

PUBLIC RECORD**Dates:** 29/05/2025**Doctor:** Dr Kevin NEWLEY**GMC reference number:** 2602064**Primary medical qualification:** MB ChB 1982 University of Leicester

Type of case	Outcome on impairment
Review - Misconduct	Impaired

Summary of outcome
Conditions, 36 months.
Review hearing directed**Tribunal:**

Legally Qualified Chair	Mr Nick Flanagan
Lay Tribunal Member:	Ms Jo Palmiero
Registrant Tribunal Member:	Professor Marios Adamou

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

Doctor:	Present, not represented
GMC Representative:	Mr Julian King, 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 - 29/05/2025

1. At this review hearing the Tribunal 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 Newley's fitness to practise is impaired by reason of misconduct.

The Outcome of Applications Made during the Impairment Stage

2. The Tribunal agreed, in accordance with Rule 41(3)(b) of the Rules, that parts of this hearing should be heard in private where the matters under consideration are confidential, namely where they involve XXX. As such, this determination will be read in private, but a redacted version will be published following the conclusion of this hearing, with those matters relating to XXX removed.

Background

3. Dr Newley qualified from Leicester University in 1982 and joined the Maples Surgery in Leicester in 1989. Until 2016 he worked as a sole practitioner with a patient list of approximately 2800. Dr Newley retired from practice on 31 January 2016 and the Maples Surgery was dissolved. Dr Newley also worked as a GP musculo-skeletal specialist at Leicester General Hospital between 2002 and 2010, undertaking his own clinic for one session per week.

4. Dr Newley was referred to the GMC by the Leicestershire and Lincolnshire Area Team of NHS England, following an investigation and the results of an external audit commissioned by the Primary Care Trust ('PCT').

5. The case related to Dr Newley's care and treatment of eight patients in his capacity as their General Practitioner. The GMC offered Dr Newley undertakings, but he declined, and

was subsequently referred to a Medical Practitioners Tribunal hearing which began in 2017 and concluded on 25 January 2019 ('the 2019 Tribunal').

The 2019 Tribunal

6. The 2019 Tribunal found that Dr Newley had made a number of failures to provide good care to seven patients. The issues raised included communication failures, problems with record keeping and failures to share information with colleagues.

7. The 2019 Tribunal found that Dr Newley's failures in providing good clinical care breached the principles in paragraphs 3, 21, 22, 50 and 51 (2006 edition) and paragraphs 1, 15, 19 and 21 (2013 edition) of the GMC's Good Medical Practice (GMP). The 2019 Tribunal determined that the extent and gravity of Dr Newley's breaches of the principles of GMP were sufficiently serious that those parts of the allegation found proved amounted to misconduct. It found that Dr Newley's conduct fell far below what was acceptable.

8. The 2019 Tribunal found that Dr Newley's failures in record keeping were numerous and serious. It also found that the potential impact of Dr Newley's failures on the consistency, continuity and appropriateness of the care for his patients was significant. The 2019 Tribunal was satisfied that Dr Newley's fellow professionals would regard the range and extent of his failures as deplorable, and that his failings amounted to misconduct.

9. The 2019 Tribunal considered that the failings identified were capable of being remediated but had not been remediated. It noted that Dr Newley had attended a number of courses prior to November 2017, when he gave oral evidence to the Tribunal. The 2019 Tribunal was not persuaded that Dr Newley's attendance at these courses demonstrated a significant understanding of why he failed in the areas identified. It also found little or no evidence to show what he had learnt or how he had applied his learning.

10. The 2019 Tribunal bore in mind that remediation was a process and that Dr Newley had not worked since 2015. However, from the evidence Dr Newley adduced, it was not persuaded that he had developed sufficient insight into his misconduct.

11. Whilst the 2019 Tribunal accepted the difficulties presented by Dr Newley's MPTS Interim Orders Tribunal ('IOT') conditions, it considered that the interim conditions did not prevent him from doing more than he had done. It noted that Dr Newley undertook a record keeping course of approximately an hour's duration and provided limited reflection. The 2019 Tribunal was not persuaded that Dr Newley understood or accepted the potential risks associated with his record keeping and history taking.

12. The 2019 Tribunal accepted that Dr Newley would not deliberately set out to cause harm but it was not reassured that he could take appropriate histories. It found that Dr Newley provided nothing to demonstrate that he recognised the failings in the advice which he gave or that he appreciated the damage, actual or potential, which it could have caused. The 2019 Tribunal also found there was no evidence of Dr Newley's thoughts about his failure to arrange urgent tests, or how he had made changes to and improved his record keeping. In the absence of any such evidence, the 2019 Tribunal was unable to give Dr Newley credit for understanding and appreciating how he could, and would, act differently in the future.

13. The 2019 Tribunal concluded that, although the process of remediation had started, wide ranging failures identified at the facts stage had not been remedied. The 2019 Tribunal determined that there remained a risk to patients and a risk that Dr Newley's misconduct may be repeated. The 2019 Tribunal determined that Dr Newley's fitness to practise was impaired by reason of his misconduct.

14. The 2019 Tribunal determined that, whilst Dr Newley's approach, attitude and limited insight remained an issue, they were capable of remediation if he chose to engage effectively.

15. The 2019 Tribunal determined that suspension was the appropriate sanction which would sufficiently protect patients and meet the public interest. The 2019 Tribunal did not regard Dr Newley's misconduct as being fundamentally incompatible with continued registration and was satisfied that complete removal from the register would be a disproportionate response. The 2019 Tribunal determined to suspend Dr Newley's registration for a period of nine months, in order to provide Dr Newley with an opportunity to demonstrate that he could reach a point where he could, once again, competently and confidently practise without restriction and to allow him sufficient time to reflect on his conduct.

16. Dr Newley appealed the decision of the 2019 Tribunal. The appeal was dismissed by the High Court on 25 July 2019, on which date the suspension came into effect.

The 2020 Tribunal

17. Dr Newley's case was first reviewed by a Medical Practitioners Tribunal on 15 April 2020 ('the 2020 Tribunal').

18. The 2020 Tribunal took into consideration Dr Newley's personal circumstances, in particular XXX, which had an impact on his ability to complete his Continuing Professional Development ('CPD'). It noted that he provided limited evidence that he had kept his clinical skills and knowledge up to date.

19. The 2020 Tribunal noted that Dr Newley recognised and accepted that his record keeping was below the standard expected of a reasonably competent General Practitioner, but there was insufficient evidence before it that he had fully addressed all of the deficiencies identified by the 2019 Tribunal.

20. The 2020 Tribunal noted that there was an irreconcilable difference of opinion between Dr Newley and a number of the 2019 Tribunal's factual findings. Because of that, Dr Newley was unwilling to accept a number of failings found proved. Dr Newley stated that he would not be able to demonstrate insight into his failings as he was adamant that a number of the 2019 Tribunal's factual findings were wrong and that he had acted appropriately. The 2020 Tribunal found Dr Newley to be resolute and rigid in his view about his own clinical practice. The 2020 Tribunal recognised that it was not a requirement for Dr Newley to accept the 2019 Tribunal's findings in order for him to establish that he has developed insight but was mindful that it could not go behind the 2019 Tribunal's findings.

21. The 2020 Tribunal considered that the persuasive burden is on Dr Newley to demonstrate that he is fit to return to unrestricted practice, and he had not sufficiently done so.

22. The 2020 Tribunal considered that Dr Newley had started the process of remediation in recognising that some areas of his practice are deficient, notably in relation to record keeping. However, it was of the view that the process was not complete. It considered that the risk of repetition had been diminished but there remained an ongoing risk. The 2020 Tribunal could not be satisfied that Dr Newley would not repeat his misconduct in the future, thereby presenting an ongoing risk of harm to patients.

23. The 2020 Tribunal was also satisfied that public confidence in the medical profession and the need to uphold proper standards would be undermined if a finding of impairment were not made, given the ongoing risk of harm to patients.

24. Having determined that Dr Newley's fitness to practise was impaired by reason of his misconduct, the 2020 Tribunal considered what sanction if any should be imposed on his registration. It was satisfied that a further period of suspension would not serve any useful purpose and would be unduly punitive. It therefore determined that the proportionate

sanction was one of conditions for a period of 24 months. It considered that this period would allow Dr Newley sufficient time to return to and undertake a period of supervised clinical practise.

25. Dr Newley appealed the decision of the 2020 Tribunal. The appeal was dismissed by the High Court on 8 June 2021, on which date the conditions came into effect.

The 2023 Tribunal

26. Dr Newley's case was further reviewed by a Medical Practitioners Tribunal on 17 May 2023 ('The 2023 Tribunal').

27. The 2023 Tribunal had regard to the decisions of the previous Tribunal's and went on to consider whether Dr Newley had demonstrated that he had reflected further and gained sufficient insight into his actions.

28. The 2023 Tribunal noted that Dr Newley provided a reflective statement addressing what he had learned in respect of the 2019 Tribunal's findings of facts and impairment and demonstrating his level of insight. It also noted that Dr Newley's written statement was primarily focused on specific points of contention in the 2019 Tribunal hearing, in what was a very long and wide-ranging case. The 2023 Tribunal observed that the witness statement did not reflect on the failures highlighted in the 2019 Tribunal's determinations.

29. The 2023 Tribunal was of the view that there was no evidence before it to suggest that Dr Newley had developed any additional insight into his misconduct since the 2020 Tribunal. It further noted that Dr Newley had not provided any evidence of remediation or CPD that he had undertaken since that time, either to address the identified failures, or to demonstrate his knowledge and skills were up to date. The 2023 Tribunal was of the view that without this, it was unable to make a proper assessment of Dr Newley's remedial efforts or his insight.

30. The 2023 Tribunal was also of the view that Dr Newley was unable to accept the findings of the 2019 Tribunal. The 2023 Tribunal acknowledged that it was not a requirement that Dr Newley agrees with the 2019 Tribunal's findings in order for him to take some steps to demonstrate his insight and remediation. It found however that there was no evidence before it to suggest that Dr Newley had taken any further steps to avoid repetition of the identified failings. It was of the view that there remained a risk of repetition.

31. In considering whether Dr Newley's fitness to practise was impaired, the 2023 Tribunal balanced his lack of insight and the assessed risk of repetition against the overarching objective. The 2023 Tribunal was mindful that there was an onus on Dr Newley at a review hearing to demonstrate that he had sufficiently addressed the concerns in the case, which it considered he had not yet done. It therefore determined that Dr Newley's fitness to practise was impaired by reason of misconduct.

32. The 2023 Tribunal determined to impose a further order of conditions on Dr Newley's registration for a period of two years to allow Dr Newley sufficient time to return to practice and allow him time to develop further insight. The 2023 Tribunal considered that this length of conditional registration struck a fair balance between the wider public interest and Dr Newley's interests.

33. The 2023 Tribunal determined to direct a review of Dr Newley's case. It clarified that at the review hearing, the onus would be on Dr Newley to demonstrate how he has developed insight and the steps he has taken to remediate. The 2023 Tribunal indicated that a reviewing Tribunal may be assisted by:

- A further reflective statement addressing what he has learned in respect of the 2019 Tribunal's findings of facts and impairment and demonstrating his level of insight;
- Evidence to demonstrate that he has reflected upon his learning and identified any further development needs;
- Evidence of Dr Newley's CPD, such as courses attended, journals read, e-briefs and the frequency in which he studied online materials;
- Evidence that Dr Newley has maintained his clinical skills and medical knowledge;
- Current testimonials as to Dr Newley's character and conduct during the period of his conditional registration, written in the knowledge of his conditional registration by this Tribunal and of the Tribunal's reasons;
- Any further evidence that Dr Newley considers will assist a reviewing Tribunal.

Today's Hearing

34. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the Rules whether Dr Newley's fitness to practise is impaired by reason of his misconduct.

The Evidence

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

- MPTS Record of Determination, dated 13 February to 10 March 2017, 6 to 27 November 2017, 26 February to 23 March 2018 (non-sitting days 2 and 12 to 16 March), 14 to 23 May 2018, 11 to 15 June 2018, 17 to 21 September 2018 and 22 to 25 January 2019;
- MPTS Records of Determination for MPT reviews, dated 15 April 2020 and 17 May 2023;
- Various correspondence via email and letter, and telephone notes between the GMC and Dr Newley, which include attempts by the GMC to contact Dr Newley;
- Letter from Dr Newley to the MPTS which included XXX, dated 23 April 2025;
- XXX;
- Letter from Dr Newley to the MPTS in which he set out his response to the 2019 Tribunal findings, dated 13 May 2025.

Submissions on behalf of the GMC

36. Mr Julian King, Counsel, referred the Tribunal to the submissions on impairment made at the 2020 and 2023 Tribunals and said that there was relevance between those two review hearings and today's position. Mr King submitted that this case was effectively at the same stage now. Mr King submitted that the tenor of the communication from Dr Newley's position remained that he was the victim and that there was a failure to provide satisfactory evidence of insight. He said that at the second review hearing, there was limited evidence that Dr Newley had kept his skills and knowledge up to date, and that the documentation supplied focused on the doctor's perceived issues with the previous hearings, rather than reflecting on the issues found from the 2019 Tribunal. Mr King submitted that Dr Newley has also been out of practice for a significant period of time, and that there was a gap in insight and remediation.

37. Mr King submitted that it was accepted that Dr Newley has had XXX to deal with, but that there has been no real development of insight in this case, and the documents supplied by Dr Newley in relation to the this hearing again seek to return to the findings of the 2019 Tribunal, rather than address his insight, remediation or reflecting on the issues from the 2019 Tribunal on his time out of practice. He reminded the Tribunal of the need to uphold all three limbs of the overarching objective and submitted that Dr Newley's fitness to practise remains impaired by reason of his misconduct.

Submissions by Dr Newley

38. Dr Newley took the Tribunal through the findings of the 2019 Tribunal and said which of those findings he agreed with and those which he did not, providing reasons why he did not agree. He said that he understood that NHS England had stated that he would not be allowed back on the performers' list without undergoing retraining to their satisfaction. Dr Newley said that NHS England have already said to him that they envisage no problems with that, considering his past record and performance prior to the allegations which were made against him.

39. Dr Newley submitted that in respect of record keeping, the templates he used 15 years ago are more universal now in medical programmes, and were he to return to practise, he would be working in conjunction with other doctors as he would not be returning to a single-handed practice. He said that he would be making more notes and recognised that in the past he had become complacent after 26 years of successful sole practice. He said that he had primarily been making notes for himself and not to other medical professionals, and when required he or his advanced nurse practitioner or level 3 healthcare practitioner would pick up the phone and talk to him if there were an issue.

40. Dr Newley said that in terms of keeping his medical knowledge up to date, it has primarily been through online learning, reading articles of interest in the medical field and those that would potentially change his medical practice. He said that he had not completed any formal CPD or a PDP as he was under the impression that since he gave up his licence, he did not have to perform these. He said that he had been assured that CPD by itself would not be enough and that he would have to prove himself in a clinical setting. He said that this was difficult XXX.

41. Dr Newley told the Tribunal about XXX, he would wish to that be in a position in the future to fulfil the conditions imposed on his registration and be able to return to work.

The Relevant Legal Principles

42. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgment 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 Dr Newley to satisfy it that he would be safe to return to unrestricted practice.

43. This Tribunal must determine whether Dr Newley's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors

since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

44. In its decisions making process the Tribunal had, as a primary concern, regard to the statutory overarching objective as set out in s1 Medical Act 1983 namely 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.

The Tribunal's Determination on Impairment

45. The Tribunal has taken into account all the documentary evidence received, and the submissions from both Mr King and Dr Newley.

46. The Tribunal reminded itself of the decisions of the previous Tribunals and bore in mind that the 2019 Tribunal determined Dr Newley's failures included: communication failures; record keeping; and sharing information with colleagues. This Tribunal also bore in mind that the 2020 Tribunal and the 2023 Tribunal were both of the view that Dr Newley had not demonstrated sufficient insight into his misconduct or remediated his actions. The 2020 and 2023 Tribunals both found that there remained a risk of repetition.

47. This Tribunal then had regard to that which the 2023 Tribunal indicated a reviewing Tribunal may be assisted by, as set out above. This Tribunal noted that none of the information requested had been supplied. Dr Newley sent a letter to the MPTS, dated 23 April 2025, in which he cited XXX for not having been in a position to provide this information. XXX.

48. The Tribunal acknowledged that Dr Newley maintained his position in which he denied the decision of the 2019 Tribunal, which was then upheld by the High Court following his appeal. It recognised that Dr Newley clearly held strong feelings about the findings against him, but this Tribunal cannot go behind the previous decisions. The Tribunal also recognised that it was difficult for a doctor who had denied the allegations against them to develop insight into the findings. Dr Newley stated that his original purpose for attending this review hearing was to have the decision of the 2019 Tribunal reopened; it was explained this was not the purpose of these proceedings.

49. The Tribunal noted however that Dr Newley has accepted that his record keeping was not at the level it should have been, and he has been undertaking some online reading in

areas in which he could improve his practice. The Tribunal was satisfied that there was evidence of aspects of insight are being gained.

50. The Tribunal was also cognisant of the fact, however, that there was no evidence of any remediation, CPD or a PDP as identified as being necessary by the previous Tribunal. It was clear that Dr Newley has also been out of practice for a significant period of time and there was no evidence before this Tribunal of his medical knowledge being kept up to date. The Tribunal recognised that these matters have been heavily impacted by XXX.

51. The Tribunal was of the view that it was difficult to form a conclusive view as to Dr Newley's risk of repetition. Whilst Dr Newley was entitled to his views on the previous Tribunal's decisions, the lack of evidence regarding any steps taken to remediate or keep his knowledge updated caused the Tribunal concern. Significantly, Dr Newley himself acknowledged that he would have to retrain to get back on the performers' list and that he recognised some failings in his practice. Moreover, Dr Newley conceded that his lack of recent work activity meant that his fitness to practise remains impaired. The Tribunal recognised that XXX restricted his ability to return to practise and complete CPD and this also demonstrated Dr Newley's insight regarding any return to practice.

52. In considering whether Dr Newley's fitness to practise is currently impaired, the Tribunal balanced Dr Newley's level of insight and remediation, as well as the lack of evidence of maintenance of his medical skills against the overarching objective. The Tribunal was mindful that whilst Dr Newley has XXX impacting on his ability to provide evidence of remediation and keeping his medical knowledge updated, there is an onus on him at a review hearing to demonstrate that he has sufficiently addressed the concerns in the case and maintain his medical skills, which he has not done. Under these circumstances, the Tribunal was satisfied that members of the public and the profession would therefore expect a finding of impairment to be made.

53. In all the circumstances, this Tribunal has therefore determined that Dr Newley's fitness to practise remains impaired by reason of misconduct.

Determination on Sanction - 29/05/2025

54. Having determined that Dr Newley's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to Dr Newley's registration.

The Evidence

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

Submissions on behalf of the GMC

56. Mr King referred the Tribunal to the relevant legal principles a Tribunal should consider when determining what sanction, in any to impose. He also referred the Tribunal to the Sanctions Guidance (5 February 2024) ('the SG') and of the need to uphold the overarching objective. He submitted that taking no action was inappropriate. Mr King said that there was an absence of remediation, CPD or a PDP as was identified by this Tribunal and by the previous Tribunal. He submitted that the absence of progress in any meaningful way over the last two review periods would suggest that conditions were also inappropriate, XXX.

57. Mr King submitted that a period of suspension would still allow Dr Newley time to provide the evidence which may assist a reviewing Tribunal, that a further reflective statement, evidence of CPD, maintaining skills and knowledge, obtaining testimonials, or any other information that would assist; albeit with Dr Newley facing significant challenges. He said that there has now been two review periods with conditions and the position has not improved or changed and that the appropriate sanction was one of suspension.

Submissions by Dr Newley

58. Dr Newley said that he took issue with the way in which the Tribunal had characterised his submission at the impairment stage. He said that there was a nuance which the Tribunal had not identified when it recorded that he said, *"Dr Newley conceded that his lack of recent work activity meant that his fitness to practise remains impaired"*. Dr Newley submitted that what he recalled saying was that under the present circumstances, because he had not fulfilled the conditions, he accepted that the Tribunal would probably find his practice to be impaired.

59. Dr Newley submitted that he would like this Tribunal to consider restoring his full licence to practise medicine so that he could retrain and get back on the performer's list. He said that if that was not possible, then he would invite the Tribunal to impose a further period of conditions on his registration. He said that he would probably have to undergo a significant amount of retraining and a clinical placement, should XXX allow him in the future. He said that he was feeling quite optimistic about XXX for the future. He said that he was a

qualified chiropractor and could practise under the Chiropractic Society without recourse to the GMC but was not something he had done due to XXX.

60. Dr Newley invited the Tribunal to maintain the current order of conditions as he wished to go back and revisit the MPTS decision in 2019, particularly with a view to his allegation of institutionalised prejudice or discrimination. He said that during a further period of conditional registration he would be able to complete his CPD, PDP and possibly find some part-time work in general practice in order to demonstrate his clinical acumen.

The Tribunal's Determination on Sanction

61. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal alone, exercising its own judgment. 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.

62. 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 Newley's interests with the public interest.

63. In deciding what sanction, if any, to direct, the Tribunal reminded itself that it must consider each of the sanctions available, starting with the least restrictive, to establish which sanction is appropriate and proportionate.

No action

64. 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 its findings there are no exceptional circumstances in this case and that it would not be sufficient, proportionate, or in the public interest to conclude this case by taking no action.

Conditions

65. The Tribunal next considered whether a further period of conditional registration would be sufficient in this case. It noted that any conditions imposed should be appropriate, proportionate, workable and measurable. The Tribunal had regard to paragraphs 81, 82 and 84 of the SG, which state:

“81 *Conditions might be most appropriate in cases:*

- a involving the doctor’s health*
- b involving issues around the doctor’s performance*
- c where there is evidence of shortcomings in a specific area or areas of the doctor’s practice*
- d where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.*

82 *Conditions are likely to be workable where:*

- a the doctor has insight*
- b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings*
- c the tribunal is satisfied the doctor will comply with them*
- d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.*

...

84 *Depending on the type of case (eg health, language, performance or misconduct), some or all of the following factors being present (this list is not exhaustive) would indicate that conditions may be appropriate:*

- a no evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor’s unwillingness to engage*
- b identifiable areas of their practice are in need of assessment or retraining*
- c willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout their working life, improving the quality of their work and promoting patient safety ...*

d willing to be open and honest with patients if things go wrong...

e ...

66. The Tribunal noted that this was a case where two previous Tribunals had considered that conditions were an appropriate response. It has already accepted that XXX was a significant factor in him not having undertaken the necessary remediation, maintained his medical skills, or provided a PDP or CPD.

67. The Tribunal was satisfied that Dr Newley would comply with an order of conditions on his registration.

68. The Tribunal was of the view that a period of suspension would be disproportionate in this case, given XXX which have hindered Dr Newley's progress in remediating his conduct and maintaining his medical skills. The Tribunal also considered that a further period of conditions would allow Dr Newley additional time to return to restricted supervised practice, to regain his knowledge and skills, as well as to demonstrate that he is able to work at the standard required. Conditional registration would also allow Dr Newley sufficient time to take further remedial steps and develop insight. The Tribunal was therefore satisfied that a further period of conditions was the appropriate and proportionate response in this case.

69. Having determined to impose a further order of conditions, the Tribunal considered the length of the order of conditional registration. The Tribunal determined to impose conditions for a period of three years – the maximum length – to allow Dr Newley sufficient time for XXX and to return to practice should he choose to do so.

70. The Tribunal considered that the conditions imposed by the previous Tribunal sufficiently addressed any concerns it may have in respect of maintaining and upholding the overarching objective in allowing Dr Newley to return to restricted practice. It therefore determined to maintain the current order of conditions, as follows:

71. The following conditions will be published:

1. He must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:
 - a the details of his current post, including:
 - i his job title

- ii his job location
 - iii his responsible officer (or their nominated deputy)
 - b the contact details of his employer and any contracting body, including his direct line manager
 - c any organisation where he has practising privileges and/or admitting rights
 - d any training programmes he is in
 - e of the organisation on whose medical performers list he is included
 - f of the contact details of any locum agency or out of hours service he is registered with.
2. He must personally ensure the GMC is notified:
- a of any post he accepts, before starting it
 - b that all relevant people have been notified of his conditions, in accordance with condition 11
 - c if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
 - d if any of his posts, practising privileges or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination
 - e if he applies for a post outside the UK
3. He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
4. a He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).

- b He must not work until:
 - i his responsible officer (or their nominated deputy) has appointed his workplace reporter
 - ii he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.
- 5. a He must design a personal development plan (PDP), with specific aims to address the deficiencies in the following areas of his practice.
 - Communication
 - Record keeping
 - Sharing information with colleagues
- b His PDP must be approved by his responsible officer (or their nominated deputy)
- c He must give the GMC a copy of his approved PDP within three months of these substantive conditions becoming effective.
- d He must give the GMC a copy of his approved PDP on request.
- e He must meet with his responsible officer (or their nominated deputy), as required, to discuss his achievements against the aims of his PDP.
- 6. He must get the approval of the GMC before working in a non-NHS post or setting.
- 7. He must only work in a group practice setting where there is a minimum of two GP partners or employed GPs (excluding himself). The GPs must be partners or permanently employed GPs who are on the GP register (this excludes locum staff).
- 8. a He must be closely supervised in all of his posts by a clinical supervisor, as defined in the *Glossary for undertakings and conditions*. His clinical supervisor must be approved by his responsible officer (or their nominated deputy).
- b He must not work until:

- i his responsible officer (or their nominated deputy) has appointed his clinical supervisor and approved his supervision arrangements
 - ii he has personally ensured that the GMC has been notified of the name and contact details of his clinical supervisor and his supervision arrangements.
- 9. a He must get the approval of his responsible officer (or their nominated deputy) and the GMC Adviser, before working as:
 - i a locum / in a fixed term contract
 - ii out-of-hours
 - iii on-call
- b He must not work until:
 - i his responsible officer (or their nominated deputy) and the GMC Adviser has confirmed approval
 - ii he has personally ensured that the GMC has been notified of the approval of his responsible officer (or their nominated deputy) and the GMC Adviser.
- 10. He must not work in any locum post or fixed term contract of less than one month's duration.
- 11. He must personally ensure the following persons are notified of the conditions listed at 1 to 10:
 - a his responsible officer (or their nominated deputy)
 - b the responsible officer of the following organisations:
 - i his place(s) of work, and any prospective place of work (at the time of application)
 - ii all his contracting bodies and any prospective contracting body (prior to entering a contract)
 - iii any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
 - iv any locum agency or out of hours service he is registered with.

- v If any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify this person, he must contact the GMC for advice before working for that organisation.
- c the responsible officer for the medical performers list on which he is included or seeking inclusion (at the time of application)
- d his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

Review

72. The Tribunal determined to direct a review of Dr Newley's case. A review hearing will convene shortly before the end of the period of conditional registration. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Newley to demonstrate how he has developed insight and the steps he has taken to remediate. The Tribunal noted that the previous Tribunal had indicated to Dr Newley that a further reflection statement would be of assistance to a reviewing Tribunal. However, this Tribunal considered that given the lapse in time since the index events, a further reflective statement was not required. Nevertheless, it may assist the future reviewing Tribunal if Dr Newley provides:

- Evidence to demonstrate that he has reflected upon his learning and identified any further development needs;
- Evidence of Dr Newley's CPD, such as courses attended, journals read, e-briefs and the frequency in which he studied online materials;
- Evidence that Dr Newley has maintained his clinical skills and medical knowledge;
- Current testimonials as to Dr Newley's character and conduct during the period of his conditional registration, written in the knowledge of his conditional registration by this Tribunal and of the Tribunal's reasons;
- Any further evidence that Dr Newley considers will assist a reviewing Tribunal.

73. The Tribunal have directed to impose conditions on Dr Newley's registration for a period of three years. The MPTS will send Dr Newley a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current order of conditions will remain in place during the appeal period.