

**PUBLIC RECORD****Dates:** 12/05/2025 - 15/05/2025

**Doctor:** Dr Aftab GILL

**GMC reference number:** 4499826

**Primary medical qualification:** LRCS 1998 Royal College of Surgeons of  
Edinburgh

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Impaired

**Summary of outcome**  
Suspension, 4 months.

**Tribunal:**

Legally Qualified Chair	Mr Angus Macpherson
Lay Tribunal Member:	Ms Catherine Pease
Registrant Tribunal Member:	Dr Wasim Qayum

  

Tribunal Clerk:	Mr Matt O'Reilly
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**Attendance and Representation:**

Doctor:	Present, represented
Doctor's Representative:	Mr Christopher Geering, Counsel, instructed by Medical Protection
GMC Representative:	Mr Adam Lodge, 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 - 14/05/2025

#### Background

1. Dr Gill studied for his (MBChB) at the University of Bristol and obtained his GMC registration via United Examining Board Licentiate Exams in 1998. Dr Gill obtained his Membership of the Royal Colleges of Physicians (UK) in 2004. He commenced his role as a Consultant Cardiologist at the University Hospitals of Derby and Burton NHS Trust ('the Trust'), on 1 October 2012.
2. Dr Gill had a licence to practise from 16 November 2009. On 25 June 2023 a decision was made by an Assistant Registrar at the GMC to withdraw Dr Gill's licence to practise due to non-engagement in the appraisal processes. His licence was subsequently revoked on 3 August 2023. Dr Gill made an application to have his licence restored on 10 August 2023. Dr Gill's licence to practise was restored on 6 September 2023 and email confirmation of this was sent to Dr Gill from the GMC on 6 September 2023.
3. The circumstances which have led to the Allegation were that Dr Gill had told his Trust that his licence to practise "*was sorted*" on 31 August 2023 and that it had been restored 1 September 2023 and that the GMC were having "some IT problem" which prevented the medical register reflecting his licence holder status. It is alleged that Dr Gill undertook shifts at the Trust on 1 September 2023, 4 September 2023 and 5 September 2023 when he knew that he did not have a licence to practise. During this period the Trust requested that Dr Gill provide evidence that he had a licence to practise as that status was not reflected on the medical register.

4. It is alleged that on 7 September 2023, Dr Gill sent a falsified version of the confirmation he had received from the GMC on 6 September 2023 to the Medical Director's Manager at the Trust and to the Deputy General Manager of Cardiology at the Trust. In that falsified version, it is alleged that he changed the date of the notification of the restoration of his licence to 31 August 2023, and that it purported his licence to practise had been restored from 1 September 2023.

5. On 7 September 2023, an individual from Medical Staffing at the Trust contacted the GMC contact centre and made an enquiry regarding Dr Gill's registration; the individual was informed that Dr Gill's licence had been restored from 6 September 2023. The individual from the Trust stated that Dr Gill had said that his licence to practise had been restored the week prior on 1 September 2023, but that the GMC could not upload to the List of Registered Medical Practitioners due to technical issues. The member of staff at the GMC Contact Centre advised that this was not something that they were aware of.

6. On 8 September 2023, the GMC received an email from Ms A, Medical Director's Office Manager at the Trust, querying whether the GMC held inaccurate records regarding Dr Gill's registration and license to practise dates. She attached to her email, an email from Dr Gill dated 7 September 2023 which appeared to have copied upon it an email from the GMC purporting to have been sent to Dr Gill, stating that his licence restoration date was 1 September 2023. She indicated in her email however that the medical register stated that restoration was granted on 6 September 2023. Ms A asked the GMC to make the necessary amendments to its records, as Dr Gill had returned to clinical practice on 1 September 2023. The GMC confirmed however that Dr Gill's registration was restored on 6 September 2023.

7. The Trust undertook an internal investigation, and no further action was taken against Dr Gill. The matter was however subsequently referred to the GMC by the Trust.

### The Allegation and the Doctor's Response

8. The Allegation made against Dr Gill is as follows:

1. On one or more occasion as set out in Schedule 1 ('the Shifts'), you worked at the University Hospitals of Derby and Burton NHS Foundation Trust ('the Trust') without a licence to practise. **Admitted and found proved**

2. Prior to carrying out the Shifts, you purported to the Trust that you had a license to practise, or words to that effect. **Admitted and found proved**

3. You knew that you did not have a license to practise when you worked the Shifts and when you spoke to the Trust as you had called the General Medical Council ('GMC') to request an update regarding your license to practise application on:

a. 31 August 2023; **Admitted and found proved**

b. 4 September 2023. **Admitted and found proved**

4. On 7 September 2023 you forwarded an email as set out in Schedule 2 ('the Email'), purportedly received from the GMC's Registration Services on 31 August 2023, to the persons described in Schedule 3.

**Admitted and found proved**

5. You knew that the email correspondence you had received from GMC Registration Services:

a. was sent to you on 6 September 2023;

**Admitted and found proved**

b. contained the contents as set out in Schedule 4.

**Admitted and found proved**

6. You amended the email correspondence from GMC Registration Services before sending this on to the persons described in Schedule 3 on 7 September 2023 so that the Email stated:

a. this had been sent to you on 31 August 2023 instead of 6 September 2023; **Admitted and found proved**

b. your license to practise would be valid from 1 September 2023 instead of 6 September 2023; **Admitted and found proved**

c. your new status on the medical register would be visible within the next few days instead of from 6 September 2023.

**Admitted and found proved**

7. Your action set out at paragraph:

- a. 1 was dishonest by reason of paragraph 3;  
**Admitted and found proved**
- b. 2 was dishonest by reason of paragraph 3;  
**Admitted and found proved**
- c. 4 was dishonest by reason of paragraphs 5 and 6.  
**Admitted and found proved**

8. Your actions set out at paragraph 6 were intended to cover up your actions set out at paragraphs 1 and 2. **Admitted and found proved**

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

9. At the outset of these proceedings, through his Counsel, Mr Christopher Geering, Dr Gill made admissions to the entirety of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

### **Impairment**

10. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Gill's fitness to practise is impaired by reason of misconduct.

### **Witness Evidence**

11. The Tribunal had before it witness statements from the following witnesses who were not called to give evidence by the GMC:

- Mr B, Head of Licensing and Revalidation, Revalidation Team with the GMC, dated 18 December 2023, and a supplemental witness statement from Mr B, dated 29 May 2024;
- Ms A, Medical Director's Office Manager at University Hospitals of Derby and Burton NHS Foundation Trust, dated 23 February 2024;
- Dr C, Accident and Emergency ('A&E') Consultant at Burton NHS Foundation Trust, dated 3 April 2024;

- Mr D, Deputy General Manager of Cardiology at the University Hospitals of Derby and Burton NHS Foundation Trust, dated 27 November 2024.

12. Dr Gill provided a witness statement, dated 2 May 2025, and a supplemental witness statement, dated 9 May 2025. He also provided oral evidence during proceedings.

13. Dr Gill also called oral evidence via Microsoft Teams from the following colleagues who had provided written testimonial evidence.

### Testimonial evidence

- Mr D. His written testimonial evidence was dated 16 April 2025 and 8 May 2025;
- Dr E, Consultant Cardiologist at the Trust. His written testimonial evidence was dated 24 April 2025 and 8 May 2025;
- Dr F, Consultant Cardiologist at the Trust. His written testimonial evidence was dated 24 April 2025.

### Documentary Evidence

14. The Tribunal had regard to the documentary evidence provided. This evidence included but was not limited to:

#### *On behalf of the GMC*

- Various internal emails within the Trust as to Dr Gill's return to work and registration status;
- Various emails between the Trust and the GMC Registration and Revalidation Team regarding Dr Gill's registration status;
- Text message between Mr D and Dr Gill regarding Dr Gill's registration status, dated 31 August 2023 and 1 September 2023;
- Evidence of calls inbound from Dr Gill to GMC's Contact Centre querying the status of his licence restoration, dated 31 August 2023, 4 September 2023 and 5 September 2023;
- Email from GMC to Dr Gill confirming licence to practise restored from 6 September 2023, dated 6 September 2023;
- Email from Ms A to GMC querying status of Dr Gill's registration on Medical Register, dated 6 September 2023;
- Screenshot confirming date and time Dr Gill's licence to practise reinstatement email was sent 6 September 2023;

- Call inbound from Trust's Medical Staffing Officer to GMC's Contact Centre regarding status of Dr Gill's registration, dated 7 September 2023;
- Email from Dr Gill to Mr D and Ms A forwarding an email which stated his application for a licence to practise was approved and he will hold a licence from 1 September 2023, dated 7 September 2023;
- Email chain between Trust's strategic management team noting Dr Gill was not reinstated from 1 September 2023 and discussing next steps, dated between 7 September 2023 and 8 September 2023;
- Email from Ms A to GMC querying the medical register as it did not reflect the information given to Trust by Dr Gill, dated 8 September 2023;

*On behalf of Dr Gill:*

- CV of Dr Gill, undated;
- Patient Feedback, between 1 April 2023 to 9 April 2025;
- Colleague Feedback, between 8 April 2025 to 30 April 2025;
- Testimonial evidence:
  - Dr O, dated 2 May 2025;
  - Mr H, dated 6 May 2025;
  - Dr I, dated 8 May 2025;
  - Ms J, dated 9 May 2025;
  - Dr K, dated 9 May 2025;
  - Mr L, dated 12 May 2025;
  - Ms M, dated 12 May 2025.

All of the testimonials were from colleagues of Dr Gill at the Trust, save that of his wife.

- Continuous Professional Development ('CPD') certificates:
  - Reflection, Insights and Remediation for Doctors and Nurses, undated;
  - An Introduction to Law and Ethics, dated 28 June 2024;
  - Reflective Learning for Medical Professionals, dated 29 August 2024;
  - Module on Insight, Probity and Ethics, dated 1 September 2024;
  - Module on Reflection, Probity and Ethics, dated 7 September 2024;
  - Module on Remediation, Probity and Ethics, dated 9 September 2024;
  - How to ensure a similar mistake or misconduct will not be repeated in the future, Probity and Ethics, dated 14 September 2024;
  - Letter from Mr N, Centre for Remedial Ethics, dated 28 February 2025;
  - Medical Ethics (Mr N, Centre for Remedial Ethics), dated 28 February 2025;
  - Building Resilience and Avoiding Burnout – Revision Webcast, dated April 2025;
- Appraisal documents, 2022-2023 and 2023-2024.

- CPD Diary, 2022 to 2023 and 2023 to 2024.

### Dr Gill's oral evidence

15. Dr Gill told the Tribunal about his personal and financial circumstances around September 2023, and the impact those matters had on him in the lead up to the events being considered before this Tribunal. He said that he was very invested in his role, that he really enjoyed his job and that his motivation for doing his job was not financial benefit. Dr Gill said that when reflecting on the circumstances leading up to these events, he recognised that his work / life balance was not good; his wife had told him that it felt as though he was running the whole hospital by himself given the amount of time he spent there. Dr Gill told the Tribunal about the stresses and pressures on the Cardiology Department at that time given the low staffing numbers. He said that he felt guilty on account of his not having engaged in his appraisal, and in consequence having lost his licence to practise, and because of the impact that had and was continuing to have on the Cardiology Department; he was not able to work, and his colleagues had to cover for him.

16. Mr Geering asked Dr Gill why doctors have a licence, he said that it was something that is taken for granted but that it was required to enable the public to trust that the doctor is competent and qualified, working for safest and best outcomes for their patients. He accepted that patients would be horrified, shocked and would not want him anywhere near them were they to learn that he was practising without a licence. Dr Gill also accepted that there would be a huge negative impact on the Trust and the reputation of his colleague consulting cardiologists if there were someone working with them who did not have a licence to practise. He said that, had he been on the opposite end of that, he would have made sure that a doctor in the situation would stay away until they had their licence to practise restored. He recognised that patients need to trust doctors and what doctors say and advise so that they can be treated appropriately. Dr Gill said that if trust were lost, the *house of cards* could quite easily collapse. Dr Gill said that he recognised that his actions would have a negative impact on patients and the public at large.

17. Dr Gill told the Tribunal about the remediation he had undertaken and in particular the one-to-one full day session with Dr N in which Dr Gill had micro dissected his actions, his explanations and the reality of his behaviours. He had lied and was dishonest. Dr Gill said that his actions were completely wrong, dishonest and that should not reflect someone in the medical profession.

18. Dr Gill said that he had undertaken roughly about five hours a week of reading and doing courses on top of his workload to remediate. Dr Gill referred to his initial witness



statement to the GMC, where he corrected an earlier description of his actions (in his March 2024 Appraisal) as an '*error of judgement*'; he fully recognises and understands that that description in no way reflects the seriousness of his actions. Dr Gill said that regardless of the pressures and stresses, he was doing a busy job which he enjoyed. He accepted that he invested too much in work in his department. He said that he did not believe these events occurred because he was burnt out, rather that it came about on account of his concern about the negative impact on the department and on patients which his absence was causing. This was the matter which was responsible for the pressure which he placed on himself.

19. Dr Gill said, that since these events, he has sought to make changes to address his work / life balance by reducing his working hours, spending more time at home with his family. He said that he does not now have the same emotional viewpoint for the department; he has recognised the need to redress the balance to make things better, not just for himself, but in the long term for his patients and colleagues. He said that he was now aware of the warning signs when matters become a bit too much. Dr Gill said that he has worked for the same Trust in the same role since these events and that there have not been any further concerns since. He said that he had an enhanced appreciation of the ethics of the profession now.

20. Mr Geering put it to Dr Gill that doctors who act in a dishonest manner may well forfeit their rights to work in the medical profession and asked him what his response to this was. Dr Gill said that he completely agreed. He said that there was a reason why there is licencing registration in this country, and that he wanted his patients to know they were being treated by someone who is registered, trained and has the knowledge and abilities required. He said that if he were not allowed to work as a doctor again, it would have a significant impact on his life on multiple levels and that being a doctor was something that he genuinely loved.

21. Mr Lodge put it to Dr Gill that it was on 3 August 2023 when he was informed that his licence had been withdrawn. Dr Gill explained that he was away in Saudi Arabia at the time and did not find out until he returned to this country on 10 August 2023. Thereupon, he applied to have his licence reinstated. He said that process included having to prepare paperwork and completing his appraisals. He said that there was an element of pressure and guilt waiting for his licence to be reinstated because of the impact on his colleagues in the department.

22. Dr Gill acknowledged that he knew he did not have a licence to practise on 1 September 2023, that he should not have been practising, and when he looks back, he

repeatedly asks himself why he lied to his Deputy General Manager. He said that he rang the GMC multiple times around that period for an update and that the last conversation he had with the GMC was that they had received everything they needed and hoped that his licence should be reinstated soon and that they would tell him when. He said he managed to convince himself that his licence would be restored by the end of the week (Friday 1 September 2023). He accepted that he should not have returned to work without a licence.

23. Mr Lodge asked Dr Gill as to whether at that time he had professional indemnity insurance, he confirmed that he had. He was asked whether he gave any thought as to the status of that policy when he was working when he did not have a licence. Dr Gill said that he did not think about it at that time until afterwards. In response to a question from the Legally Qualified Chair, Dr Gill confirmed that following these events he was allowed to continue in his role with the Trust and has continued in that role and that remained the position as of today.

#### Submissions on behalf of the GMC

24. Mr Lodge referred the Tribunal to the relevant legal principles when considering misconduct and impairment and said that it was a matter for the Tribunal's judgment and reminded the Tribunal that this case involved allegations of dishonesty. Mr Lodge submitted that the need to uphold proper professional standards and to uphold public confidence would require a finding of impairment.

25. Mr Lodge referred the Tribunal to the case of *Remedy UK v the GMC* [2010] EWHC 1245 (Admin) where it was stated:

*“Misconduct was of two principal kinds: First, it may involve sufficiently serious misconduct in the exercise of professional practice such that it could properly be described as misconduct going to fitness to practise. Second, it could involve conduct of a morally culpable or otherwise disgraceful kind which may, and often would, occur outside the course of professional practice itself, but which brought disgrace upon the doctor and thereby prejudiced the reputation of the profession ...”*

26. Mr Lodge submitted that Dr Gill's actions must fall within that definition, notwithstanding his motivation, Dr Gill lied to his colleague, Mr D, both verbally and in quite a detailed text message about his ability to return to work. Mr Lodge submitted that when the date upon which Dr Gill returned to work was queried in light of his register entry, he did not admit his wrongdoing, rather he did the opposite and “*doubled down*” on his dishonesty. Mr Lodge submitted that the doctoring of the email demonstrated some small level of

sophistication by Dr Gill and a determination to mislead his employers as dates and wording were changed, designed to explain why the medical register was not showing him on that day as having a licence. Mr Lodge submitted that it was only a month later when confronted with the evidence of his misdeeds that Dr Gill admitted his wrongdoing.

27. Mr Lodge submitted that Dr Gill's actions breached paragraphs 65 and 71 of Good Medical Practice (2013) ('GMP'):

*"65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession."*

*"71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading."*

28. Mr Lodge submitted that Dr Gill's conduct in this regard was all the more serious due to the repeated nature of his lies. He said that it was perhaps also a serious matter as Dr Gill's behaviour served to undermine the level of trust placed in doctors by their employers and colleagues. He submitted that the Tribunal may have no trouble concluding, particularly in light of concessions made by Dr Gill, that his dishonest conduct did amount to serious misconduct.

29. When considering impairment, Mr Lodge submitted that limbs b, c and d of the question posed by Dame Janet Smith in the 5th Shipman Report which were adopted in the case of *CHRE v NMC and Grant [2011] EWHC 927*, were engaged:

*"Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*

*...*

*(b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

*(c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

*(d) has in the past acted dishonestly and/or is liable to act dishonestly in the future."*

30. Mr Lodge submitted that the Tribunal may consider that the nature of the dishonest conduct in this case was not misconduct which is easily remediable, even where the doctor has insight and has taken steps to remediate. He said that the admitted dishonest conduct represented a breach of one of the fundamental tenets of the medical profession.

31. Mr Lodge therefore invited the Tribunal to consider that Dr Gill's fitness to practice is currently impaired on public interest grounds, particularly the need to promote and maintain public confidence in the profession and to promote and maintain proper professional standards.

### Submissions on behalf of Dr Gill

32. Mr Geering conceded, and submitted that it was right and proper, that there should be findings of misconduct and impairment of fitness to practise in this case. Nevertheless, he invited the Tribunal to find that Dr Gill was someone who has shown remorse, has reflected, shown insight, was not someone who presented a risk of repetition, or was a danger to the public. Notwithstanding those matters, Mr Geering acknowledged that a finding of impairment remained necessary to maintain confidence in the profession and to declare and uphold proper standards.

33. Mr Geering submitted that when dealing with the risk of repetition, the consideration of insight was a cornerstone. He said that insight could be demonstrated in a number of ways, and that there was tangible evidence of insight when a practitioner makes full admissions without qualification or equivocation, as has happened in this case. Mr Geering said that, as the Tribunal heard, Dr Gill apologised to Mr D for his actions prior to these proceedings. Mr Geering reminded the Tribunal of the testimonial evidence of Dr E in which he said that he had asked Dr Gill whether his actions were because the department was under enormous pressure at the time, and that Dr Gill said "*no, I'm responsible*". Mr Geering said that Dr Gill made it clear that he was responsible for his actions and no one else was to blame. Mr Geering said that Dr Gill has appropriately demonstrated an understanding that what he did was wrong from a relatively early stage, that he demonstrated insight in his approach to the regulatory process through cooperation and engagement, and accepted the seriousness of what he did. Mr Geering submitted that Dr Gill was not seeking to pass the buck, minimize or downplay his actions, and, as Dr Gill explained in oral evidence, he was wrong to describe this as an *error of judgement*, rather that these actions were extremely serious.

34. Mr Geering submitted that Dr Gill talked at some length in his evidence as to the implications this sort of conduct may have upon the reputation of the profession, upon the trust upon colleagues and the fact that trust was itself a cornerstone of the patient / doctor relationship. He said that Dr Gill did not speak in general terms, but in specifics about what it meant as a doctor to have that trust in place and the way in which his actions have undermined that principle. He said that this was cogent evidence of someone who was engaging with the seriousness of what has happened, taken responsibility for it and accepted there must be a regulatory response to his actions.

35. Mr Geering referred the Tribunal to Dr Gill's reflections, the remediation work he has done since these event, the courses completed, the reading undertaken and the session he had with Dr N. He said that this was all tangible evidence of somebody who was engaging with the process of remediation, taking it seriously and had devoted considerable time to it, notwithstanding his full professional responsibilities. Mr Geering said that Dr Gill has been a practitioner with almost 30 years of experience. He said there was not one breath of evidence Dr Gill ever acted other than as a responsible, ethical and honest practitioner, and yet he acted in the manner admitted in this case of serious dishonesty. Based on the testimonial evidence of his colleagues, he said that this was something entirely out of character.

36. Mr Geering submitted that it was clear that Dr Gill was not driven to this act by any sort of financial motive or for personal gain, rather that his motivation was on supporting the hospital department. He told the Tribunal about Dr Gill's personal circumstances at the time of these events, including bereavement XXX. Mr Geering said that Dr Gill had poured all his energies into supporting the hospital department for 10 years, that he had been working well above his hours without remuneration and was in essence working one and a half jobs. He said that Dr Gill had exhibited behaviour which went well beyond some sort of commendable virtue and became something unhealthy whereby he could not step back. He said that Dr Gill was focussed upon getting his licence back, that he was on the sidelines at a critical time, that he knew his colleagues were under acute pressure. He said Dr Gill was fixated upon the fact this was a consequence of his own actions and that appointments would have to be cancelled, and patients would have to be diverted to another trust. He submitted that Dr Gill had acted with breathtaking stupidity in returning to work on 1 September 2023 when he did not have a licence, that he has gained nothing by putting his registration on the line and stood to lose everything. Mr Geering submitted that Dr Gill has had diametrically the opposite effect in that he has undermined public confidence, undermined trust, injured his colleagues and potentially invalidated his insurance. He said that Dr Gill has compounded his actions by a serious act of deception, that he panicked when asked for evidence of a restored licence, sent that e-mail and thereby made things far worse for himself.

37. Mr Geering submitted that Dr Gill has readdressed the balance of his life, dealt with feelings of obsession and guilt which underpinned his actions, dealt with the fact his department ultimately must be able to function without him, he has cut down his hours and can no longer have his whole life focused upon this department. Mr Geering said that insight was a factor when considering the risk of repetition. He submitted that the Tribunal should take into account Dr Gill's career as a whole in order to gauge whether or not he would ever act in such a manner again. He said that Dr Gill had not repeated his dishonesty when working in the same trust in the same department. Mr Geering said that Dr Gill has worked alongside the very colleagues who he injured and that their references all talk uniformly of someone who is a highly capable clinician, an excellent team player, somebody who steps up, who has integrity, has honesty, who works well under pressure, is kind, and who deals and explains complex issues to patients with clarity and passion.

38. Mr Geering submitted that it was right to say that the burden of a regulatory investigation has underlined the importance of ethics, the importance of the reputation of the profession and of professionalism. He said that Dr Gill has been living with the *Sword of Damocles* over his head for years, and that this was a powerful tool for driving home ethical principles and that he would never put his career, his profession, his life in jeopardy a second time if he is able, at any stage, to continue practise. He said the impact of these events were felt by him and by his family. Mr Geering invited the Tribunal to consider that there was no risk of repetition in light of Dr Gill's insight. He said that that this experience has had a salutary impact upon Dr Gill. He said that the public interest requires a finding of impairment to make it clear to the profession that this sort of conduct will not go unnoticed. Mr Geering submitted that Dr Gill was an insightful and remorseful doctor who presented no risk of recurrence and invited the Tribunal to make a finding of no impairment in respect of public safety.

### The Relevant Legal Principles

39. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof, and the decision of impairment is a matter for the Tribunal's judgement alone.

40. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct and whether the misconduct, if found, was serious and then whether any such misconduct found should lead to a finding of impairment.

41. The Tribunal must determine whether Dr Gill's fitness to practise is impaired today, taking into account Dr Gill's conduct at the time of the events, the context of that misconduct and any relevant subsequent matters including whether the misconduct found is remediable, whether it has been remedied and the likelihood of repetition. It should also have regard to the public interest in upholding the reputation of the profession and declaring and upholding standards of conduct for members of the profession.

42. The Tribunal had regard to the legal principle as set out in the case of *Roylance v GMC (no2) (2000) 1 AC 311* in which 'misconduct' was defined as a 'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. It also had regard to the case of *Nandi v GMC [2004] EWHC 2317 (Admin)*, wherein it was said that serious misconduct is sometimes described as misconduct which would be considered deplorable by fellow practitioners. The Tribunal also bore in mind the legal principle as set out in *Remedy v GMC [2010] EWHC 1245 (Admin)* in which Elias J. as he then was, stated:

*"(1) Misconduct is of two principal kinds. First, it may involve sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise. Second, it can involve conduct of a morally culpable or otherwise disgraceful kind which may, and often will, occur outwith the course of professional practice itself, but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession.*

*(2) Conduct falls into the second limb if it is dishonourable or disgraceful or attracts some kind of opprobrium; that fact may be sufficient to bring the profession of medicine into disrepute. It matters not whether such conduct is directly related to the exercise of professional skills."*

43. The Tribunal had regard to paragraph 76 of the judgment in the case of *CHRE v NMC & Paula Grant [2011] EWHC 927 (Admin)*, in which Mrs Justice Cox set out the helpful and comprehensive approach of Dame Janet Smith in her fifth Shipman Report to determining issues of impairment:

*'Do our findings of fact in respect of the doctor's misconduct...show that his/her fitness to practise is impaired in the sense that s/he:*

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or...*
- d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

44. The Tribunal considered whether Dr Gill's conduct was capable of being remediated, has been remediated, and whether it was likely to be repeated. In so doing, it considered whether there was evidence of Dr Gill's insight into his conduct and any steps taken by him to remediate it.

45. The Tribunal was mindful that dishonesty has been described as difficult to remediate.

46. The Tribunal reminded itself of the need to take into account the overarching objective which is to protect the public and which includes to:

- a protect and promote the health, safety and wellbeing of the public;
- b promote and maintain public confidence in the medical profession;
- c promote and maintain proper professional standards and conduct for the members of the profession.

## The Tribunal's Determination on Impairment

### Misconduct

47. In reaching its decision on misconduct, the Tribunal noted the submissions made by Mr Lodge and Mr Geering. The Tribunal bore in mind that misconduct and impairment were conceded by Mr Geering on behalf of Dr Gill. It was however a matter for the Tribunal exercising its own independent judgment.

48. In determining whether or not Dr Gill's conduct amounted to misconduct, the Tribunal reminded itself of the specific circumstances of this case. On 31 August 2023, Mr D



sent Dr Gill a text message in which he enquired as to whether there had been any news on the doctors return to work. Dr Gill responded:

*“...I was told verbally ‘all sorted’ but they’ve not updated online. I’ve been told to call back around 4pm today to chase.”*

...

*“The person I spoke to on(sic) Tuesday was going to mail me confirmation but not received anything there either...”*

49. On 1 September Dr Gill sent a further Whatsapp to Mr D in which he said:

*“OK, panic over, have an email confirming Licence to practice restored. Get the impression some IT problem & may take another 48 hours to update online.”*

50. Dr Gill then returned to work on 1 September 2023. Dr Gill received an email from the GMC on 6 September 2023 stated:

*“Thank you for your application for a licence to practise.*

*This has been approved and from 06/09/2023 you will hold a licence.”*

51. Having been chased up by the Trust for evidence that his licence had been restored as the medical register was not showing that it had, Dr Gill forwarded this email onto Ms A and Mr D, but had amended the date on which it appeared to have been sent, from 6 September 2023, to 31 August 2023. Dr Gill also changed the date from when his licence to practise had been restored, from 6 September 2023, to 1 September 2023. It now stated:

*“Thank you for your application for a licence to practise.*

*This has been approved and from 01/09/2023 you will hold a licence.”*

52. Dr Gill was dishonest about the fact that he had a licence to practise, returned to work and undertook shifts on 1 September 2023, 4 September 2023 and 5 September 2023, when he knew he did not have a licence to practise. When further enquiries were made by the Trust and Dr Gill was pressed further for evidence that he had his licence to practise, falsified the email from the GMC in order to cover up his dishonest actions, and the means by which he tried to cover up, were dishonest in and of themselves.

53. The Tribunal was satisfied that Dr Gill had breached paragraphs 65, 66, 68 and 71 of GMP, and that these were engaged in this case:

*“65. You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession.*

66. *You must always be honest about your experience, qualifications and current role.”*

“68. *You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.”*

“71. *You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.”*

54. Dr Gill was practising without a licence, he did this on the assumption that he would have his licence restored, although there was no evidence before this Tribunal that there was any guarantee that it would be restored. In the event, of course, it was restored in short order. He was dishonest towards colleagues at the Trust and then, in an attempt to cover up his dishonesty, he falsified the dates on an email from his regulator. The Tribunal considered that there was a sequence of dishonesty exhibited by Dr Gill albeit all related to one matter, his returning to work as a doctor when he did not have a licence to practise.

55. The Tribunal accepted the contention that there was no financial motivation or personal gain for Dr Gill and that the reason he took the course of action that he did, was to support his department at the hospital because he felt guilt and responsibility for the pressures to which they were subjected. He also had a belief that his licence would be restored imminently.

56. The Tribunal was however satisfied that for a doctor to have lied to his employer; undertaken shifts at the hospital when he knew he did not have a licence to practise; and then taken further dishonest action to cover up his dishonesty by falsifying notification from his regulator and sending it to his Trust; would be considered deplorable by fellow medical practitioners.

57. The Tribunal determined that Dr Gill’s actions did amount to serious misconduct.

### Impairment

58. Having found that the facts found proved amounted to misconduct, the Tribunal went on to consider whether Dr Gill’s fitness to practise is currently impaired as a result of that misconduct.

59. The Tribunal first considered whether Dr Gill's misconduct was remediable, had been remedied and whether there was a risk of repetition.

60. The Tribunal bore in mind that dishonesty is difficult to remediate. In determining whether Dr Gill has remediated his misconduct, the Tribunal considered the subjective state of Dr Gill's actual knowledge or belief as to the facts at the time, his insight and understanding of his actions, and whether he knew then how serious his actions were. It balanced them with his current understanding of the nature of his actions at that time and his current attitude and beliefs concerning these matters.

61. In an email sent from Dr C, Deputy Medical Director at the Trust, to Dr Gill, dated 17 October 2023, she stated:

*"Thank you for meeting me yesterday and for being so candid.*

*You told me you knew you had done wrong and you were sorry for your actions and your motivation had been a desire to help out your colleagues during a difficult operational time. I offered support during this difficult time and checked with you if you needed any reduction in your working time...."*

62. In his 2023-2024 Appraisal, Dr Gill described these events in the following terms:

*"There was a delay in submitting my appraisal last year which subsequently lead to an error of judgment on my part..."*

63. The Tribunal considered that at that time, as Dr Gill expressed his view of his behaviour as an error of judgement, he did not then appreciate how serious his actions were. That may have been because the Trust took no steps to discipline Dr Gill for his actions.

64. In his witness statement for these proceedings, dated 2 May 2025, Dr Gill's viewpoint changed. He stated:

*"35. Initially, acknowledging the full extent of the seriousness of my conduct was challenging. I labelled this an 'error of judgement'. I now find this label extremely inadequate and insulting. It was much greater than a simple 'error'. However, engaging deeply with structured reflection and feedback made clear that real growth requires more than remorse - it demands insight into the underlying causes of misconduct, and proactive strategies to prevent recurrence. I also came to understand that professionalism requires an ongoing commitment to honesty, integrity, and accountability at all times, even when under personal or systemic pressure. I do not*

*suggest that my practice was previously without an appreciation of these fundamental tenets. Rather, I have a better and more enhanced appreciation of them today. Arguably, it should not have taken such an adverse event to get there.”*

65. In his oral evidence, Dr Gill repeated his understanding as he had set out in his witness statement and reiterated his understanding as to the seriousness of his actions.

66. The Tribunal considered that Dr Gill’s understanding and insight into his actions, having gone through the CPD courses he has undertaken, the reading and reflection he has done, and his work with Dr N, have led him to a significantly more profound understanding of the seriousness of his actions. There has been a shift in his understanding from initially believing his actions to have been merely an error of judgement, to accepting its seriousness and conceding misconduct (and impairment). The Tribunal accepted that Dr Gill did not have a full understanding as to the seriousness of his actions at the time when they occurred. It bore in mind the understanding Dr Gill now has into his actions.

67. The Tribunal noted that when Dr Gill was challenged by the Trust following an investigation by them in October 2023 as to whether he had a licence to practise, he fully admitted his wrongdoing and apologised for his actions. The Trust accepted this, and he continued to work as he had done before.

68. The Tribunal heard testimonial evidence from three of his colleagues with whom he has worked both before and since these events. They all attest to Dr Gill’s good character, honesty and integrity, how highly he is thought of and relied upon within the department and how out of character his actions were. The Tribunal also had before it a number of positive written testimonials from colleagues. His colleagues acknowledged that his actions were unacceptable.

69. The Tribunal also bore in mind Dr Gill’s otherwise exemplary career with no evidence before this Tribunal of any previous fitness to practise history or concerns raised since these events. The Tribunal was satisfied that Dr Gill has now realised the gravity and seriousness of his actions on the public, the reputation of the profession, and on his patients and colleagues.

70. The Tribunal was satisfied that Dr Gill has taken sufficient steps to remediate his misconduct through the courses he has undertaken, his journey of learning and insight he has gained, and that there was little more he could have done to remediate his conduct. The Tribunal was satisfied that were Dr Gill to find himself in a similar situation again, he would not practise without a licence or follow a path of dishonest conduct in order to cover up his

actions. It was also satisfied that Dr Gill now has full insight into his actions and that the risk of any repetition is highly unlikely.

71. The Tribunal did not therefore conclude that there remains any basis for finding that Dr Gill's fitness to practise is impaired on public safety grounds.

72. When considering the need to promote and maintain public confidence in the medical profession, the Tribunal considered that a fully informed member of the public, aware of all the circumstances of this case, would be dismayed to learn that a doctor lied in order to return to work when they did not have a current licence to practise, and further that a doctor falsified a document from their regulator in order to cover up their initial deception.

73. The Tribunal was also mindful that practising without a licence may have implications for that doctor in respect of their indemnity and invalidate their insurance. Dr Gill's actions in effect meant that he was being dishonest towards his patients, his colleagues, and the Trust.

74. The Tribunal was satisfied that limbs b, c and d were engaged in respect of the test set out by Dame Janet Smith and referred to in the case of *Grant*, namely that Dr Gill:

*b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

*c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or...*

*d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

75. The Tribunal therefore determined that Dr Gill had undermined the second limb of the overarching objective and that public confidence in the profession will have been undermined by his actions.

76. Further, the Tribunal determined that a finding of impairment is necessary to declare and uphold proper professional standards of conduct and behaviour for members of the profession, in order to maintain the public's trust in the profession. It considered that it should send a message to the profession that such conduct was unacceptable.

77. The Tribunal has therefore determined that Dr Gill's fitness to practise is currently impaired by reason of misconduct.

### Determination on Sanction - 15/05/2025

78. Having determined that Dr Gill's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

### The Evidence

79. The Tribunal has taken into account all the evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

### Submissions on behalf of the GMC

80. Mr Lodge reminded the Tribunal that the decision as to the appropriate sanction to impose in this case was a matter for the Tribunal exercising its own independent judgment. He said that when deciding whether to impose a sanction, Tribunals must consider the overarching objective of protecting the public and that it should have regard to the principle of proportionality, weighing the interests of the public against those of the doctor. Mr Lodge submitted that, in summary, the appropriate and proportionate sanction in this case was one of suspension.

81. Mr Lodge referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (5 February 2024) ('the SG'). When considering mitigating factors, Mr Lodge acknowledged that there was evidence that the doctor understands the problem and that he has insight; he has made attempts to address or remediate his misconduct, including admitting facts relating to the case (paragraph 25a of the SG). There is evidence that he is adhering to important principles of good practice (i.e. keeping up to date, working within his area of competence). He noted that the doctor has no adverse character or previous fitness to practise history.

82. Mr Lodge submitted that there was perhaps an abundance of evidence in Dr Gill's favour in respect of these mitigating factors. He said that Dr Gill has provided significant evidence of remediation, including a witness statement in which he accepted the concerns and his failings, and outlined his attempts to learn and remediate with reference to GMP and best practice. He said that Dr Gill provided testimonials and evidence for a number of training courses undertaken relevant to the charges. In respect of aggravating factors, Mr Lodge submitted that Dr Gill's repeated lies, albeit over a relatively short period, and the escalation in the manner in which the lie was maintained, were significant aggravating factors.

83. When considering what sanction to impose, Mr Lodge submitted that due to the seriousness of this case, it was clearly not a case for no action; there were no exceptional circumstances. In respect of conditions, Mr Lodge submitted that this was not the type of case in which conditions could be appropriate as it concerns Dr Gill's dishonesty. He said that whilst Dr Gill has demonstrated an impressive amount of insight and remediation, in a case relating to such serious probity concerns, there were no workable conditions that would satisfy the public interest.

84. Mr Lodge then referred the Tribunal to the relevant paragraphs of the SG in respect of suspension. He submitted that paragraphs 97a, e, f and g, were engaged in this case:

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

*a A serious breach of Good medical practice but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.*

*...*

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

*f No evidence of repetition of similar behaviour since incident.*

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

85. Mr Lodge acknowledged that Dr Gill has admitted his wrongdoing and did so at an early stage, that he provided a very detailed explanation of the circumstances leading up to his misconduct and provided details of the extensive work he has completed towards gaining insight and remediation.

86. Mr Lodge then referred the Tribunal to the relevant paragraphs of the SG which indicate that erasure may be the appropriate sanction, in particular, he referred the Tribunal to paragraphs 108 and 109a, b, h (as set out below). He submitted however that suspension was the appropriate sanction in this case. Mr Lodge invited the Tribunal to consider the

relevant paragraphs in respect of directing a review hearing. He submitted that the Tribunal needs to be reassured that the doctor is fit to practise and has kept their skills and knowledge up to date following a period of suspension.

87. Mr Lodge said that an expression often used was that *“the cover up is often worse than the crime”*. He suggested that that was particularly apposite in this case. He submitted that whilst it may be accepted that Dr Gill was not motivated by personal financial gain but by a desire to help his department provide good patient care, the consequences of his actions in returning to work whilst not licenced may have had serious implications for others, including patients and the Trust. He said that Dr Gill acknowledged that the public would be horrified or shocked to discover that he was practising without a licence, and that was reflected in the seriousness with which he viewed his own behaviour.

88. Mr Lodge submitted that it was clear that Dr Gill was aware of his wrongdoing at the time, and that the attempt to cover up his lies in the manner in which he did was particularly serious. He said Dr Gill had an opportunity to *‘come clean’*, but chose not to do so. He said Dr Gill went to some lengths to maintain the lie that his licence had been restored and that it was only the efforts of Ms A in seeking to correct the register that brought his dishonesty to light. Mr Lodge submitted that it was this type of behaviour that may very often drive a Tribunal towards erasure. He submitted, however, that in light of Dr Gill’s detailed and helpful witness statement and the significant efforts he has made in order to remediate his dishonest conduct, erasure would be unnecessary and disproportionate.

89. Mr Lodge submitted that the public interest could be satisfied, and the seriousness of the misconduct could be properly reflected, by the imposition of a suspension. He submitted that a suspension at, or close to the maximum duration, should be considered necessary to promote and maintain public confidence in the profession and to promote and maintain proper professional standards and conduct. Mr Lodge submitted that a review would be appropriate to ensuring that Dr Gill’s medical skills and knowledge have been kept up to date.

### **Submissions on behalf of Dr Gill**

90. Mr Geering submitted that a short period of suspension was the appropriate and proportionate sanction in this case. He submitted that in mitigation, Dr Gill understood the problem and has insight (25a of the SG); there was evidence that Dr Gill was adhering to the important principles of good practice (25b of the SG); there were personal or professional matters which were relevant in the case such as work-related stress (25d of the SG). Mr Geering reminded the Tribunal that there has been a period of 20 months since these events.



He submitted that that was a relevant lapse of time. During that time, Dr Gill has continued to work for the same Trust with the same colleagues.

91. Mr Geering submitted that this was an instance of serious misconduct, related to one matter. He reminded the Tribunal that it has determined that Dr Gill has full insight, posed no risk of repetition, posed no harm to the public, and that the misconduct was isolated in his career as a whole. He said that these actions are out of character and were not actuated by any selfish motive; rather they related to his anxiety to attend to work. Mr Geering invited the Tribunal to regard his motive as a unique feature in this case; Dr Gill's conduct was not motivated by greed or avarice; there was no evidence of fraud or peculation behind it. Rather, he said, it was motivated by an entirely misguided desire to help his patients and colleagues. He submitted that this factor removed it from the usual forms of dishonesty; it was not a factor that was reflected in the SG. He said that rather than being pigeonholed by particular categories in the SG, the Tribunal may wish to discern where the public interest truly lies in this case.

92. Mr Geering referred the Tribunal to the relevant paragraphs of the SG in respect of suspension, in particular, paragraphs 97a, f and g (as set out above). He invited the Tribunal to consider that those factors indicate that this was a case which may properly, proportionately and rightly be dealt with by a period of suspension. When considering the factors set out in the SG in determining the length of any suspension, Mr Geering submitted that there was no risk to public safety and that public protection did not apply in this case and, there was no need for additional time for Dr Gill to remediate as the Tribunal has found he has fully remediated and has full insight.

93. In respect of the seriousness of the findings, Mr Geering submitted that there were a number of significant mitigating factors, as well as the unusual issue of the motive behind Dr Gill's conduct. He said that striking that balance between the seriousness of the conduct and those mitigating factors, it was appropriate that the suspension should not be at the top end, but rather for a short period of time.

94. Mr Geering reminded the Tribunal of the need to have regard to the principle of proportionality, balancing the public interest and the registrant's own interests. He said that the impact of a lengthy suspension would cause significant financial distress on Dr Gill, it would impact very significantly upon his reputation, on his career, that it would mar his career and probably define it. He also noted the impact upon Dr Gill's family. But Mr Geering also submitted that there was the wider question of proportionality which went beyond that. He submitted the period of suspension would impact on Dr Gill's patients, colleagues and on his Trust. He reminded the Tribunal of the oral testimonial evidence in which it was said that

the department would feel a profound sense of loss, that Dr Gill had been described as one of the pillars of that department and there would be a loss of continuity of care, with services having to be cut back and potentially discontinued. Mr Geering submitted that it was not in anyone's interest, and certainly not the public interest, for Dr Gill to have a lengthy period of suspension which will have an indelible impact upon those services. He submitted it was also not in anyone's interest for Dr Gill to be deskilled by being out of clinical practice for a lengthy period of time and that any suspension should be short.

95. Mr Geering submitted that it may be self-evident that, following a short suspension, there would be no value in a review hearing. He said that no matter the length of a suspension, the factors set out in the SG to be considered when determining whether to impose a review were not engaged in this case. He said that the GMC submission suggested that where there was any suspension order, so that the doctor was not able to work for a period of time, that necessitated a review in order that the doctor can demonstrate that they have kept their knowledge and skills up to date. He said that if that was the only basis upon which to direct a review, then everyone who went on paternity or maternity leave would require some sort of review before they returned to work. Mr Geering submitted that if the doctor has profound experience, and where there is no suggestion that they ever let their skills or knowledge lapse, and everyone spoke extremely highly of them, the idea that if they took a career break they would require a review to return to work, was not sustainable. He submitted that, by the same rationale, if somebody is removed from the workforce by an order of this Tribunal for a period of time, it should not follow that there was a need for a review.

### **The Tribunal's Determination on Sanction**

96. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal alone, exercising its own judgement. In reaching its decision, the Tribunal has taken GMP and the SG into account and has, at all times, borne in mind the overarching objective.

97. The Tribunal reminded itself that the main reason for imposing any sanction is to protect the public and that sanctions are not intended to punish doctors, even though they may have a punitive effect. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Gill's interests with the public interest.

98. Before considering what action, if any, to take in respect of Dr Gill's registration, the Tribunal considered the mitigating and aggravating factors in this case.

### **Mitigating Factors**

99. The Tribunal considered the following to be mitigating factors in this case. There was evidence that Dr Gill understands the problem, has insight, and has made attempts to address and remediate his conduct. Dr Gill admitted the facts relating to the case and has taken steps to prevent the behaviour recurring. In the Tribunal's view, Dr Gill has remediated his actions, insofar as he has been able, given that this is a public interest case (25a of the SG). There was evidence that Dr Gill was adhering to important principles of good practice, keeping up to date, and working within his area of competence. He has a good character and previous history, never having previously been found to have impaired fitness to practise (25b of the SG). There were personal and professional matters, especially work-related stress, which was relevant. Whilst Dr Gill's work-related stress was in a large part self-imposed, and had led to his misconduct, this was in reality a mitigating factor. There was a staff shortage, and the department was under significant pressure. This impacted on Dr Gill and drove him to attend for work in early September 2023 when he anticipated that his licence to practise, which had not yet been restored to him, would be restored imminently. He acknowledged that he had an unhealthy commitment to the department (25d of the SG).

100. There were multiple positive testimonials from Dr Gill's colleagues; from consultants and nursing staff whom Dr Gill had let down by his dishonesty, and with whom he still works. They attested to the high regard in which they hold Dr Gill. None of the testimonial evidence presented suggested any dismay that the Trust had not taken any action against Dr Gill. Rather, the testimonials evidenced how Dr Gill was valued in the department and how he was considered one of the pillars of the department. Mr D, the deputy manager of the cardiology department spoke highly of Dr Gill and how he heavily relied upon him given his commitment to the department. The Tribunal recognised that Mr D was the one to whom Dr Gill lied in the text messages he sent about having his licence to practise, and he was one of the recipients of the falsified email Dr Gill sent. The testimonial evidence spoke to how out of character Dr Gill's behaviour was and it was put forward that Dr Gill worked, in essence, one and half jobs, given the amount of work he put in and took on (34 of the SG).

101. Dr Gill made full admissions and apologised for his actions. He apologised to Mr D, who had been on the receiving end of Dr Gill's dishonesty. Again, Dr Gill has taken steps to improve by learning from his mistakes and preventing similar events recurring. He has been open and honest and where possible done all that he can to put matters right (42a and b of the SG).

102. Dr Gill has gained full insight into his actions. He has travelled on a demonstrable journey of reflection and remediation, showing how his initially limited understanding of the seriousness of his actions has grown to a full understanding, (45 of the SG).

### Aggravating Factors

103. The Tribunal noted the following example of an aggravating factor in the SG.

*Tribunals are likely to take more serious action where certain conduct arises in a doctor's personal life, such as issues relating to probity. For example, being honest and trustworthy and acting with integrity (56 of the SG).*

104. Between 31 August 2023 and 7 September 2023, Dr Gill exhibited a sequence of dishonesty, albeit all related to one matter, namely his returning to work as a doctor when he did not have a licence to practise.

105. The Tribunal accepted Dr Gill's explanation that this behaviour was consequential on his desire to support the department during a difficult time. It accepted Mr Geering's analysis of Dr Gill's behaviour, namely that it went well beyond some sort of commendable virtue and 'became something unhealthy', and that Dr Gill had acted with 'breathtaking stupidity' in returning to work on 1 September 2023.

106. The Tribunal has taken these factors into account in considering the appropriate sanction under the SG. It considered each sanction in ascending order of severity, starting with the least restrictive.

### **No action**

107. The Tribunal first considered whether to conclude the case by taking no action. Taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances. The Tribunal determined that given the seriousness of its findings, and the fact that there were no exceptional circumstances in this case, it would not be sufficient, proportionate, or in the public interest to conclude this case by taking no action.

### **Conditions**

108. The Tribunal next considered whether to impose conditions on Dr Gill's registration. In so doing, it bore in mind that any conditions imposed would need to be appropriate, proportionate, workable, and measurable.

109. In the light of its findings, the Tribunal determined that it would not be possible to formulate a set of appropriate or workable conditions as Dr Gill has fully remediated his

misconduct and gained full insight into his action. Further, the Tribunal noted that conditions might be most appropriate in cases involving the doctor's health; involving issues around the doctor's performance; where there is evidence of shortcomings in a specific area of the doctor's practice; or where a doctor lacks the necessary knowledge of English. The Tribunal noted that none of these factors applied in this case. In any event, the Tribunal concluded that a period of conditional registration would not be a sufficient, appropriate, or proportionate sanction to satisfy the public interest.

## Suspension

110. The Tribunal next considered whether it would be appropriate and proportionate to suspend Dr Gill's registration.

111. The Tribunal considered the SG in relation to suspension including paragraphs 91 and 92, which state:

*"91. Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.*

*92. Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (i.e. for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession)."*

112. The Tribunal recognised that a sanction of suspension does have a deterrent effect and can be used to send a signal to Dr Gill, the profession, and the public about what is regarded as behaviour unbefitting a registered doctor. It also acknowledged that suspension is an appropriate response to misconduct which is sufficiently serious, and that action is required in order to maintain public confidence in the profession, but which falls short of being fundamentally incompatible with continued registration.

113. The Tribunal also had regard to paragraph 97 of the SG which sets out some of the circumstances in which suspension may be the appropriate sanction. The Tribunal considered a, e, f and g to be engaged in this case:

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

*a A serious breach of Good medical practice, but where the doctor’s misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than suspension would not be sufficient to protect the public or maintain confidence in doctors.*

*...*

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

*f No evidence of repetition of similar behaviour since incident.*

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

114. The Tribunal was in no doubt that Dr Gill’s misconduct, namely his dishonesty, was sufficiently serious that action is required to maintain public confidence in the medical profession, and proper professional standards.

115. Before deciding whether suspension was the appropriate and proportionate sanction, the Tribunal had regard to whether erasure may be an appropriate response to Dr Gill’s misconduct.

## **Erasure**

116. The Tribunal acknowledged that, where there has been a particularly serious departure from the principles set out in GMP and it is satisfied that a doctor’s behaviour is fundamentally incompatible with his continuing to be a doctor, it should consider erasure. It

noted in particular that it has found Dr Gill's actions to be serious, with sequential acts of dishonesty which compounded matters.

117. When considering whether erasure was the appropriate sanction in this case, it had regard to paragraph 108 of the SG:

*“108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.”*

118. The Tribunal went on to consider if there were any factors which may indicate that erasure was the appropriate sanction in this case. It was of the view of the Tribunal that paragraphs 109a b, d, h, and i of the SG were to an extent engaged in this case:

*“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 (see Good medical practice, paragraph 81: ‘You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession’).*

*...*

*h Dishonesty, especially where persistent and/or covered up...*

*i Putting their own interests before those of their patients...”*

119. The Tribunal considered that there has been a serious departure from the principles set out in Good medical practice and that, although dishonesty is difficult to remediate, the Tribunal was satisfied that Dr Gill has in fact remediated it (109a of the SG). The Tribunal also considered that Dr Gill's dishonesty was reckless to begin with and that it became deliberate when he tried to cover it up. The Tribunal noted that there was a sequence of dishonesty exhibited by Dr Gill albeit all related to one matter, his returning to work as a doctor when he

did not have a licence to practise. His conduct was over a short period of time (109b and h of the SG). Dr Gill allowed his concern for the proper functioning of the cardiology department and the patients to govern his behaviour and in so doing demonstrated what had in fact become an unhealthy commitment to the department (109i of the SG).

120. The Tribunal was satisfied that whilst there were factors which may indicate that erasure was the appropriate sanction in this case, it was firmly of the view that Dr Gill's actions were not fundamentally incompatible with continued registration. The motivation for his behaviour was not for personal gain. The Tribunal considered that erasing Dr Gill's name from the medical register would not be in the public interest, nor in the interests of the NHS. The Tribunal therefore determined that erasure would be a disproportionate response in this case.

### The Tribunal's Decision

121. The Tribunal therefore determined that a period of suspension was the appropriate and proportionate sanction to fulfil the overarching objective. It considered that a period of suspension would address the public interest in this case and send a clear message that his behaviour was wholly unacceptable for a member of the medical profession and that this behaviour is unacceptable in order to uphold professional standards and public confidence.

122. In determining the length of the suspension, the Tribunal had regard to paragraph 100 of the SG:

*"100 The following factors will be relevant when determining the length of suspension:*

- a the risk to patient safety/public protection*
- b the seriousness of the findings and any mitigating or aggravating factors...*
- c ensuring the doctor has adequate time to remediate."*

123. The Tribunal was of the view that there was no risk to patient safety and that there were a significant number of mitigating factors. The Tribunal has elsewhere dealt with the seriousness of Dr Gill's misconduct. It did however have regard to the factors set out in the SG regarding the seriousness of the conduct and under the heading 'subsequent step taken' it stated:



- Whether the doctor is reluctant to take remedial action
- Whether the doctor is reluctant to apologise
- The extent to which the doctor failed to address serious concerns over a period of time

124. The Tribunal was satisfied that none of these factors were engaged in this case. It was noted that Dr Gill had engaged with the Trust, when his dishonesty came to light, and with his regulator. The Tribunal was therefore satisfied that none of the following factors applied in this case:

- The extent to which the doctor failed to comply with restrictions/requirements
- Whether the doctor showed a deliberate or reckless disregard for restrictions/requirements
- Whether the doctor failed to be open and honest with GMC and local investigations

125. The Tribunal has already determined that Dr Gill has remediated his misconduct, and he did not therefore need further time in this regard.

126. When determining the period of suspension, the Tribunal bore in mind the need to safeguard the public interest in maintaining the reputation of the profession and the need to declare and maintain standards of conduct for doctors. It balanced this against the public interest in keeping good doctors in practise. Dr Gill's professional history establishes that he is a fine and committed doctor, one who is heavily relied upon in his department. He has never worked away from the cardiology department since joining the Trust, and that is where he became a consultant in 2012. The Tribunal considered that an ordinary member of the public, who was aware of all the circumstances of this case, would recognise that it is in the public interest to enable Dr Gill to return to practise, following his suspension, at the earliest possible stage.

127. The Tribunal was satisfied that in balancing the public interest and in upholding standards for the medical profession, a suspension for a period of 4 months would send out a clear message to the profession and the wider public that dishonesty constitutes behaviour unbecoming a registered medical practitioner and will be taken seriously.

128. The Tribunal therefore determined that Dr Gill's registration should be suspended for a period of 4 months.

## Review hearing

129. When determining whether to direct a review hearing, the Tribunal bore in mind the purpose of a review hearing. It had regard to paragraph 164 of the SG:

*“164 In some misconduct cases it may be self-evident that, following a short suspension, there will be no value in a review hearing. However, in most cases where a period of suspension is imposed, and in all cases where conditions have been imposed, the tribunal will need to be reassured that the doctor is fit to resume practice – either unrestricted or with conditions or further conditions. A review hearing is therefore likely to be necessary, so that the tribunal can consider whether the doctor has shown all of the following (by producing objective evidence):*

- a they fully appreciate the gravity of the offence*
- b they have not reoffended*
- c they have maintained their skills and knowledge*
- d patients will not be placed at risk by resumption of practice or by the imposition of conditional registration.”*

130. The Tribunal has already determined that Dr Gill fully appreciates the gravity of his misconduct, has full insight into his behaviour, has fully remediated, and that the risk of any repetition is highly unlikely.

131. The Tribunal considered that suspension for a period of 4 months is not a period of time in which Dr Gill is likely to become deskilled. The Tribunal therefore determined that there is no necessity for him to demonstrate his current skills and knowledge at a review. The Tribunal noted that there were no patient safety concerns in this case.

132. The Tribunal was therefore satisfied that a review hearing was not necessary in this case.

#### **Determination on Immediate Order - 15/05/2025**

133. Having determined to suspend Dr Gill’s registration for a period of 4 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

#### **Submissions**

134. On behalf of the GMC, Mr Lodge submitted that GMC were not seeking an immediate order.

135. On behalf of Dr Gill, Mr Geering submitted that an immediate order was required where it was necessary to protect members of the public, or is otherwise in the public interest. He submitted that there were no public protection concerns in this case and the substantive sanction upholds the public interest and there was no need to go any further.

### The Tribunal's Determination

136. The Tribunal had regard to paragraphs 172 to 178 of the SG. It took account of the guidance, the submissions of both parties and the specific basis upon which the Tribunal reached its determination on sanction.

*'172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor...'*

137. The Tribunal determined that the substantive order properly marks the seriousness of Dr Gill's misconduct and upholds the overarching objective in maintaining public confidence in the profession and maintaining proper professional standards. It considered that in the absence of any concerns about patient safety, an immediate order is not necessary in this case.

138. The Tribunal therefore determined not to impose an immediate order of suspension on Dr Gill's registration.

139. This means that Dr Gill's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless he lodges an appeal. If Dr Gill does lodge an appeal, he will remain free to practise unrestricted until the outcome of any appeal is known.

140. There is no interim order to revoke.

141. That concludes the case.

#### **Schedule 1 – NON-CONFIDENTIAL**

1 September 2023  
4 September 2023  
5 September 2023

#### **Schedule 2 – CONFIDENTIAL**

XXXX

#### **Schedule 3 – CONFIDENTIAL**

XXXX

#### **Schedule 4 – NON-CONFIDENTIAL**

Your GMC reference number: 4499826

Dear Dr Gill

Thank you for your application for a licence to practise.

This has been approved and from 06/09/2023 you will hold a licence.

You can see your new status on the medical register from that date.

You must make sure your status on the register is appropriate for the type of work or post in which you are planning to practise.

#### **Maintaining your registration and licence**

Your GMC reference number 4499826 is unique to you - please make it freely available to your patients and colleagues and use it when contacting us.

You can manage your registration and licence through your GMC Online account.

You'll need to:

- keep your contact details up to date so we can stay in touch
- pay your annual retention fee on time (the easiest way is by Direct Debit).

Once you have a licence to practise you'll also need to:

- have an annual appraisal and revalidate, to demonstrate to us and patients that your skills and knowledge are up to date
- update your designated body (the organisation that will help you with appraisal and revalidation), in the revalidation section of your GMC Online account. If you do not have a designated body within 30 days, please log in and tell us.

In the future, if you stop practising medicine in the UK, you should apply to give up your licence or registration.

You must have adequate and appropriate insurance or indemnity in place, to make sure you are fully covered for the full scope of your practice. Our guidance highlights some important factors to consider.

### **Are you planning to work as a GP in the UK?**

To start work as a general practitioner (GP) in the UK, you'll need to complete a number of processes. Some of these are handled by organisations other than the GMC.

You must read our Working as a GP in the UK page for information about applying to join a performers' list and induction and returner schemes.

These are extra requirements for you to work as a GP in the UK.

### **Supporting you throughout your medical career**

Our standards define what makes a good doctor. *Good medical practice* sets out the values, knowledge, skills and behaviours we expect you to follow when working in the UK. Read our explanatory guidance covering particular areas of ethical practice or situations we know doctors may find difficult.

Explore the resources that can support you throughout your career, including interactive tools to help understand how guidance applies in practice.

You'll automatically receive *GMC news for doctors*, which will keep you updated on important changes and relevant information (please add [gmcnews-doctors@gmc-uk.org](mailto:gmcnews-doctors@gmc-uk.org) to your email contacts).

Medicine can be a challenging profession and although taking care of your patients is your duty, it's important to remember your own health and wellbeing. Visit our pages on your health matters for advice and support on managing your health condition and what you can do if you have concerns.

If you need help with raising a concern about patient care or the fitness to practise of a colleague, you can call us in confidence.

Feel free to contact us if you have any questions - we'll be happy to help.

**Welcome to UK practice - recommended workshop for you**

We'd like to offer you a place on our free, half-day workshop Welcome to UK practice. It explores the ethical issues you are likely to come across as you start practice and how your approach may need to differ from in the country where you qualified. Run by our GMC experts, it features interactive scenarios that bring our guidance to life and offers you the chance to ask questions and meet other doctors.

Find out more and book your place

Best wishes in your career,

General Medical Council