

**PUBLIC RECORD****Dates:** 08/05/2025 - 09/05/2025**Doctor:** Dr Jane HORNSEY**GMC reference number:** 2577474**Primary medical qualification:** MB ChB 1982 University of Leeds

Type of case	Outcome on impairment
Review - Conviction	Not Impaired
XXX	XXX

**Summary of outcome**

Conditions, 12 months.  
Review hearing directed

**Tribunal:**

Legally Qualified Chair	Ms Melissa Coutino
Lay Tribunal Member:	Mr Vince Cullen
Registrant Tribunal Member:	Dr Janet Nicholls
Tribunal Clerk:	Mr Michael Murphy

**Attendance and Representation:**

Doctor:	Present, not represented
GMC Representative:	Ms Sian Jones, 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 Impairment - 09/05/2025

1. This determination will be read in private. However, as this case concerns Dr Hornsey's conviction a redacted version will be published at the close of the hearing.
2. 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 Hornsey's fitness to practise is impaired by reason of XXX a conviction for a criminal offence.

## The Outcome of Applications Made during the Impairment Stage

3. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to proceed in Dr Hornsey's absence. The Tribunal's full decision on the application is included at Annex A.
4. The Tribunal considered the GMC's application, made pursuant to Rule 41 of the Rules, for parts of the hearing that related to XXX to be considered in private. It determined to hear the entirety of the case in private session. The Tribunal's full decision on the application is included at Annex B.

## Background

5. Dr Hornsey qualified in 1982 from the University of Leeds and prior to the events which are the subject of the hearing, she worked as a General Practitioner (GP) until 2009 and then again part time for 10 months in 2016.
6. Dr Hornsey's first hearing took place in October 2020. She admitted, and the 2020 Tribunal found proved, the Allegation in its entirety. This included a conviction, on 9

August 2018, for driving a motor vehicle after consuming an amount of alcohol exceeding the prescribed limit contrary to section 5(1)(a) of the Road Traffic Act 1988 and a sentence of disqualification from holding or obtaining a driving licence for 36 months, a £120.00 fine and pay surcharge to fund victim services of £30.00. XXX.

The 2020 Tribunal

Conviction

7. The 2020 Tribunal considered that Dr Hornsey's actions, by driving whilst intoxicated, were very serious and had put the lives of the public at risk. It acknowledged that, following her conviction, XXX. However, it noted that she had not expressed any apology or remorse for her conviction, and no formal reflective piece had been submitted by her.
8. The 2020 Tribunal considered that although Dr Hornsey had demonstrated some insight into her conviction and the causes of it, this was incomplete and there was some way to go until it would be fully developed. It therefore determined that Dr Hornsey's fitness to practise was impaired by reason of her conviction.

XXX

9. XXX.
10. The 2020 Tribunal concluded that it was appropriate and proportionate to impose conditions on Dr Hornsey's registration for a period of 36 months. It noted that Dr Hornsey XXX had been out of clinical practice for a lengthy period. It considered that this sanction was necessary to meet all three limbs of the overarching objective and to give Dr Hornsey a significant period of support XXX to enable her to resume working safely.
11. Notwithstanding the seriousness of Dr Hornsey's conviction for drink driving, the 2020 Tribunal considered that Dr Hornsey was committed to XXX. It also considered that she would respond positively to refreshing her professional skills and knowledge and making efforts to safely return to clinical practice.

The 2023 Tribunal Review

Conviction

12. The 2023 Tribunal was concerned that Dr Hornsey did not appear to fully understand, or appreciate, the importance of reflection nor how it would benefit her as well as others. It considered that Dr Hornsey did not have a proper regard for the role of her regulator and appeared to regard her conviction as no longer relevant rather than addressing the implications of it. In particular, the 2023 Tribunal noted that Dr Hornsey still appeared to attribute responsibility for her actions to NHS England and did not apologise for the events which led to her conviction.
13. The 2023 Tribunal therefore concluded that Dr Hornsey still lacked proper insight into the impact her conviction may have had on all three limbs of the overarching objective. Accordingly, it was not satisfied that Dr Hornsey had fully remediated or that there was a sufficiently low risk of repetition, demonstrated through proper insight and reflection and that her fitness to practise was no longer impaired. It therefore determined that Dr Hornsey's fitness to practise remained impaired by reason of her conviction.

XXX

14. XXX

15. The Tribunal noted that Dr Hornsey had been out of clinical practice since 2009, save for ten months working on a part time basis in 2016. The Tribunal received no evidence of Dr Hornsey's CPD apart from oral assertions that she had kept her skills and knowledge up to date. Dr Hornsey did not appear to appreciate the importance of providing evidence to the Tribunal to support her assertions and it was concerned that she had not used the opportunity provided by the period of restricted practice since the 2020 Tribunal to demonstrate regular and relevant CPD. The Tribunal was concerned that Dr Hornsey had become de-skilled and she did not appreciate the extent to which her clinical skills would likely have deteriorated over time. It appeared to the 2023 Tribunal that Dr Hornsey had little insight into the clinical challenges which she would face on returning to clinical practice and how this might affect patient care and safety.
16. The 2023 Tribunal was satisfied that public confidence in the medical profession would be significantly undermined, and the public would be extremely concerned, if a finding of impaired fitness to practise were not made. It took into account Dr Hornsey's long absence from clinical practice, the lack of evidence that she had kept her skills and knowledge up to date and her lack of insight regarding these matters. The 2023 Tribunal

therefore determined that a finding of impairment was necessary in respect of all three limbs of the overarching objective. XXX.

17. The 2023 Tribunal was mindful that Dr Hornsey had failed to provide any evidence of reflection about, or insight into, the impact which her conviction may have had concerning all three limbs of the overarching objective. It considered that it would be difficult to formulate conditions that were workable and measurable in relation to her conviction. However, as it was satisfied that Dr Hornsey's conviction was XXX, it concluded that proportionate and appropriate conditions could be formulated that would be sufficient to protect the public or meet the public interest by maintaining professional standards and upholding public confidence in the medical profession.
18. The Tribunal was satisfied that conditions would be appropriate and proportionate in Dr Hornsey's case and that it could formulate conditions that would address the concerns identified. It determined to impose conditions on Dr Hornsey's registration for a period of 12 months to allow her the opportunity to reflect on her conviction and to produce those reflections in writing. It considered that it would assist a future Tribunal for those matters to be addressed together with XXX. It also considered that 12 months would allow Dr Hornsey to complete the GP Returners and Refresher course, observe current GP practice and apply for employment. The 2023 Tribunal stated that these steps would assist a future Tribunal and demonstrate Dr Hornsey's commitment to securing a safe return to clinical practice.
19. The 2023 Tribunal stated that a future Tribunal may be assisted by:
  - A reflective piece to demonstrate her understanding of the impact her conviction had on the public interest and public confidence in the profession including the connection between XXX and how to effectively manage work-based stress;
  - XXX;
  - An organised and structured plan on how Dr Hornsey intends to return to unrestricted practice;
  - Report(s) from her Clinical Supervisor;
  - Organised and structured evidence of CPD;
  - Engagement with any professional bodies;
  - Any relevant testimonials including for example from her Mentor;
  - Any other information that she considers will assist.

## The Evidence

20. The Tribunal has taken into account all the evidence received, both oral and documentary. This included but was not limited to:

- XXX
- XXX
- XXX
- XXX
- XXX
- XXX
- XXX.

21. The Tribunal heard oral evidence on behalf of the GMC from the following witnesses:

- XXX;
- XXX.

22. Dr Hornsey gave oral evidence at the hearing. In this she explained her current family situation, XXX and that she now appreciated that the consequences of her conviction could have been '*horrendous*'. Dr Hornsey hoped she XXX and that direct supervision makes life more difficult for an employer and seems pointless. She stated that she appreciated the seriousness of her actions that led to her conviction and that she had reflected on the potential consequences for others and for herself.

## Submissions

23. On behalf of the GMC, Ms Jones submitted that Dr Hornsey has accepted that her fitness to practise is still impaired. She recognised that updated information has been provided by Dr Hornsey but that there are elements to XXX that are still unaddressed.

24. Ms Jones submitted that the impairment of Dr Hornsey's fitness to practise has increased from the last hearing.

25. Dr Hornsey conceded that her fitness to practise remains impaired.

## The Relevant Legal Principles

26. 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 she would be safe to return to unrestricted practise.
27. This Tribunal must determine whether Dr Hornsey's fitness to practise is impaired today, taking into account her 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

#### Conviction

28. In its deliberations, the Tribunal noted Dr Hornsey's assertion that she would never drink and drive again. It was satisfied, based on her oral evidence, that she did appreciate the seriousness of her actions and that she had considered the potential consequences for others and for herself as they could have been fatal.
29. This Tribunal has therefore determined that Dr Hornsey's fitness to practise is not impaired by reason of a conviction.

XXX

ANNEX A – 08/05/2025

**Determination on service and proceeding in the doctor's absence**

30. Dr Hornsey was neither present nor represented initially at these proceedings. The Tribunal considered whether notice of this hearing was properly served upon Dr Hornsey in accordance with Rules 15 and 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended)(the Rules) and Schedule 4, Paragraph 8 of the Medical Act 1983 (as amended). In so doing, the Tribunal has taken into account all the information placed before it, together with Ms Jones' submissions on behalf of the General Medical Council (GMC).
31. The Tribunal has been provided with a service bundle, containing a copy of the GMC Information Letter, dated 1 April 2025, which was emailed to Dr Hornsey. The GMC Information Letter was also sent via post to Dr Hornsey's registered address on 10 April 2024. The Tribunal has taken account of the note recording delivery of this which is dated 11 April 2025. The service bundle also contained a copy of the Notice of Hearing, dated 1 April 2025, which was posted to Dr Hornsey's registered address. The Tribunal has taken account of the note recording delivery of this which is dated 4 April 2025.
32. Having considered all the information, the Tribunal was satisfied that notice of this hearing had been properly served upon Dr Hornsey.
33. The Tribunal went on to consider whether to proceed with the case in Dr Hornsey's absence in accordance with Rule 31 of the Rules. In doing so, it has taken account of the advice of the LQC who referred it to the judgment in the case of *R v Jones [2003] 1AC1*. She advised that the Tribunal has a discretion to proceed with the case in the doctor's absence, though this discretion is to be exercised with caution with the overall fairness of the proceedings in mind. The LQC advised that the Tribunal should have regard to all the circumstances including the following:
- The nature and circumstances of the doctor's behaviour in absenting herself, in particular, whether the behaviour was voluntary and therefore waived the right to be present;
  - Whether an adjournment would resolve the matter;
  - The likely length of any such adjournment;

- The extent of any disadvantage to the doctor in not being able to present her account of events;
- The public interest that a hearing should take place within a reasonable time;
- The effect of any delay on the memories of witnesses.

34. The Tribunal bore in mind that its discretion to proceed in the practitioner's absence must be exercised with caution and with regard to the overall fairness of the proceedings. It has balanced the interests of the practitioner, including fairness to her, against the public interest, including the need to protect patients.

35. The Tribunal has been provided with an email from Dr Hornsey, dated 30 April 2025, in which she stated:

*'I do wish to attend the hearing but I have a pre-existing commitment for the morning of 8th May. I suggest either that we start at 13.00 ; or that you use the morning to do all the administrative stuff. As it is all recorded and witnessed I am happy that I shall not be actually present for this'*

36. The Tribunal was also provided with an email from Dr Hornsey, dated 6 May 2025, in which she stated:

*'No, I do not have any questions for XXX, However my recollection is that I have not had any contact with him for about a year. Could you confirm this from your records? No, I am unable to dial in but agree to the hearing progressing in my absence. I am not 'content', the word implying a degree of passive pleasure, but I do not object.'*

37. On the basis of the information provided the Tribunal was satisfied that Dr Hornsey voluntarily waived her right to be present and represented at this hearing until 13:00 and that she is aware that the hearing can proceed in her absence. The Tribunal has noted that Dr Hornsey cannot attend the hearing until 13:00 today and considered that she had not objected to the hearing proceeding in her absence.

38. Given that Dr Hornsey had confirmed that she had no questions for XXX, the Tribunal saw no reason not to proceed with his evidence in her absence.

39. The Tribunal has therefore determined that it is in the public interest to exercise its discretion and proceed with the case in Dr Hornsey's absence, by hearing witness evidence, until she can join at 13:00 as stated.

ANNEX B – 08/05/2025

**Application for parts of the hearing to be held in private**

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

41. On behalf of the GMC, Ms Jones made pursuant to Rule 41 of the Rules, for parts of the hearing XXX to be considered in private. XXX.

The Tribunal's decision

42. The Tribunal had regard to Rule 41 which states:

*'(1) Subject to paragraphs (2) to (6) below, hearings before the Committee and a Medical Practitioners Tribunal shall be held in public.*

*(2) The Committee or Medical Practitioners Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where they consider that the particular circumstances of the case outweigh the public interest in holding the hearing in public.*

XXX'

43. XXX

44. In these circumstances the Tribunal determined to hear the entirety of proceedings in private session.