

**PUBLIC RECORD**

Dates: 19/12/2025

**Doctor:** Dr Satnam LIDDER

**GMC reference number:** 5208314

**Primary medical qualification:** MD 2001 Universita Palackeho

Type of case	Outcome on impairment
Review – misconduct	Not impaired

**Summary of outcome**

Suspension to expire

**Tribunal:**

Legally Qualified Chair	Mrs Fiona Barnett
Lay Tribunal Member:	Miss Naomi Gyane
Registrant Tribunal Member:	Dr William Seligman

  

Tribunal Clerk:	Mrs Olivia Gamble
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**Attendance and Representation:**

Doctor:	Present, represented
Doctor's Representative:	Ms Fiona Horlick, KC, instructed by Keystone Law
GMC Representative:	Ms Kathryn Hughes, 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 - 19/12/2025

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 Lidder's fitness to practise is still impaired by reason of misconduct.

## Background

2. Dr Lidder qualified in 2001 at Universita Palackeho. At the time of the events Dr Lidder was practising as a Consultant at King's College Hospital NHS Foundation Trust ('the Trust') in Acute Medicine, and leading the Trust's Hypertension service. He left the Trust in October 2023.

3. The facts found proved at Dr Lidder's hearing which took place in May and June 2025 (the May 2025 Tribunal) can be summarised as follows:

4. On 5 January 2021, Dr Lidder was working in the Emergency Department at Kings College Hospital ('the Hospital'). At around 4pm, Dr A, who at the time was working as a Senior House Officer (SHO) at the Hospital, entered the Emergency Department to use the computers. Dr Lidder engaged Dr A in conversation about the scrubs he was wearing. Whilst discussing the scrubs, Dr Lidder said to Dr A '*you look bent*', or words to that effect and also pointed to his LGBTQ rainbow lanyard and said that it also looked '*bent*'. The May 2025 Tribunal found proved that Dr Lidder's comments were offensive and/or homophobic.

5. In early March 2021, after Dr A had complained about Dr Lidder's conduct, Dr Lidder informed the Royal College of Physicians ('the RCP') that in December 2020, Dr A had told him that he had cheated during his MRCP examination by looking up answers online during toilet breaks, or words to that effect. The May 2025 Tribunal found proved that Dr Lidder knew that the information he had provided to the RCP was untrue. It also found proved that

Dr Lidder's actions were dishonest and were intended to discredit Dr A after he made allegations against him.

6. The May 2025 Tribunal was of the view that the comments made by Dr Lidder were highly inappropriate, and the use of a homophobic slur in any context is serious misconduct.

7. The May 2025 Tribunal also had regard to the dishonesty allegation Dr Lidder made against Dr A, with the intention of discrediting him. It was of the view that Dr Lidder's action in this respect was serious. It noted that as a result of Dr Lidder's dishonest allegation Dr A was subject to an investigation by the RCP and a fact-finding interview by the Trust.

8. The May 2025 Tribunal was satisfied that fellow practitioners would be shocked to learn what Dr Lidder had done and would agree that his conduct was totally unacceptable. The May 2025 Tribunal was satisfied that Dr Lidder's conduct was in direct breach of a number of paragraphs of GMP because it involved serious dishonesty and so breached the trust the public places in its doctors.

9. The May 2025 Tribunal was of the view that individually and collectively, both aspects of the Allegation were serious misconduct. The May 2025 Tribunal accepted that the second incident followed the first and the two aspects of the Allegation were linked. The dishonest complaint to the RCP was intended to discredit Dr A because Dr Lidder had been informed a short time prior that Dr A had made a complaint against him.

10. Taking all of those factors into consideration, the May 2025 Tribunal concluded that Dr Lidder's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor that it amounted to serious misconduct.

11. In considering Dr Lidder's inappropriate comments, the May 2025 Tribunal was of the view that Dr Lidder had demonstrated considerable insight. It found that Dr Lidder has taken extensive action to remediate his misconduct in relation to these issues. It took into account the relevant, targeted CPD, including courses around issues involving homophobia and language. It was clear to the Tribunal that Dr Lidder had gained an understanding into the inappropriateness of offensive language and the need to ensure that all colleagues are treated fairly and with respect at all times. The May 2025 Tribunal was of the view that the risk of repetition in respect of these actions was extremely low.

12. The May 2025 Tribunal also considered impairment in relation to dishonesty.

Whilst Dr Lidder acted dishonestly and fabricated an allegation, the May 2025 Tribunal did not consider that his actions fell within the ordinary meaning of '*concealing*' or '*covering up*'.

13. The May 2025 Tribunal noted at the time of the decision on impairment that there was very little evidence before it that Dr Lidder had insight into his dishonest conduct but accepted that he was at the start of the journey of remediation in respect of coming to terms with the findings of dishonesty. It noted that there was some limited acknowledgement of the impact of his actions on Dr A, but this was centred around Dr Lidder's actions being correct and based on a misunderstanding, rather than intentional dishonesty with the intention of discrediting Dr A. The May 2025 Tribunal was clear that Dr A would have felt like he was being accused of something very serious.

14. The May 2025 Tribunal had no evidence before it that Dr Lidder had fully accepted and acknowledged the impact his actions would have had on Dr A. However, it noted Dr Lidder had attended courses on probity and ethics. The May 2025 Tribunal was therefore of the view that there was some, albeit limited and inadequate insight and remediation on the part of Dr Lidder for his dishonesty. The May 2025 Tribunal was of the view that a risk of repetition remained. It was of the view that if Dr Lidder further developed insight into his dishonest conduct, the risk of repetition could be further reduced.

15. The May 2025 Tribunal was satisfied that Dr Lidder's conduct brought the medical profession into disrepute and breached a fundamental tenet of the profession, namely honesty and integrity. Dr Lidder had been found to have acted dishonestly. The May 2025 Tribunal was of the view that none of these limbs were likely to be repeated in respect of the use of homophobic slurs, because of Dr Lidder's considerable insight, and extensive targeted and meaningful remediation that he had demonstrated. However, in respect of the dishonesty, the May 2025 Tribunal was of the view that Dr Lidder did not have adequate insight into his actions so as to enable it to be satisfied that there was no future risk at that stage. It determined that there remained a risk that Dr Lidder could in the future bring the profession into disrepute, breach a fundamental tenet of the profession, or act dishonestly.

16. The May 2025 Tribunal was satisfied that Dr Lidder's conduct had the potential to damage public confidence in the medical profession and undermine proper professional standards and conduct for the members of the profession. The May 2025 Tribunal considered that a member of the public in full knowledge of the facts of the case would be concerned about a doctor, particularly an experienced teaching consultant, acting in the way Dr Lidder did. It was of the view that Dr Lidder's dishonest actions required a finding of

impaired fitness to practise as a matter of public policy and that any other conclusion in the circumstances would not uphold public confidence in the profession. The May 2025 Tribunal also considered that a finding of impaired fitness to practise as a result of Dr Lidder's dishonest actions was required to declare and uphold proper standards of behaviour and to maintain public confidence in the profession. The May 2025 Tribunal determined that Dr Lidder's fitness to practise was impaired by reason of his misconduct.

17. At the sanction stage, the Tribunal received further evidence and re-assessed the risks it had identified at the impairment stage.

18. The May 2025 Tribunal considered that Dr Lidder had taken meaningful steps to remediate his dishonesty since the impairment decision, and that the risk had reduced so that there remained a limited risk of him repeating his dishonesty. However, it considered that there was more work required to demonstrate that Dr Lidder had developed full insight and remediated his misconduct.

19. In the May 2025 Tribunal's view, a six-month suspension was necessary and sufficient to satisfy the need to promote and maintain public confidence and to send out a clear message to the profession that the dishonest conduct was unacceptable. It considered that six months suspension would give Dr Lidder sufficient time to further develop his insight in relation to the dishonesty findings and to continue to take action to remediate. The May 2025 Tribunal was satisfied that a reasonable and well-informed member of the public or the profession would be satisfied that this was a proportionate response to Dr Lidder's dishonest conduct. Accordingly, the May 2025 Tribunal determined to suspend Dr Lidder's registration for a period of six months and directed a review. The May 2025 Tribunal determined it was not necessary to impose an immediate suspension on Dr Lidder's registration.

20. The May 2025 Tribunal suggested that it may assist the reviewing Tribunal if Dr Lidder provided:

- Evidence of any courses and other activities he has undertaken in order to demonstrate remediation of his dishonesty;
- Evidence that he has developed further insight;
- Evidence that he has maintained his clinical knowledge and skills, including any CPD; and
- Any other information that he considers will assist a future Tribunal.

## The Evidence

21. The Tribunal has taken into account all the evidence received, both oral and documentary.
22. Dr Lidder gave oral evidence at the hearing.
23. The Tribunal received documentary evidence which included but was not limited to:
  - Record of Determinations from the May 2025 Tribunal;
  - Various correspondence between Dr Lidder and the GMC;
  - Evidence of Dr Lidder's Continuing Professional Development;
  - Written reflections of Dr Lidder dated 17 September 2025 and 3 December 2025.

## Submissions

24. On behalf of the GMC, Ms Kathryn Hughes, Counsel, submitted that given the evidence provided by Dr Lidder, the GMC is neutral on the matter of impairment.
25. On behalf of Dr Lidder, Ms Fiona Horlick drew the Tribunal's attention to various paragraphs of the original determination where the May 2025 Tribunal had accepted that there was evidence at the substantive hearing that Dr Lidder was already in the early stages of developing insight. She also drew the Tribunal's attention to the mitigating factors which were identified by the May 2025 Tribunal.
26. Ms Horlick submitted that Dr Lidder has undertaken a considerable amount of work since June. She said that, in relation to what Dr Lidder was expected to do in the last few months, he has done that *'in spades'*. She referred the Tribunal to the doctor's reflections and submitted that he has used the time usefully.
27. Ms Horlick stated that Dr Lidder has reflected on what happened and what he has learned from the courses he has undertaken. Ms Horlick said that the reflections are not just focused on him, but very much on what the impact was on Dr A along with the impact his actions may have had on colleagues, the wider profession, patients and the public.
28. Ms Horlick submitted that Dr Lidder takes full responsibility for his conduct. He is open to receiving feedback from colleagues and mentors and has gained a significant amount

of knowledge and self-awareness and now understands the importance of integrity as a doctor.

29. Ms Horlick submitted that Dr Lidder was unfortunately “let go” by George Elliot Hospital as a result of this suspension and therefore has not had the ability to do ongoing CPD through his employment, however, she submitted that there are a large number of documents demonstrating that he has been keeping his knowledge and skills up to date.

### **The Relevant Legal Principles**

30. 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 no longer poses a current and ongoing risk to public protection such that restrictive action is required.

31. This Tribunal must determine whether Dr Lidder’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**

32. The Tribunal reminded itself that the May 2025 Tribunal made no finding of impairment in relation to the homophobic slurs made by Dr Lidder. However, it made a finding of impairment in relation to his dishonest conduct. That Tribunal found that the risk of Dr Lidder repeating his dishonesty was limited, given the remediation and reflection he had undertaken. The May 2025 Tribunal was of the view that Dr Lidder nevertheless needed to do more to demonstrate that he has developed full insight and remediated his misconduct.

33. The Tribunal was satisfied from the evidence before it, that since the substantive hearing, Dr Lidder has engaged with the process of remediation to the best of his ability. Dr Lidder has used the suspension period as an opportunity to engage fully with the process of remediation and to demonstrate that he has addressed the concerns and fulfilled the recommendations made by the May 2025 Tribunal. It was evident that the proceedings and the findings of the May 2025 Tribunal have had a significant impact on Dr Lidder’s life and

career. The Tribunal was satisfied that Dr Lidder has now remediated his misconduct and fully developed his insight into his dishonesty. It reached this conclusion for the following reasons:

34. Dr Lidder produced two written reflections. The Tribunal found that these were detailed, focused and compelling. These were dated 17 September 2025 and 3 December 2025 and demonstrated that Dr Lidder's reflection on his misconduct has been an ongoing and continuous process throughout the entire period of his suspension.

35. In his written reflections, Dr Lidder stated that he now accepts full responsibility for his dishonesty, and recognises that earlier recognition of his misconduct would have benefitted 'everyone involved'.

36. Dr Lidder explained in his oral evidence and written documentation that he has completed a number of courses since his suspension was imposed, many of which were focused on the issues at the heart of his misconduct, namely, probity, ethics and integrity. He provided the certificates to evidence his completion of the courses and his written reflections for each course, setting out what he learnt from the courses, and how they will assist him in ensuring his dishonesty is not repeated going forward.

37. Dr Lidder has also read more widely around the subject of dishonesty, and referred in his written reflections to a number of sources and reports that he has read. In addition, he has undertaken a number of courses on issues allied to his misconduct, such as communication, leadership, and creating/building productive relationships. Dr Lidder has also undertaken further remediation work in relation to the LGBTQ matters which arose during the substantive finding, even though these issues did not form part of the May 2025 Tribunal's finding of impairment. This serves to emphasise his commitment to learning from his mistakes and ensuring they will not be repeated. Dr Lidder has provided evidence to show that he has both reflected upon, and learnt from these courses.

38. Dr Lidder continued to engage with his counsellor, and the Tribunal accepts that he was able during his counselling sessions to engage openly with his counsellor, speak candidly about his situation, and reflect openly on his dishonest actions. He provided a letter from his counsellor dated 25 November 2025, in which the counsellor confirmed that she has had 12 sessions with Dr Lidder since January 2025. Dr Lidder stated in his evidence that he may seek further counselling in future should he require it.



39. Dr Lidder had a mentoring arrangement with a former colleague; however it proved difficult to facilitate further sessions with that colleague. He has instead made alternative arrangements with a new mentor, (also a former colleague), and hopes to be able to meet with this mentor going forward. The Tribunal accepts that a mentoring relationship should serve as a further source of external support for Dr Lidder in future.

40. In his written reflections, Dr Lidder explained that he has put together an action plan to assist him in ensuring he will not repeat his misconduct going forward. This included a commitment to engage in reflective practice, to seek peer feedback, maintain a reflective diary and seek early support in any challenging situation. Dr Lidder explained that he has learned about the Gibbs model of reflective practice, which he has been able to integrate into his daily life. In the Tribunal's view, his use of the Gibbs model demonstrates that he is able to apply the learning he has taken from the courses that he has completed to the situation in which he found himself in March 2021. The action plan he has put together should serve as an effective toolkit to assist him with better decision-making in difficult situations in future.

41. Dr Lidder has expressed remorse and shame for his actions and apologised for them. The Tribunal accepted that his remorse and shame is genuine. Dr Lidder demonstrated in his reflective written work that he has spent a considerable amount of time coming to terms with his dishonest behaviour, its root causes, and the implications of his misconduct on others, in particular, Dr A, to whom he has previously apologised.

42. Dr Lidder has demonstrated in his written reflections an improved awareness of the 'dynamics in professional hierarchies' and acknowledges that his dishonesty was borne out of defensiveness and cognitive distortions. The Tribunal was satisfied that Dr Lidder now understands that his narrow mindset influenced his judgment.

43. Dr Lidder accepts that his behaviour was a significant deviation from the professional standards which the public and the profession expect of Doctors. It is apparent that he now understands that dishonest conduct by a doctor is serious and can erode the trust placed in the profession and damage its reputation. The Tribunal accepted his assertion that he is committed to upholding the highest ethical standards going forward.

44. The Tribunal also considered whether Dr Lidder has kept his professional knowledge and skills up to date during the course of his suspension. It was satisfied that he has done so. He provided certificates from a number of courses he has undertaken covering various

aspects of his clinical practice and provided the Tribunal with brief written summaries of each course to demonstrate his learning and understanding. It is evident from the dates of the courses that these have been undertaken on a continuing basis throughout the period of suspension, rather than in a short period prior to this review hearing. The Tribunal was also mindful that the last Tribunal had raised no patient safety issues in their findings.

45. Overall, having taken account of the evidence before it, the Tribunal was satisfied that Dr Lidder has used the period of his suspension effectively to: cement the learning that he had started in June 2025; remediate his misconduct; develop his insight fully; build a tool kit and support framework to ensure that he will not repeat his misconduct, and keep up to date with clinical practice.

46. The Tribunal concluded, based on the evidence before it, that the limited risk of repetition identified by the May 2025 Tribunal has further reduced, such that there is now no current and ongoing risk to public protection requiring restrictive action in response. The Tribunal therefore concluded that Dr Lidder's fitness to practise is no longer impaired.

47. The Tribunal was mindful however that the May 2025 Tribunal decided, given the seriousness of the dishonesty matters found proved, that a six-month suspension was necessary to ensure that public confidence in the profession was upheld, and that proper professional standards would be maintained. This Tribunal decided that the period of suspension should run its full course, to ensure that those aspects of public protection are maintained, as envisaged by the last Tribunal. The Tribunal decided that the full 6 months of suspension is necessary to send the appropriate signal to the public, to Dr Lidder and the wider profession that dishonesty is a serious breach of expected professional standards and will not be tolerated.

48. When the period of suspension expires, given that Dr Lidder has remediated his misconduct and now has full insight into the seriousness of it, public confidence in the profession would not be undermined, and proper standards of professional conduct will be upheld if he is permitted to return to practise at that time without any restrictive action.

49. Case concluded.