

**PUBLIC RECORD****Dates:** 21/03/2025**Doctor:** Dr John MCCLELLAND**GMC reference number:** 4328610**Primary medical qualification:** MB ChB 1996 University of Aberdeen

Type of case	Outcome on impairment
XXX	XXX
Review - Misconduct	Impaired
Review - Caution	Impaired

**Summary of outcome**

Erasure

**Tribunal:**

Legally Qualified Chair	Mr Stephen Chappell
Lay Tribunal Member:	Mrs Barbara Larkin
Registrant Tribunal Member:	Dr Kamran Shahid
Tribunal Clerk:	Mr Larry Millea

**Attendance and Representation:**

Doctor:	Not present, not represented
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 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 Impairment - 21/03/2025

1. At this review hearing the Tribunal now 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 McClelland's fitness to practise is impaired by reason of misconduct, XXX, and a conviction or caution for a criminal offence.

## The Outcome of Applications Made during the Impairment Stage

2. The Tribunal granted the GMC's application, made pursuant to Rule 31, to proceed with the hearing in Dr McClelland's absence. The Tribunal's full decision on the application is included at Annex A.

3. On behalf of the GMC, Mr Phillips, counsel, made an application for the entirety of the hearing to be held in private in accordance with Rule 41 of the Rules. The Tribunal concluded that the misconduct and conviction elements of these proceedings were XXX and determined that the hearing would be held entirely in private.

4. This determination will be read in private. However, as this case concerns Dr McClelland's misconduct and conviction, a redacted version will be published at the close of the hearing.

## Background

5. Dr McClelland qualified in 1996 from the University of Aberdeen and went on to become a General Practitioner ('GP').

XXX

6. XXX

7. XXX

8. XXX

9. XXX

10. XXX

11. XXX

12. XXX

The 2021 Tribunal

13. A new XXX MPT hearing commenced in June 2021 ('the 2021 Tribunal'). The 2021 Tribunal was first required to consider two new matters. A conviction in North Tyneside Magistrates Court in August 2019 and a misconduct matter relating to a conditional discharge which was imposed in Ballymena Magistrates' Court in October 2019.

Conviction and Misconduct

14. On 22 August 2019, at North Tyneside Magistrates' Court, Dr McClelland was convicted of committing fraud between June and December 2018. He was sentenced to a community order requiring him to be under a curfew with electronic monitoring for three months and XXX. There had been an unusual frequency of occasions between June and December of 2018 where Dr McClelland had created prescriptions and then deleted them on the patient record computer system in the practice in which he worked. These prescriptions were for controlled drugs XXX. An enquiry revealed that this had occurred on 22 occasions and the prescriptions were taken to pharmacies where they were dispensed. At the time of the creation of the prescriptions, Dr McClelland was employed as a GP at Crowhall Medical Practice in Gateshead.

15. On 10 October 2019, Dr McClelland was made subject to an order for conditional discharge for a period of two years in respect of dishonestly making a false representation to an employee of Lloyd's Pharmacy, XXX on 17 August 2018, to which he pleaded guilty.

16. The 2021 Tribunal considered Dr McClelland's conviction and misconduct to be serious as both involved dishonesty. It bore in mind that Dr McClelland's dishonesty was

perpetuated XXX. The 2021 Tribunal determined that a finding of impairment by reason of Dr McClelland's conviction and misconduct was necessary.

17. XXX

18. The 2021 Tribunal determined to suspend Dr McClelland from the medical register for a period of 12 months. It considered that Dr McClelland's dishonesty, while difficult to remediate, was remediable in the circumstances of XXX. The 2021 Tribunal also directed a review.

#### The 2022 Tribunal

19. A review hearing was held on 21 June 2022 ('the 2022 Tribunal'). Dr McClelland admitted that he was not ready to return to clinical practice and that, in his view, a further period of 12 months was required for him to demonstrate insight and that he had remediated the concerns identified in his case.

#### Conviction and Misconduct

20. In relation to the misconduct matters, whilst the 2022 Tribunal acknowledged that Dr McClelland had taken some positive steps, it took into account that there were a number of very serious matters, such as using the GMC number of another doctor of the same name and deleting patient records. It also appeared there was an escalation of his deception in order to obtain prescription medication for his own personal use. The 2022 Tribunal was of the view that Dr McClelland's dishonest actions had the potential to put patients at serious risk of harm. It concluded that Dr McClelland's actions amounted to serious misconduct. The 2022 Tribunal determined that Dr McClelland's fitness to practise was impaired by reason of his conviction and misconduct.

#### XXX

21. XXX

22. The 2022 Tribunal considered it necessary and appropriate to suspend Dr McClelland's registration for a further period of 12 months. It considered this period would allow Dr McClelland time to XXX and to develop further insight and remediation. The 2022 Tribunal was of the view that Dr McClelland's misconduct was not fundamentally incompatible with his continued registration.

The 2023 Tribunal

23. A review hearing was held on 16 June 2023 ('the 2023 Tribunal').

XXX

24. XXX

25. XXX

Conviction and Misconduct

26. The 2023 Tribunal bore in mind that Dr McClelland's misconduct and conviction arose as a direct result of XXX. It took into account the reflective statements submitted by Dr McClelland in which he acknowledged his misconduct and the impact his actions have had on others. The Tribunal acknowledged that Dr McClelland had developed some insight and had demonstrated his remorse. However, it took into account that there were a number of very serious matters such as using the GMC number of another doctor of the same name and deleting patient records. It also appeared there was an escalation of his deception in order to obtain prescription medication for his own personal use. His actions were dishonest and had the potential to put patients at serious risk of harm. The 2023 Tribunal concluded that Dr McClelland's actions amounted to serious misconduct.

27. The 2023 Tribunal considered that while Dr McClelland's remediation remained incomplete, it could not be satisfied that there was no risk of him repeating his misconduct. In the circumstances, the 2023 Tribunal determined that a finding of impairment by reason of his conviction and misconduct was necessary for the protection 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 the profession.

28. Accordingly, the 2023 Tribunal determined that Dr McClelland's fitness to practise remained impaired by reason of his conviction and misconduct.

29. The 2023 Tribunal determined to suspend Dr McClelland's registration for a further nine months.

The March 2024 Tribunal

**Record of Determinations –  
Medical Practitioners Tribunal**

30. Dr McClelland's case was reviewed by a Medical Practitioners Tribunal in March 2024 ('the March 2024 Tribunal').

XXX

31. XXX

**Conviction and Misconduct**

32. In relation to misconduct and conviction, the March 2024 Tribunal found that these arose as a direct result of XXX. It considered that Dr McClelland's insight and remediation remains incomplete and it could not be satisfied that there was no risk of repeating Dr McClelland's misconduct. Therefore, the March 2024 Tribunal found that Dr McClelland's fitness to practise remained impaired by reason of his misconduct and conviction.

33. The March 2024 Tribunal determined to suspend Dr McClelland's registration for a period of six months. It considered that Dr McClelland had developed some insight into his misconduct and had remained abstinent. However, Dr McClelland had remained unable to discuss his offending and, as such, had not yet fully remediated his misconduct.

**The September 2024 Tribunal**

34. Dr McClelland's case was reviewed by a Medical Practitioners Tribunal in September 2024 ('the September 2024 Tribunal').

XXX

35. XXX

36. XXX

**Conviction and Misconduct**

37. The September 2024 Tribunal noted the significant passage of time with no repetition of the misconduct. It also noted the positive steps that Dr McClelland had taken to remediate and reflect on his actions.

38. However, the September 2024 Tribunal considered that XXX linked with his misconduct and conviction. In fact, his misconduct and conviction arose as a direct result of

XXX. Given the September 2024 Tribunal's finding that Dr McClelland required XXX, a risk remained which could potentially undermine public confidence in the medical profession.

39. In the circumstances, the September 2024 Tribunal determined that a finding of impairment by reason of his conviction and misconduct was necessary to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession.

40. The September 2024 Tribunal noted that Dr McClelland had further developed his insight into XXX. Dr McClelland had XXX and had developed a stable support network. It also noted that Dr McClelland's misconduct and conviction were directly linked to XXX. However, he had not provided evidence which demonstrated that he has kept his clinical skills and knowledge up to date and how he could safely return to clinical practice

41. Therefore, the September 2024 Tribunal determined that a period of suspension was the appropriate sanction in the circumstances.

42. The September 2024 Tribunal noted that the length of suspension should be sufficient to allow Dr McClelland to decide what he would like to do and the approach he would take in safely returning to clinical practice. In addition, the length of suspension should allow Dr McClelland to demonstrate that he had kept his clinical skills and knowledge up to date. Therefore, the September 2024 Tribunal determined that a period of six months suspension was the appropriate and proportionate length of suspension.

43. The September 2024 Tribunal determined to direct a review of Dr McClelland's case. It indicated that it therefore may assist the reviewing Tribunal if Dr McClelland provided the following:

- A return-to-work plan, specifying what Dr McClelland intends to do, the role he would like to take and his approach in securing that role;
- Relevant CPD courses and any training that he had undertaken, specifically relating to his return-to-work plan;
- XXX;
- XXX;
- Any other information that Dr McClelland considered would assist.

#### Today's Review Hearing

#### The Evidence

44. The Tribunal has taken into account all the evidence received.
45. The Tribunal received documentary evidence which included, but was not limited to:
- The Record of Determinations ('RoDs') of Dr McClelland's previous MPT hearings;
  - Letter from GMC to Dr McClelland, dated 25 October 2024, in relation to the September 2024 Tribunal's decision to suspend his registration for a further period of six months;
  - MPTS listing email to Dr McClelland, dated 29 October 2024, for today's review hearing;
  - Letter from GMC to Dr McClelland, dated 22 November 2024, requesting evidence for today's review hearing;
  - Letter from GMC to Dr McClelland, dated 15 January 2025, informing Dr McClelland's case has been sent to a member in the legal team;
  - GMC information letter sent to Dr McClelland, dated 5 February 2025;
  - Notice of hearing letter sent to Dr McClelland, dated 6 February 2025.

46. The only evidence received on behalf of Dr McClelland was his email to the MPTS and GMC, dated 20 March 2025.

### Submissions

47. On behalf of the GMC, Mr Phillips, counsel, submitted that Dr McClelland was no longer engaging with proceedings, was not present at these proceedings and had not provided any of the evidence which the September 2024 Tribunal indicated might be of assistance to this Tribunal.

48. Mr Phillips submitted that there is no evidence before this Tribunal which would justify a departure from the findings of previous Tribunals that Dr McClelland's fitness to practice is impaired on the grounds of XXX, misconduct and his conviction.

49. Mr Phillips submitted that this Tribunal perhaps finds itself in a more concerning position than the previous Tribunals because although at the time of the September 2024 Tribunal it was clear that XXX, there is no recent evidence in relation to XXX at the present time. XXX.

50. Mr Phillips submitted that in the circumstances, and given that the misconduct and conviction matters are XXX, it must be the case that Dr McClelland remains impaired by reason of XXX, misconduct and his conviction.

### **The Relevant Legal Principles**

51. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement 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 the doctor to satisfy it that he would be safe to return to unrestricted practice.

52. This Tribunal must determine whether Dr McClelland's fitness to practise is impaired today, taking into account Dr McClelland's 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**

XXX

53. XXX

54. XXX

55. XXX

56. XXX

57. XXX

58. XXX

59. XXX

### **Misconduct**

60. The Tribunal accepted the findings of the previous Tribunals and the submissions made on behalf of the GMC that Dr McClelland's misconduct was XXX, particularly in the

absence of any evidence to the contrary. It therefore determined that, in light of its finding that XXX, his fitness to practise also remains impaired by reason of his misconduct.

### **Conviction or Caution**

61. As per its finding in relation to misconduct, the Tribunal also accepted that Dr McClelland's conviction was XXX. It therefore determined that, in light of its finding that XXX, his fitness to practise also remains impaired by reason of his conviction.

62. This Tribunal has therefore determined that Dr McClelland's fitness to practise is impaired by reason of his XXX, misconduct, and his conviction.

### **Determination on Sanction - 21/03/2025**

63. This determination will be read in private. However, as this case concerns Dr McClelland's misconduct and conviction, a redacted version will be published at the close of the hearing.

64. Having determined that Dr McClelland's fitness to practise is impaired by reason of XXX, misconduct and a conviction for a criminal offence, 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 Dr McClelland's registration.

### **The Evidence**

65. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Dr McClelland's registration.

### **Submissions**

66. On behalf of the GMC, Mr Phillips submitted that this is a case where erasure should be considered by the Tribunal.

67. Mr Phillips submitted that the following may be considered aggravating factors in this case: the lack of insight and remediation demonstrated by Dr McClelland despite the significant passage of time; Dr McClelland's misconduct involved an abuse of his professional position in order to dishonestly obtain prescription medicines; the dishonesty in this case in

respect of the fraudulent prescriptions was sophisticated and repeated; the fact that in this case the XXX was linked to the misconduct which culminated in the commission of criminal offences.

68. Mr Phillips submitted that the following may be considered mitigating factors in this case: Dr McClelland made admissions in relation to these proceedings from the outset; previous Tribunals have considered that Dr McClelland had expressed remorse and regret in relation to his misconduct; there is no evidence of recent repetition of the misconduct; that the misconduct and conviction were linked to XXX.

69. Mr Phillips submitted that taking no action in this case would be insufficient given that it relates to XXX and repeated dishonesty, which has resulted in misconduct and a criminal conviction.

70. Mr Phillips submitted that conditions would be neither workable nor appropriate in this case. He submitted that given the lack of insight and the fact that Dr McClelland has indicated that he has no further desire to pursue a career as a doctor, conditions would not be appropriate because remediation is very unlikely to be successful. He submitted that it is, in fact, almost certain to be unsuccessful given that Dr McClelland has indicated that he no longer wishes to practise and has disengaged from proceedings, and that in addition, there is no evidence that he is committed to retraining and has been keeping his medical skills and knowledge up to date.

71. Mr Phillips submitted that suspension would not be appropriate in this case given that the Tribunal cannot be satisfied, on the evidence before it, that repetition is unlikely. He submitted that, given that Dr McClelland has disengaged and no longer wishes to pursue a medical career, it seems almost a certainty that remediation will be unsuccessful. He submitted that this is a case in which it is difficult to be satisfied that Dr McClelland has insight, and that there is no significant risk of repetition, particularly given that the Tribunal has not heard any evidence as to the XXX.

72. Mr Phillips submitted that erasure is the only viable option in terms of sanction as Dr McClelland's impairment relates to XXX and associated misconduct and conviction, which involves significant and repeated dishonesty on his part. Mr Phillips noted that Dr McClelland has expressed as recently as the day prior to this hearing that he has no desire to return to practice. He submitted that indefinite suspension was not an option in this case and therefore erasure was appropriate. He submitted that these matters have been ongoing for almost six years and there have been many opportunities and significant time given to Dr

McClelland to remediate his conduct, and that in his most recent correspondence he acknowledges that erasure is probable.

### The Tribunal's Determination

73. The Tribunal's decision as to the appropriate sanction to impose on Dr McClelland's registration, if any, is a matter for the Tribunal exercising its independent judgment. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (February 2024) ('SG') and the overarching objective.

74. The Tribunal had regard to the principle of proportionality, and weighed Dr McClelland's interests with those of the public. Throughout its deliberations the Tribunal bore in mind that the purpose of a sanction is not to punish doctors, although a sanction may have a punitive effect. It also took into account the overarching objective which is to protect the health, safety, and wellbeing of the public, maintain public confidence in the profession, and promote and maintain proper professional standards and conduct for the members of the profession.

75. The Tribunal has also borne in mind that in deciding what sanction, if any, to impose, it should consider all of the sanctions available, starting with the least restrictive and then consider each sanction in ascending order.

### Aggravating & Mitigating Factors

76. In reaching its decision, the Tribunal first considered the aggravating and mitigating factors present in this case.

77. The Tribunal considered the following features to be aggravating factors:

- The ongoing lack of insight or remediation despite significant time and opportunities to do so, particularly in regard to how XXX was a driver for his misconduct and criminal offence;
- His misconduct involved dishonesty and the abuse of his professional position, including using other patients' names and impersonating another doctor;
- The dishonesty was sophisticated and repeated;
- XXX.

78. The Tribunal considered the following features to be mitigating factors:

- Dr McClelland made admissions to the allegations against him from the outset and pleaded guilty to the criminal offence;
- He has previously expressed remorse;
- XXX;
- His misconduct and conviction are XXX.

#### No action

79. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action.

80. The Tribunal considered that there were no exceptional circumstances in this case which could justify it taking no action.

81. Given the serious findings against Dr McClelland and the ongoing concerns, the Tribunal determined that to take no action would be neither appropriate nor proportionate and would fail to uphold the overarching objective.

#### Conditions

82. The Tribunal next considered whether it would be appropriate to impose conditions on Dr McClelland's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable, and measurable.

83. In reaching its determination, the Tribunal was mindful of Dr McClelland's email of 20 March 2025 where he states:

*"As you'll be aware, I have completely disengaged from the process as I no longer see possible a return to general practice. No disrespect was intended, however. I will not be attending by zoom/Teams tomorrow. I acknowledge that I've been fully aware of what was required of me, and that I have been appropriately made aware of the hearing date and time. I fully expect that the panel and GMC will recommend erasure, even though my preference would be for retirement. Whatever is decided, I will accept."*

84. The Tribunal concluded that conditions would not be workable given the lack of evidence of insight or remediation, the likelihood of this developing and Dr McClelland's declaration that he does not intend to return to general practice.

85. The Tribunal determined that in any event, conditions would not be proportionate in the circumstances of this case and, given the serious nature of its findings, would fail to uphold the overarching objective.

### Suspension

86. The Tribunal then went on to consider whether to impose a period of suspension on Dr McClelland's registration. XXX.

87. In reaching its determination, the Tribunal considered the following paragraphs of the SG:

*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*

*97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

...

*e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.*

...

*g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour*

88. The Tribunal concluded that whilst Dr McClelland has previously made expressions of remorse, he has not demonstrated sufficient insight, particularly in relation to how XXX contributed to his misconduct and conviction. The Tribunal also concluded that there remains an ongoing risk of repetition and that it has not been provided evidence of any further steps Dr McClelland has taken to address the concerns of the September 2024 Tribunal.

89. The Tribunal noted that Dr McClelland has made some previous limited attempts to develop insight and remediate, and that he has now expressed a deliberate choice to cease engagement with these proceedings.

### Erasure

90. Having determined that the factors indicating that suspension would be the appropriate sanction in this case were not applicable, it went on to consider whether to erase Dr McClelland's name from the Medical Register. In doing so it bore in mind the following paragraphs of the SG:

*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.*

...

*d Abuse of position/trust.*

91. The Tribunal considered that Dr McClelland's actions, which involved dishonesty and a background of repetition, were a particularly serious departure from the principles set out in Good medical practice, that the behaviour is difficult to remediate, and that it represented a deliberate or reckless disregard for the principles set out in Good medical practice.

92. The Tribunal also concluded that Dr McClelland's actions represented an abuse of his position of trust, as set out above.

93. The Tribunal noted the ongoing lack of insight and remediation on the part of Dr McClelland despite the significant passage of time and multiple opportunities to develop these.

94. The Tribunal determined that given these factors, a further period of suspension would serve no useful purpose and that a sanction less than that of erasure would fail to

**Record of Determinations –  
Medical Practitioners Tribunal**

uphold the overarching objective. Accordingly, the Tribunal determined that erasure was the appropriate and proportionate sanction in the circumstances of this case.

95. The Tribunal has directed to erase Dr McClelland from the Medical Register. The MPTS will send Dr McClelland 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.

ANNEX A – 21/03/2025

### Service and proceeding in absence

#### Service

96. Dr McClelland was not present or represented at this Medical Practitioners Tribunal ('MPT') hearing. The Tribunal therefore considered whether the relevant documents had been served in accordance with Rule 40 of the General Medical Council ('GMC') Fitness to Practise Rules 2004 ('the Rules') and paragraph 8 of Schedule 4 of the Medical Act 1983.

97. Mr Phillips, Counsel, on behalf of the GMC, drew the Tribunal's attention to various documents regarding service of the notice of hearing. These included:

- Screenshots of Dr McClelland's registered address and email address;
- Email to Dr McClelland enclosing Rule 34(9) Letter, dated 5 February 2025;
- Rule 34(9) GMC Information Letter, dated 5 February 2025, sent via post;
- Screenshot of Excel spreadsheet confirming delivery of Rule 34(9) Letter;
- Notice of hearing sent via email to Dr McClelland, dated 6 February 2025;
- Telephone note of call with Dr McClelland confirming receipt of GMC and MPTS correspondence, dated 28 February 2025;
- Email to MPTS and GMC from Dr McClelland, dated 20 March 2025.

98. Mr Phillips submitted that service had been effected in accordance with Rule 40 of the Rules by reason of the documents set out within the service bundle.

99. The Tribunal had regard to the documents before it and the submissions made by Mr Phillips. It was satisfied that notice of this hearing has been served in accordance with Rule 40 of the Rules and paragraph 8 of Schedule 4 of the Medical Act 1983.

#### Proceeding in Absence

100. Having been satisfied that notice was properly served upon Dr McClelland, the Tribunal then considered whether to proceed with this hearing in his absence, in accordance with Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

#### Submissions

101. Mr Phillips invited the Tribunal to proceed in the absence of Dr McClelland, pursuant to Rule 31 of the Rules. He submitted that the telephone note included in the Proof of Service Bundle, as well as the most recent email from Dr McClelland, demonstrated that Dr McClelland had voluntarily chosen not to attend these proceedings and had not sought an adjournment or postponement.

102. Mr Phillips submitted that in the call between the GMC and Dr McClelland dated 28 February 2025, Dr McClelland stated that he was unsure whether he would attend this hearing and that he intended to tell the review panel members that he does not want to “*continue with this*” and confirmed he understood the implications of that decision. Subsequently, Dr McClelland has emailed the MPTS and GMC confirming that he would not be attending and therefore he has made a deliberate decision not to attend.

103. Mr Phillips submitted that in these circumstances, the Tribunal ought to proceed in absence pursuant to Rule 31 of the Rules.

### The Tribunal’s Determination

104. In reaching its decision, the Tribunal considered the submissions made on behalf of the GMC and the evidence before it, as set out above.

105. The Tribunal considered that Dr McClelland’s correspondence states that he is aware of the hearing, would not be attending and understands the implications of this. It noted that it had not received any indication that Dr McClelland had requested an adjournment and it could not be satisfied that, were there to be an adjournment, Dr McClelland might attend proceedings at any later date.

106. The Tribunal has balanced Dr McClelland’s interests with the public interest in deciding whether to proceed in his absence. The Tribunal was satisfied that Dr McClelland had voluntarily absented himself from these proceedings and that it was in the public interest that the hearing proceeded in a timely manner.

107. Having considered all the circumstances, the Tribunal determined that it was fair and reasonable to proceed in Dr McClelland’s absence in accordance with Rule 31 of the Rules.