accordingly, the Tribunal found paragraph 3(b) of the Allegation not proved.

Paragraph 3(c)(i)

36. Paragraph 3(c)(i) of the Allegation alleged that the opinions expressed in the document did not provide a balanced analysis of the facts. The GMC relied on the evidence of Dr E, who did not suggest that Dr Myhill's conclusions were irrational or unsupported, despite it not being a view with which Dr E could agree. However, Dr E considered that alternative interpretations were not sufficiently acknowledged, and that limitations in the available records were not adequately reflected.

37. The Tribunal did not find this paragraph proved. The Tribunal noted that the criticisms advanced were directed to the way in which opinions were framed in a document being assessed as a medical report, against standards of balance and completeness applicable to such reports. Having found that the document was private correspondence, the Tribunal was not satisfied that those standards applied.

38. Accordingly, the Tribunal found paragraph 3(c)(i) of the Allegation not proved.

Paragraph 3(c)(ii)

39. Paragraph 3(c)(ii) of the Allegation alleged that the document included adverse comment on matters outside Dr Myhill's expertise. The GMC relied on Dr E's evidence that some opinions fell outside Dr Myhill's own field of practice, engaging the principle that professional opinions should be confined to areas within a doctor's expertise. Whilst the Tribunal accepted that the document contained adverse comments on matters outside Dr Myhill's expertise, it concluded that this was not material in the context of a private communication sent to a friend, given its finding that the document was not a medical report.

40. The Tribunal did not find this paragraph proved. As with the other limbs of paragraph 3, this allegation depended on the document being treated as a medical report and Dr Myhill as purporting to provide expert opinion in that capacity. In light of the Tribunal's finding that the document was private correspondence, the Tribunal was not satisfied that Dr Myhill was holding themselves out as providing formal expert opinion subject to those constraints.

41. Accordingly, the Tribunal found paragraph 3(c)(ii) of the Allegation not proved.

Paragraph 4

4. *Your actions at paragraphs 3 a were dishonest by reason of paragraph 1.*

42. The Tribunal has found paragraph 3a of the Allegation not proved. As such, it did not go on to consider the question of dishonesty.

43. Accordingly, the Tribunal found paragraph 4 of the Allegation not proved.

The Tribunal's Overall Determination on the Facts

44. The Tribunal has determined the facts as follows:

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

1. On 4 March 2023, you:
 - a. were suspended from the medical register by a Medical Practitioner's Tribunal;
Admitted and found proved
 - b. knew you were suspended from the medical register.
Admitted and found proved
2. On or around 23 March 2023 you prepared a medical report ('the report').
Not proved
3. When you prepared the report as described at paragraph 2, you:
 - a. failed to provide complete and accurate information about your status on the medical register;
Not proved
 - b. failed to make clear any potential conflict of interest you may have had in preparing the report;
Not proved
 - c. expressed opinions which:
 - i. did not provide a balanced analysis of the facts;
Not proved

ii. included adverse comment on matters outside of your expertise.

Not proved

4. Your actions at paragraphs 3 a were dishonest by reason of paragraph 1.

Not proved

Impairment

45. The Tribunal reminded itself that at this stage of the proceedings there is no burden or standard of proof, and that the question of impairment is a matter for the Tribunal's own independent judgement. The Tribunal further reminded itself that a two-stage approach must be adopted. First, it must determine whether the facts found proved amount to misconduct and, if so, whether that misconduct is sufficiently serious. Second, only if serious misconduct is established, it must go on to consider whether that misconduct could properly lead to a finding of current impairment of fitness to practise.

46. In the present case, the Tribunal noted that the sole allegation which had been admitted and found proved was limited in scope and nature and was simply a matter of fact. The Tribunal was satisfied that this fact, whether taken in isolation or in the context of the case as a whole, could not amount to misconduct. The Tribunal also noted that the GMC made no submissions to suggest that the proved fact was capable of meeting the threshold for misconduct. Accordingly, the Tribunal determined that there was no finding of misconduct. In the absence of any misconduct, there was no basis upon which to consider impairment, and the Tribunal therefore concluded that the question of impairment did not arise.

47. Case concluded