

**PUBLIC RECORD****Dates:** 06/10/2025 - 16/10/2025

**Doctor:** Dr Jane LIM

**GMC reference number:** 3251098

**Primary medical qualification:** MB BS 1987 University of London

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

**Summary of outcome**

Erasure

Immediate order imposed

**Tribunal:**

Legally Qualified Chair:	Miss Megan Larrinaga
Lay Tribunal Member:	Ms Karen Naya
Registrant Tribunal Member:	Dr Gillian Livesey

  

Tribunal Clerk:	Mrs Jennifer Ireland
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**Attendance and Representation:**

Doctor:	Not present, not represented
GMC Representative:	Mr Alan Taylor, 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 - 10/10/2025

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules), to sit in private when the matters under consideration were confidential.

## Background

2. Dr Lim obtained her medical degree from the University of London in 1987. She subsequently qualified as a General Practitioner ('GP'), becoming a GP Partner at Willesden Health Centre and later, The Primrose Hill Surgery, London. She remained at The Primrose Hill Surgery for 15 years. At the time of the events leading to this hearing, Dr Lim was practising as a self-employed GP at London Central and West Unscheduled Care Collaborative ('LCW').

3. The allegations against Dr Lim can be summarised as follows: between January 2022 and March 2023, whilst working at LCW, Dr Lim submitted invoices for work undertaken when she knew she had worked less hours than those claimed on her invoices. It is alleged that Dr Lim's actions were dishonest.

4. LCW provides out of hours GP services such as home visits, face to face consultations at primary care centres and remote telephone triage services. Its services are available 24 hours a day 7 days a week. Dr Lim's work for LCW solely involved providing remote telephone triage services from home. Shifts at LCW are allocated through a system known as Rotamaster. In order to request shifts GPs, log into Rotamaster, selecting sessions they wish to undertake. Shifts are allocated at least one month in advance. In order to invoice for a shift, GPs must verify their shifts on Rotamaster, before generating an invoice which is then sent to the finance team. The finance team cross references the invoice against Rotamaster before making payment.

5. LCW uses two pieces of software to provide its services; Adastra and Sesui. Sesui is the telephone system which GPs use to carry out telephone consultations. It records the content and duration of all telephone calls. Adastra is the electronic record and the means by which the GP can see the patient history, write notes, prescribe medication and make referrals. LCW's telephone triage system gets referrals from NHS 111. The GPs providing services will telephone patients waiting for a call back depending on the priority which has been assigned to a particular call.

6. On 8 March 2023, an Operational Supervisor for LCW noted that Dr Lim was logged into its system but had not completed any cases. The Operational Supervisor raised the issue with Dr B, GP and Medical Director at LCW. Dr B asked the Operational Supervisor to compile a report from Adastra and Rotamaster to analyse Dr Lim's previous shifts. Having obtained the initial report it became apparent to Dr B that Dr Lim had been invoicing for six-hour shifts where she had completed very little, if any, work. Dr B decided to extend his review of Dr Lim's invoicing to December 2022. Further concerns were raised as it appeared that Dr Lim had submitted invoices for full shifts, but where she had either logged into Adastra late, logged out early or had not logged in at all.

7. In light of his concerns, Dr B had a meeting with Dr Lim on 23 March 2023. In that meeting, Dr B advised Dr Lim that there would be a further investigation, and she would be removed from LCW's rota in the meantime. On 24 March 2023, Dr B referred his concerns to NHS England ('NHSE').

8. At NHSE, Dr B's concerns in respect of Dr Lim were considered by the London Regional Team, and assigned to Ms A, Senior Performance Case Manager for the Professional Standards Team and Dr C, Deputy Medical Director for Professional Standards and Systems Improvement. NHSE made a referral to NHS Counter Fraud Service on 25 April 2023. NHS Counter Fraud ultimately decided not to undertake an investigation.

9. On considering the information provided by LCW, Dr C determined that an even broader review of Dr Lim's invoicing was required and extended the investigation to invoices submitted by Dr Lim from January 2022. Dr C's investigation concluded that there were a number of shifts where Dr Lim had not worked the full shift she had been scheduled to work but had invoiced for the full shift. NHSE referred Dr C's conclusions to the Performance Advisory Group ('PAG'). On 21 February 2024, the PAG concluded that referrals to the Performers List Decision Panel and the GMC Employment Liaison Advisor were required. Dr Lim was notified of this decision on 27 February 2024. On 1 March 2024, Dr Lim voluntarily

withdrew from the Performers List. As Dr Lim had withdrawn from the Performers List, NHSE could take no further action. NHSE subsequently referred its concerns to the GMC.

### The Outcome of Applications made during the Facts Stage

10. The Tribunal granted an application made by Mr Taylor, Counsel, on behalf of the GMC, pursuant to Rules 15 and 40 of the Rules and determined that notice of this hearing had been properly served on Dr Lim. It also granted the GMC's application made pursuant to Rule 31 of the Rules to proceed with the case in Dr Lim's absence. The Tribunal's full decision is included at Annex A.

### The Allegation and the Doctor's Response

11. The Allegation made against Dr Lim is as follows:

That being registered under the Medical Act 1983 (as amended):

1. Between January 2022 and March 2023, whilst working at London Central and West Unscheduled Care Collaborative ('LCW'), you worked the hours as set out in Schedule 1 (columns B to D);

**To be determined**

2. Between January 2022 and March 2023, you submitted the invoices for work undertaken at LCW as set out in Schedule 1 (columns E to H);

**To be determined**

3. When submitting the invoices at Schedule 1 (columns E to H), you knew on one or more occasions that you had only worked the hours as detailed in Schedule 1 (columns B to D).

**To be determined**

4. Your actions set out in paragraph 2 were dishonest by reason of paragraph 3.

**To be determined**

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

**To be determined**

### Witness Evidence

12. The Tribunal received evidence on behalf of the GMC from the following witnesses:
- Dr B, who gave oral evidence on 7 October 2025. His first witness statement was undated, but it was accepted that it was signed on or around 26 June 2024. His second witness statement was dated 4 February 2025.
  - Dr C, who gave oral evidence on 8 October 2025. His witness statement was dated 26 June 2026, although the year was corrected in his oral evidence to 2025.
13. The Tribunal also received evidence on behalf of the GMC in the form of witness statements from Ms A, dated 10 July 2024, who was not called to give oral evidence.
14. Dr Lim has not provided a witness statement or any written representations. The Tribunal had regard to correspondence from the Medical Protection Society (MPS) on Dr Lim's behalf. In an email dated 24 March 2025, Ms D stated that Dr Lim *'wishes to disengage entirely from the GMC process and will therefore not be providing a response to the Rule 7 correspondence [the Allegation]. She is now retired and [has] not been on the Performers List for some time. She has no intention of returning to clinical [practice]'*. In an email dated 5 September 2025, Ms E stated that Dr Lim would not be present or represented at this hearing. She also advised that they did not have any written representations to make in the absence of their attendance and that they would await the Tribunal's outcome.

### Dr B's evidence

15. In his oral evidence, Dr B told the Tribunal that GPs found Adastra and Sesui straightforward to use. He stated that in order to carry out telephone triage sessions, doctors had to input a username and password which was provided to them at outset of their contract. He explained that Adastra would automatically log doctors out during periods of inactivity, although he was unsure whether the system would distinguish between a doctor being logged out due to inactivity or as a result of them actively logging out of the system.
16. Dr B explained that LCW was generally a very busy service with a list of patients waiting for calls, and often there were more than 100 patients waiting. He stated that there were times where the number of patients waiting for a call back was lower such as the early hours of the morning or weekdays. However, Dr B stated that in his time working at LCW, he had never experienced a session where there were no patients waiting for a call. Dr B stated that if a doctor was not logged into the system, this compromised the morale of other clinicians, was against the values of the organisation and could adversely affect patient outcomes.

17. In response to Tribunal questions, Dr B explained that although Rotamaster had the details of a session a clinician was booked to work, it was the responsibility of the clinician to ensure that the work being invoiced for was correct. Dr B's evidence was that, in the event a doctor was unable to undertake a confirmed shift at all, it was their responsibility to adjust the shift in Rotamaster before submitting their invoice. He stated that in the event that a doctor was going to be late starting a shift or had to leave a shift part way through, the payment due for that shift was according to the time actually worked. In those circumstances, the doctor was expected to notify LCW of their absence and there were processes in place to notify either an Operational Supervisor or other person in authority, through a messaging service in Adastra or calling the supervisor directly. Further, the doctor was responsible for amending Rotamaster accordingly to reflect the time they had worked. He also stated that, in the case of an emergency, a doctor was able to retrospectively notify a responsible person and adjust the shift in Rotamaster. Dr B's evidence was that he had no knowledge of Dr Lim having to leave a shift early because of ill health or a family emergency. Dr B also stated that he had no knowledge of Dr Lim having any difficulties with the Rotamaster system or submitting invoices.

18. Dr B also gave evidence of a cyberattack which affected LCW in August 2022, which impacted Adastra, including its logins, for around a month. However, he stated that to his knowledge, the cyberattack did not affect Rotamaster or a clinician's ability to verify and submit invoices.

#### Dr C's evidence

19. In his oral evidence, Dr C told the Tribunal that he had led the investigation into Dr Lim's conduct for NHSE. He stated that he was familiar with Adastra as he remained in clinical practice and had been Chair of an out of hours service for a former Primary Care Trust in London. In his capacity as Chair of the out of hours service, he had oversight of the provider of Adastra. Dr C stated that he was aware that Dr Lim had suggested that there were occasions when IT issues had impacted her ability to log in. He acknowledged that IT failures did happen, but it was his experience that they affected the entire system rather than one individual doctor and did not occur to the frequency or extent which Dr Lim suggested. Dr C further stated that if a doctor was experiencing IT issues at home, he would expect those instances to be limited. He stated that he had no evidence that Dr Lim had raised any IT issues in the relevant period.

20. Dr C stated that the initial review of Dr Lim's shifts was for a three-month period, i.e. December 2022 to February 2023, and that Dr Lim explained the difficulties she had been having with XXX during the period in question. He stated that in circumstances where a doctor was experiencing issues impacting their work, he would expect those issues or concerns to be raised by the doctor locally with the employer. He stated there was no evidence Dr Lim had done so. Dr C's evidence was that the difficulties described by Dr Lim did not cover the entire period of his investigation i.e. January 2022 to February 2023.

21. Dr C stated that, in considering the information he received from LCW in relation to Dr Lim, he created a spreadsheet with columns showing; the shift she was booked to work including the date and time; the log in and log out times as indicated by Adastra; the amount of the invoice claimed and a separate column for his comments. On comparing the columns, he noted there were shifts where there were no concerns i.e. Dr Lim worked the hours she was scheduled to and invoiced accordingly, shifts where Dr Lim had not worked her full scheduled hours but it was unclear whether she had invoiced for the shift and shifts where she had not worked her scheduled hours and had invoiced for the full shift. Dr C explained that where he was unable to verify whether Dr Lim had invoiced for a full shift, that was not included as part of his investigation. Dr Lim was given an opportunity to, and did, comment on a simplified version of Dr C's spreadsheet, which contained shifts that formed part of the investigation.

22. Dr C was asked what he understood 'N/A' to mean in respect of his spreadsheet and analysis of the Adastra log in times. He explained that it was his understanding that this represented a shift where Dr Lim had not logged into Adastra at all.

### **Documentary Evidence**

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

- Dr Lim's employment contract with LCW dated 24 May 2021;
- Various email correspondence between LCW and BMA, NHSE and Dr Lim as well as internal correspondence within LCW;
- Minutes of a meeting with Dr Lim and NHSE on 21 September 2023;
- NHSE and LCW meeting minutes dated 12 October 2023;
- Screenshots of Adastra system showing Dr Lim's log in/out times;
- Dr Lim's invoices from Rotamaster;
- Screenshots of the spreadsheets compiled by LCW and NHSE;
- Dr Lim's reflective statement for NHSE, dated September 2023; and

- Additional statement prepared by Dr Lim for NHSE, dated 17 October 2023.

### The Tribunal's Approach

24. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Lim does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it is more likely than not that the events occurred.

25. In respect of the allegation that Dr Lim acted dishonestly, the Tribunal applied the test laid down by the Supreme Court in *Ivey v Genting Casinos (UK) Ltd* [2017] UKSC 67, namely that the Tribunal should first ascertain subjectively the actual state of Dr Lim's knowledge or belief as to the facts. Whether the belief is reasonable may be a matter of evidence, but reasonableness is not an additional requirement when considering whether the belief was genuinely held. The Tribunal should then ascertain whether her conduct was dishonest applying the objective standards of ordinary decent people.

### The Tribunal's Analysis of the Evidence and Findings

26. The Tribunal has considered each paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

#### Paragraph 1

27. The Tribunal had regard to screenshots from Adastra provided by LCW showing the time Dr Lim logged into and out of the system. The Tribunal cross referenced each of the screenshots against the dates and times set out in Schedule 1. The Tribunal had regard to the evidence of Dr B and Dr C as to the operation of Adastra and how log in and log out times were produced. The Tribunal also had regard to Dr Lim's submissions to NHSE in which she stated that Adastra could inaccurately reflect the true state of logging in. The Tribunal noted there was no evidence to support Dr Lim's written assertions. The Tribunal considered Dr B's evidence with regard to the cyberattack affecting Adastra in August 2022. However, it noted that none of the dates in Schedule 1 related to August 2022, when Adastra's log in functions were said to have been affected.

28. In considering the evidence before it, the Tribunal was satisfied on the balance of probabilities that Adastra accurately reflected the log in and log out times and dates of clinicians. It was also satisfied on the balance of probabilities that the log in and log out times set out in columns 'B' to 'D' of Schedule 1 accurately reflected the times Dr Lim worked for LCW between January 2022 and March 2023.



29. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 2

30. The Tribunal had regard to an email from Dr B to Ms A dated 19 October 2023 in which he attached 17 invoices which had been submitted by Dr Lim between January 2022 and November 2022. It also considered each of the attachments and noted that they were documents titled 'Invoice' with a relevant date and an amount to be paid and the bank details to which payment should be paid. The Tribunal also had regard to various emails from an email account bearing Dr Lim's name and submitted to LCW between January 2022 and February 2023 with the subject 'Invoice'. The Tribunal cross referenced the invoices referred to in columns 'E' to 'H' of Schedule 1 against the documents contained in the bundle.

31. The Tribunal noted Dr Lim had not submitted any evidence that the emails had not come from her email account or that she had not submitted the invoices herself.

32. In considering the evidence before it, the Tribunal was satisfied on the balance of probabilities that Dr Lim submitted invoices for work undertaken at LCW as set out in columns 'E' to 'H' of Schedule 1.

33. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 3

34. The Tribunal considered whether Dr Lim knew when she submitted her invoices that she had not worked the hours she had claimed for.

35. The Tribunal took into account the statement Dr Lim submitted to NHSE in September 2023, concerning the initial investigation period, in which she stated:

*'At this time, I then began to have a nagging idea that I was becoming unreliable at work, no longer abiding by strict login and logout times. I realised I was beginning to feel I could no longer fulfil my shifts.'*

36. The Tribunal had regard to the log in and log out times of Adastra which showed that Dr Lim had either logged in late, logged out early and, on 12 shifts over nine separate days, had not logged in at all. The Tribunal also had regard to the information Dr Lim submitted to NHSE during its investigation that she had, or had tried to, cancel shifts and there were

occasions when she was unwell. In particular, the Tribunal noted that on 27 March 2022, Dr Lim was booked to work two shifts for LCW, 09:00-14:00 and 18:00-23:59. The Tribunal noted that Dr Lim tried to cancel these shifts, but was advised it was too late notice to cancel, and she would need to work. When comparing Dr Lim's log in and log out times for the 09:00-14:00 shift, the Tribunal noted that she logged in almost an hour and a quarter late and logged out almost an hour early. When considering the 18:00-23:59 shift Dr Lim logged in over two hours late and logged out five minutes later than she should have.

37. The Tribunal had regard to the fact there was no evidence that Dr Lim had ever amended any of the shifts in Rotamaster before submitting any of her invoices. The Tribunal also had regard to the fact that when submitting invoices Dr Lim asked for any bonus adjustments to be made if she had not already done so but made no reference to any deductions that should be made.

38. The Tribunal had regard to submissions made by Dr Lim to NHSE in which she accepted that she had not kept records of the shifts that she worked and her expectations that the finance team at LCW would check for inaccuracies or discrepancies.

39. In considering the totality of the evidence before it, the Tribunal was satisfied on the balance of probabilities that when submitting invoices, Dr Lim knew she had only worked the hours set out in columns 'B' to 'D' of Schedule 1.

40. Accordingly, the Tribunal found this paragraph of the Allegation proved.

#### Paragraph 4

41. The Tribunal next considered whether Dr Lim's actions in submitting the invoices for full shifts when she knew she had not worked her scheduled hours was dishonest. The Tribunal took into account the test set out in *Ivey*, and considered the evidence before it.

42. The Tribunal noted that, in her reflections to the NHSE investigation, Dr Lim refuted being dishonest although she accepted that she was unreliable and had not checked her invoices before submitting them. She stated:

*'I am shocked and feel incredulous that LCW should have found hours in early 2022 that I had not worked but claimed for; and if they suspect fraudulent activity has taken place, I would fully refute this.'*

43. The Tribunal had regard to the evidence on how shifts were allocated at LCW. Given that Dr Lim would have had to select which shifts she wished to work, and that shifts were then confirmed by LCW and a reminder was sent to her in advance, the Tribunal was satisfied on the balance of probabilities that Dr Lim knew when she should have been working. The Tribunal had regard to its findings in respect of paragraph 3 that Dr Lim knew she had not worked the hours she was scheduled to work. The Tribunal also had regard to the 12 shifts over nine dates where Dr Lim had not logged in at all despite being scheduled to work and the multiple occasions listed in Schedule 1 where she was over an hour late logging in for her shifts and/or logged out over an hour early.

44. The Tribunal noted the contract signed by Dr Lim which clearly states that a GP is not entitled to be paid for a shift or part of a shift which they did not work. The Tribunal further noted that there were several occasions when Dr Lim had to be contacted to submit her invoices for the month. However, it balanced this against the fact that invoices were submitted on a monthly basis and the majority of her invoices appeared to have been submitted on time. As such, the Tribunal determined that the dates and times she worked and whether she worked at all would have been fresh in her mind.

45. On the evidence before the Tribunal, it was satisfied on the balance of probabilities that Dr Lim knew she had not worked the hours which she claimed in her invoices and that she also knew she was not entitled to be paid for work she had not undertaken.

46. The Tribunal next considered whether, by the standards of ordinary, decent people, Dr Lim's actions would be considered dishonest. The Tribunal considered that Dr Lim submitting invoices for work she knew she had not undertaken, and which she knew that she was not entitled to be paid for, would be considered dishonest by the standards of ordinary, decent people.

47. The Tribunal has therefore found paragraph 4 of the Allegation proved.

#### **The Tribunal's Overall Determination on the Facts**

48. The Tribunal has determined the facts as follows:

That being registered under the Medical Act 1983 (as amended):

1. Between January 2022 and March 2023, whilst working at London Central and West Unscheduled Care Collaborative ('LCW'), you worked the hours as set out in Schedule 1 (columns B to D);

**Determined and found proved.**

2. Between January 2022 and March 2023, you submitted the invoices for work undertaken at LCW as set out in Schedule 1 (columns E to H);

**Determined and found proved.**

3. When submitting the invoices at Schedule 1 (columns E to H), you knew on one or more occasions that you had only worked the hours as detailed in Schedule 1 (columns B to D).

**Determined and found proved.**

4. Your actions set out in paragraph 2 were dishonest by reason of paragraph 3.

**Determined 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**

#### **Determination on Impairment - 14/10/2025**

49. Parts of this hearing were heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules). This determination will be handed down in private due to the confidential nature of matters heard as evidence. However, as this case concerns Dr Lim's alleged misconduct, a redacted version will be published at the close of the hearing.

50. 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 Lim's fitness to practise is impaired by reason of misconduct.

51. No further evidence was adduced by the GMC or Dr Lim at this stage of the hearing. The Tribunal has taken into account all of the evidence adduced at the facts stage of the hearing, both oral and documentary. It also had regard to its findings on the facts.

### Submissions

52. On behalf of the GMC, Mr Taylor submitted that Dr Lim's actions amounted to serious misconduct and that her fitness to practise is currently impaired. He directed the Tribunal to the principles set out in Good Medical Practice (2013) ('GMP'), particularly paragraphs 1, 38, 65, 68, 71 and 77, the test set out by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC and Paula Grant* [2011] EWHC 297 Admin (as set out below), and the relevant caselaw on impairment.

53. Mr Taylor reminded the Tribunal that the statutory overarching objective should be at the forefront of its consideration and submitted that all three limbs of the statutory overarching objective were engaged. He stated that Dr Lim's case was not just about maintaining public confidence in the profession but that her conduct had the potential to impact patient safety.

54. Mr Taylor submitted that Dr Lim's misconduct occurred in the exercise of her professional practice, in the context of her working as a GP for LCW and as such it could be classed as serious professional misconduct. He submitted that her conduct was dishonourable, brought disgrace on herself and thereby prejudiced the reputation of the profession.

55. Mr Taylor stated that Dr Lim acted dishonestly, claiming and receiving taxpayers' money from the NHS for work she knew she had not done. He further stated that the dishonesty was of a repeated and sustained nature covering 57 shifts over 41 days in a 15-month period. Mr Taylor also stated that Dr Lim demonstrated a pattern of persistent, dishonest conduct over a significant period of time and that her actions plainly fell significantly short of what would be expected of a registered medical practitioner. He submitted that each act of dishonesty on its own would amount to serious professional misconduct but when taken together clearly amounted to serious professional misconduct. He submitted that such persistent dishonest conduct would undoubtedly be regarded as deplorable by fellow practitioners. Mr Taylor stated that it was of great concern that the deception continued for as long as it did and that notwithstanding any personal difficulties in her life, Dr Lim's actions were deliberate, premeditated, and brought the medical profession into disrepute.

56. Mr Taylor reminded the Tribunal of Dr B's evidence, the expectation that Dr Lim was treating patients when she was not and the impact that had on patient safety. He stated that had LCW's Operational Supervisor not brought his concerns to the attention of Dr B, Dr Lim's dishonesty would never have come to light. He stated that the facts found proved were very serious and could not be minimised in any way. He invited the Tribunal to find that Dr Lim's conduct amounted to misconduct which was serious.

57. On impairment, Mr Taylor reminded the Tribunal that the purpose of these proceedings was not to punish Dr Lim, but to protect the public, bearing in mind the statutory overarching objective. He submitted that the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment was not made in this case. He stated that reasonable and properly informed members of the public would be shocked and appalled by Dr Lim's actions in dishonestly claiming and receiving money for work she knew she had not done.

58. Mr Taylor stated that dishonesty of the type and nature committed by Dr Lim did not lend itself to easy remediation. He submitted to the Tribunal that there was no current evidence of any insight or remediation, and that Dr Lim had disengaged from proceedings brought by her regulator in March 2025. Mr Taylor further stated that the evidence on behalf of Dr Lim was submitted in the context of NHSE's investigation and that she did not accept that she was dishonest. He stated that Dr Lim's current understanding of, and attitude towards, what she had done is significant. He reminded the Tribunal that Dr Lim had not accepted anything other than being careless, uninterested in invoicing, that she had made mistakes and had personal issues. He submitted that limited, if any, weight should be placed on her reflective statements as there was no evidence of remediation. He further stated that in the context of Dr Lim denying that she had been dishonest, the Tribunal could not be satisfied that her actions were unlikely to be repeated.

59. Mr Taylor submitted that Dr Lim's conduct engaged all three limbs of the statutory overarching objective as well as all four limbs of the test in *Grant*. He submitted that her reflections demonstrated some understanding of the statutory overarching objective, but she had given limited consideration of the impact of her actions on public confidence in the profession. He stated that in circumstances where there was no evidence of remediation by Dr Lim, no meaningful acknowledgement of fault and where her actions represented a serious departure from the standards and behaviour expected from a registered doctor, there was a requirement for a finding of impairment to be made.

### The Relevant Legal Principles

60. 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 judgment alone.

61. 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 that the misconduct was serious, and then whether the finding of that misconduct which was serious, could lead to a finding of impairment.

62. The Tribunal must determine whether Dr Lim's fitness to practise is impaired today, taking into account Dr Lim's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

63. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the test set out in *Grant*. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

- 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 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.'*

64. Throughout its deliberations, the Tribunal had regard to all the three limbs of the statutory overarching objective, namely to:

- protect and promote the health, safety and wellbeing of the public;
- promote and maintain public confidence in the medical profession; and

- promote and maintain proper professional standards and conduct for the members of the profession.

## The Tribunal's Determination on Impairment

### Misconduct

65. In determining whether Dr Lim's fitness to practise is impaired by reason of misconduct, the Tribunal first considered whether the facts found proved amounted to misconduct.

66. The Tribunal had regard to paragraphs 1, 34, 38, 65, 68, 71 and 77 of GMP, which provide:

**'1** *Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*

...

**34** *When you are on duty you must be readily accessible to patients and colleagues seeking information, advice or support.*

...

**38** *Patient safety may be affected if there is not enough medical cover. So you must take up any post you have formally accepted, and work your contractual notice period before leaving a job, unless the employer has reasonable time to make other arrangements.*

...

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

...



**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.*

*a You must take reasonable steps to check the information is correct.*

*b You must not deliberately leave out relevant information.*

...

**77** *You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.'*

67. The Tribunal had regard to the facts found proved including that Dr Lim had submitted invoices claiming payment for the full shift when she knew she had not worked the full shift and on nine occasions had not worked at all. The Tribunal also had regard to the fact that the invoices covered 57 shifts on 41 different dates over a 15-month period. The Tribunal considered that Dr Lim's actions breached paragraph 1 of GMP as she had failed to act with honesty and integrity. It also considered that, by so doing, her conduct breached a fundamental tenet of the medical profession.

68. The Tribunal had regard to the fact that the shifts had been allocated to Dr Lim at her own request. The Tribunal determined that Dr Lim's conduct, in failing to make herself readily accessible to her patients and failing to work shifts she had requested and formally accepted, breached paragraphs 34 and 38 of GMP. It also determined that Dr Lim's conduct in this respect put patients at an unwarranted risk of harm.

69. The Tribunal was satisfied that Dr Lim's actions in invoicing and receiving payment for work she knew that she had not completed meant that she failed to justify the public's confidence in her specifically or the medical profession more widely, failed to be honest in

her communications with her colleagues at LCW, failed to be honest and trustworthy when submitting the invoices and she had failed to be honest in her financial dealings. As such, the Tribunal concluded that her actions breached paragraphs 65, 68, 71 and 77 of GMP.

70. The Tribunal determined that fellow practitioners would be shocked to learn of Dr Lim's conduct and would consider it deplorable. The Tribunal also concluded that Dr Lim's conduct fell far short of the standards of conduct reasonably expected of a doctor and amounted to misconduct which was serious.

#### Impairment by reason of misconduct

71. The Tribunal, having found that the facts found proved amounted to misconduct, which was serious, went on to consider whether Dr Lim's fitness to practise is currently impaired by reason of her misconduct.

72. In determining impairment, the Tribunal considered whether the misconduct could be remedied while noting that matters of dishonesty are difficult to remediate. It looked for evidence of insight, remediation and the likelihood of repetition and balanced those against the three limbs of the statutory overarching objective.

73. The Tribunal noted that Dr Lim had disengaged from these proceedings. However, it noted and had regard to the three reflective statements Dr Lim had produced for NHSE in the course of its investigation. The Tribunal noted that in each of her reflective statements, Dr Lim offered apologies to LCW, her colleagues, NHSE for having to carry out an investigation, patients and her family. The Tribunal also noted that Dr Lim had undertaken some remediation including watching presentations online about dishonesty and attending online courses including a course on how to ensure similar mistakes and misconduct were not repeated in the future. The Tribunal also had regard to the practical steps Dr Lim set out which she considered would ensure that what she described as mistakes would not be repeated. These steps included keeping a record of the sessions she worked, checking claims before she submitted invoices, reducing her workload and working for organisations who do careful regular checks against work done before making payment. Dr Lim also stated that she would take regular holidays to spend time with her family, engage with a mentor and look after her own health by eating well, exercising and taking part in activities she enjoyed.

74. The Tribunal also had regard to the mitigating factors referred to by Dr Lim in the initial period of NHSE's investigation i.e. December 2022 to February 2023. These factors included XXX. The Tribunal noted that Dr Lim had also reflected on her own actions, her

professional obligations and referring to herself as a '*workaholic*'. The Tribunal also noted that Dr Lim had accepted XXX. The Tribunal also had regard to the fact that Dr Lim had repaid the amount LCW calculated she had been overpaid between December 2022 and February 2023 i.e. £5207.

75. In considering Dr Lim's reflective statements, the Tribunal had regard to the apologies, reflections and the steps she identified to prevent a risk of recurrence. However, the Tribunal was concerned that the reflective statements appeared to minimise the seriousness of her conduct. Dr Lim repeatedly described her actions as mistakes, inconsistencies and inattentiveness. She described herself as being a '*workaholic*' who was unable to keep track of her work and being someone who was simply not sufficiently interested in invoicing to pay close attention to the invoices she submitted. The Tribunal was also concerned that Dr Lim's explanations for her actions demonstrated a failure to take responsibility or accept that she was dishonest. The Tribunal accepted that Dr Lim was experiencing family difficulties and was worried about XXX. However, the Tribunal noted that Dr Lim's difficulties only covered the initial three-month period of NHSE's investigation between December 2022 and March 2023 and did not extend to the 15-month period set out in Schedule 1 of the Allegation.

76. The Tribunal had significant concerns about Dr Lim seeking to blame others for her own conduct. In particular, the Tribunal noted that Dr Lim appeared to blame LCW for not checking the invoices before making payment, blaming the system for invoicing monthly when others she did work for had more frequent invoicing practices, referred to failures in the IT system and questioned the fairness of being asked to account for matters 18 months after they had occurred. The Tribunal also had regard to the fact that Dr Lim was a self-employed GP and therefore it was her responsibility to ensure she was appropriately invoicing for the work she was undertaking. The Tribunal was also concerned that one of the steps to prevent a recurrence involved working with organisations who did '*careful regular checks*' against invoices. This again demonstrated to the Tribunal Dr Lim's attempts to distance herself from her actions and place the blame for her dishonest conduct on others.

77. The Tribunal acknowledged that Dr Lim had considered the statutory overarching objective and apologised for placing patients at risk of harm and acknowledged that her actions impacted on the reputation of the profession. However, there appeared to be no consideration of the need to maintain confidence in the profession or the need to uphold proper professional standards.

78. In considering the issue of insight, the Tribunal determined that Dr Lim had some insight into her behaviour, however, it considered that her insight was limited. There was no evidence before the Tribunal that Dr Lim's insight had developed further between her first reflective statement for NHSE in September 2023 and her final reflective statement in February 2024. There was also no evidence before the Tribunal that her insight had developed further in the 20 months between her last reflective statement to NHSE and this hearing.

79. Given the Tribunal's assessment of Dr Lim's insight, it was concerned that there was a risk of repetition. The Tribunal had regard to the remediation Dr Lim said she had undertaken but noted there was no evidence to support this. There was very limited evidence as to the detail or nature of the courses she attended, the presentation she watched and no evidence of how she applied any of the learning from the remediation undertaken. The Tribunal also had regard to the fact that Dr Lim stated that she had engaged with colleagues and a mentor but again there was no information on whether, or to what extent, she had learned anything or how she had applied any of her learning to prevent a recurrence of her conduct.

80. The Tribunal had regard to steps Dr Lim said she would take to prevent a recurrence of her conduct but balanced this against the fact that she had completely disengaged from these proceedings and her indication that she had no intention of returning to clinical practice. On the evidence before it, the Tribunal was concerned as to the limited potential for the further development of Dr Lim's insight or the possibility of any further reflection or remediation. In the circumstances, the Tribunal considered the risk of repetition to be high.

81. In considering Dr Lim's conduct against the test as set out in *Grant*, the Tribunal concluded that all of the four limbs of the test were engaged. The Tribunal determined that Dr Lim's conduct in failing to work the full shifts she had booked to work put patients at an unwarranted risk of harm. It also determined that her conduct in submitting invoices for the full shift when she knew she had only worked part of the shift or not worked at all brought the medical profession into disrepute, breached a fundamental tenet of the profession and was dishonest. The Tribunal acknowledged the difficulty in remediating dishonesty and was not satisfied that Dr Lim had remedied her misconduct.

82. In considering whether Dr Lim's fitness to practise is currently impaired, the Tribunal balanced her limited insight and the assessed risk of repetition against the statutory overarching objective. The Tribunal accepted that there was no evidence that any patients had come to harm as a result of Dr Lim's conduct. However, it considered her willingness to

expose patients to a risk of harm undermined her duty to protect, promote and maintain the health safety and wellbeing of members of the public. The Tribunal further considered that Dr Lim's proven dishonesty would damage public confidence in the profession if a finding of impairment were not made. The Tribunal was satisfied that a member of the public with full knowledge of the facts of this case would be concerned to learn of a doctor, particularly one of Dr Lim's seniority and experience, acting in the way she did. The Tribunal determined that in view of its findings of fact and serious misconduct, a finding of impaired fitness to practise was necessary to maintain public confidence not only in the medical profession but also the system of regulation. The Tribunal was also satisfied that a finding of impaired fitness to practise was required to promote proper standards of conduct for members of the medical profession.

83. The Tribunal has therefore determined that Dr Lim's fitness to practise is impaired by reason of misconduct.

#### **Determination on Sanction - 16/10/2025**

84. Having determined that Dr Lim'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.

#### **Submissions**

85. On behalf of the GMC, Mr Taylor submitted that the only sanction sufficient to meet the overarching objective was one of erasure. Throughout his submissions, he referred the Tribunal to relevant paragraphs of the Sanctions Guidance (2024) ('the SG') and the Tribunal's previous determinations.

86. Mr Taylor submitted that all three limbs of the statutory overarching objective were engaged in this case. He reminded the Tribunal that the decision on sanction was one for the Tribunal exercising its judgment and that it must act proportionately weighing the interests of the public against those of Dr Lim. He also reminded the Tribunal that it must impose the minimum sanction necessary to protect the public interest even if that sanction would cause issues for Dr Lim.

87. Mr Taylor further submitted that the Tribunal must have regard to aggravating and mitigating factors. In considering mitigating factors, Mr Taylor confirmed that Dr Lim had no

fitness to practise history and referred to the difficult personal and family circumstances Dr Lim faced in the period of NHSE's initial investigation. However, Mr Taylor stated that limited weight should be placed on those factors. Mr Taylor stated that while the stage of a doctor's career can be a mitigating factor, he reminded the Tribunal that Dr Lim's case involved serious dishonesty. He submitted that, while Dr Lim had removed herself from the Performers List, had stated an intention to retire and there was no indication that she wished to resume clinical practice, this should have no bearing on the Tribunal's decision.

88. Mr Taylor stated that there was no meaningful evidence of remediation by Dr Lim, as she did not accept she was dishonest. He submitted that Dr Lim could not remediate something she did not accept she had done. He stated that Dr Lim had shown a persistent lack of insight as she did not accept the gravity of her actions. He reminded the Tribunal of its findings that Dr Lim had failed to take responsibility for, and sought to distance herself from, her actions. He also reminded the Tribunal of its findings in relation to insight, remediation and the high risk of repetition. He described Dr Lim's insight as limited, superficial and perfunctory.

89. Mr Taylor stated that Dr Lim's dishonesty arose in the context of her professional life and as such it was arguably more serious. Mr Taylor reminded the Tribunal that it needed to consider the available sanctions in order of severity. He submitted that to take no action in this case would be wholly inadequate and disproportionate. He stated that there were no exceptional circumstances to justify taking no action. He also submitted that conditions were inappropriate as it would not be possible to formulate workable conditions, particularly given that Dr Lim had disengaged from the regulatory process. He submitted that an order of conditions was not appropriate or proportionate in a case of serious and persistent dishonesty.

90. Mr Taylor acknowledged that an order of suspension had a deterrent effect and could be used to send a signal to the doctor, profession and the public about behaviour unbefitting a registered doctor. However, he stated that a case which involved serious dishonesty and a persistent lack of insight demanded more than a signal or deterrent. He submitted that Dr Lim's actions over the identified 15-month period constituted misconduct which was fundamentally incompatible with continued registration. He stated that the factors set out in paragraph 97 of the SG did not apply in this case and therefore suspension was not appropriate.

91. Mr Taylor submitted that an order for erasure was the only means of protecting the public. He stated that Dr Lim's actions put patients at an unwarranted risk of harm and in the absence of meaningful remediation and insight, she continued to present a risk to patient safety. He stated that Dr Lim had demonstrated a deliberate disregard of the principles set out in GMP and had abused her position of trust. He reminded the Tribunal that dishonesty, particularly in financial dealings, could undermine public trust in the medical profession. Mr Taylor submitted that honesty, trust and integrity were at the heart of the medical profession. He stated that dishonest conduct involving 57 shifts over 41 days in a 15-month period could disproportionately damage the reputation of the profession if an order for erasure was not made. In all the circumstances, he submitted that the appropriate and proportionate sanction was erasure.

### **The Relevant Legal Principles**

92. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, was a matter for it alone, exercising its own judgment. In reaching its decision on sanction, the Tribunal had regard to the SG, reminding itself that it was guidance and could be departed from provided there was a good reason to do so. It bore in mind that the purpose of a sanction was not to be punitive, but to protect patients and the wider public interest, although it noted that any sanction imposed may have a punitive effect. It reminded itself that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive.

93. Throughout its deliberations, the Tribunal had regard to the overarching objective, which includes the protection of the public, the maintenance of public confidence in the profession, and the promotion and maintenance of proper professional standards and conduct for members of the profession. It applied the principle of proportionality, balancing Dr Lim's interests with the public interest.

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

94. The Tribunal first identified what it considered to be the aggravating and mitigating factors in this case.

#### Aggravating factors

95. The Tribunal considered that Dr Lim's conduct represented a significant departure from and disregard for the principles set out in GMP. It involved deliberate, repeated and sustained dishonesty over a 15-month period for personal financial gain, in the exercise of

her work as a GP. The Tribunal concluded that the dishonesty was deliberate, persistent, sustained and repeated.

96. The Tribunal concluded that Dr Lim's dishonesty constituted a breach of fundamental tenets of the profession, namely honesty and integrity. The Tribunal was of the view that honesty and integrity are the cornerstone of the medical profession and Dr Lim's actions in invoicing for work she knew she had not done represented a fundamental breach of those principles.

97. The Tribunal noted that Dr Lim had not accepted that her conduct was dishonest. In circumstances where there was no acceptance of the dishonest conduct, the Tribunal concluded that there was a persistent lack of insight into the dishonesty which represented an aggravating factor in the case.

98. The Tribunal considered Dr Lim's actions in placing the blame for her dishonest conduct on others to be a further aggravating factor. It noted that Dr Lim blamed LCW for not checking her invoices, not making appropriate amendments when she had cancelled shifts and for not having the same invoicing practices as others. It also had regard to her seeking to blame IT issues. The Tribunal determined that LCW was entitled to trust and rely on the information she provided and invoices she submitted as being accurate.

99. The Tribunal considered that Dr Lim had failed to make care of patients her priority. Her actions in not being available for the full shift and on nine occasions not being available at all, breached the trust of patients who relied on the service offered by LCW and the public more generally. The Tribunal was also satisfied that her actions in this respect placed her needs above the needs of her patients and placed her patients and the public at an unwarranted risk of harm.

100. The Tribunal was of the view that, by not working the shifts she had requested and been allocated, Dr Lim abused the trust LCW placed in her.

101. The Tribunal also considered Dr Lim's disengagement with the process as an aggravating factor. It noted that there was a duty on doctors to co-operate with their regulator. By deliberately disengaging with the process, Dr Lim breached this principle and limited the Tribunal's ability to explore a range of factors relevant to the matters it needed to determine at each stage of the hearing. The Tribunal noted that limited information had been provided and no evidence had been offered for the reason for disengagement.



Mitigating factors

102. The Tribunal had regard to the fact that Dr Lim had provided three reflective statements to NHSE in the course of its investigation. It noted that there were references to some remediation including attending ‘*several online courses*’, reading articles, watching online presentations and reminding herself of the principles in GMP. The Tribunal balanced this against the fact that there was very limited detail of the courses and presentations. There was limited information on what she had learnt from the courses and no information on how she intended to apply the learning to prevent a recurrence. The Tribunal determined that the reflective statements were inconsistent, sought to deflect responsibility and failed to adequately address the seriousness of her actions. The Tribunal also had regard to the fact that they were now significantly out of date, with the most recent being over 20 months old. The Tribunal determined that the reflections provided limited evidence of insight or remediation and therefore limited weight could be attached to them.

103. The Tribunal noted that Dr Lim co-operated with LCW and NHSE’s investigations and repaid the funds calculated by LCW for the work she had not done.

104. The Tribunal acknowledged that there were personal and family stressors at the time of NHSE’s initial investigation. These included concerns regarding XXX. However, the Tribunal balanced this against the fact that these stressors did not cover the entire 15-month period of her dishonesty and only accounted for the period between December 2022 and March 2023.

105. The Tribunal accepted that there were no previous fitness to practise findings recorded against Dr Lim.

106. The Tribunal also took into account the fact that Dr Lim had offered apologies in her reflective statements to NHSE including to LCW, NHSE, colleagues, patients and her family.

107. The Tribunal balanced the aggravating and mitigating factors throughout its deliberations and went on to consider each sanction in order of ascending severity, starting with the least restrictive.

No action

108. The Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

109. The Tribunal was satisfied that there were no exceptional circumstances in Dr Lim's case. Further the Tribunal considered that given the seriousness of the misconduct and its finding of impaired fitness to practise, taking no action would be insufficient to protect the public interest and would not mark the seriousness of Dr Lim's dishonest conduct.

Conditions

110. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Lim's registration. The Tribunal noted that conditions were usually appropriate in cases involving a doctor's health, where there was evidence of shortcomings in a specific area of the doctor's practice or where a doctor lacked the necessary English language skills. The Tribunal concluded that none of these circumstances were applicable in Dr Lim's case.

111. The Tribunal also noted that conditions need to be workable and measurable. It concluded that no measurable or workable conditions could be formulated in Dr Lim's case, particularly given that she had disengaged from the proceedings. Further it determined that given the seriousness of the misconduct and the proven dishonesty, the imposition of conditions would not address the seriousness of the misconduct found. The Tribunal also determined that an order for conditions would be insufficient to maintain public confidence in the profession.

Suspension

112. The Tribunal determined that in light of the seriousness of Dr Lim's misconduct, action must be taken to maintain public confidence in the profession and to uphold proper standards for its members. In considering whether to impose a period of suspension on Dr Lim's registration, the Tribunal had regard to paragraphs 91, 92 and 93 of the SG which provide:

**'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 (ie 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).*

**93** *Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions (see paragraphs 24–49)’*

113. The Tribunal also considered the SG at paragraphs 97(a), (e), (f) and (g), which it considered to be of particular relevance 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 departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.*

...

*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.'*

114. The Tribunal had regard to its findings that Dr Lim's conduct breached a number of paragraphs of GMP including, 1, 34, 38, 65, 68, 71 and 77. The Tribunal also had regard to its finding that Dr Lim's conduct breached fundamental tenets of the profession i.e. to act with honesty and integrity. The Tribunal reminded itself that Dr Lim's dishonesty occurred over a 15-month period covering 57 shifts over 41 days. As such, the Tribunal concluded that Dr Lim's dishonesty could not be regarded as an aberration or a single episode of dishonesty over an otherwise unblemished career. Rather, the Tribunal concluded that the dishonesty was persistent, sustained and repeated. The Tribunal further concluded that this conduct represented a serious departure from GMP.

115. The Tribunal had significant concerns with the limited detail of the remediation undertaken by Dr Lim. The Tribunal had regard to the steps Dr Lim said she would undertake to prevent a recurrence of her dishonest conduct, including engaging with a mentor. However, it noted she subsequently applied to withdraw from the Performers List and did not take the opportunity to implement the steps she had identified. The Tribunal also noted there was no evidence of Dr Lim's learning or how she had applied it to prevent a recurrence of her dishonest conduct. The Tribunal had regard to Dr Lim's disengagement from the regulatory process and the absence of any evidence of any further remediation between NHSE's investigation and this hearing. In light of the limited evidence of remediation and the lack of evidence of any applied learning from the remediation undertaken, the Tribunal was unable to conclude that attempts at remediation were likely to be successful.

116. The Tribunal had regard to its findings in respect of Dr Lim's insight at the impairment stage and its view that it was limited. It also had regard to its finding that there was no evidence of any further development of her limited insight since her last reflective statement to NHSE in February 2024. Finally, the Tribunal noted that Dr Lim, at no stage, accepted acting dishonestly. In circumstances where Dr Lim did not accept acting dishonestly, the Tribunal concluded that she had no insight into her dishonesty. The Tribunal determined that Dr Lim's disengagement with the proceedings, the lack of further attempts at remediation and the absence of evidence of development of insight could properly be characterised as a persistent lack of insight. In the circumstances, the Tribunal concluded that the risk of repetition remained high.

117. In considering the seriousness of Dr Lim's dishonest conduct, her actions in placing patients at risk of harm, the limited attempts at remediation, the persistent lack of insight and the risk of repetition, the Tribunal concluded that a sanction of suspension would be insufficient to meet the statutory overarching objective. Despite Dr Lim's long career and the absence of a fitness to practise history, the Tribunal concluded that a sanction of suspension would be insufficient to protect the public interest. The Tribunal also concluded that a sanction of suspension would fail to send a message to the profession about the gravity of Dr Lim's conduct and the seriousness with which conduct such as hers would be considered and treated.

#### Erasure

118. Having determined that a sanction of suspension would be insufficient to protect the public interest or satisfy the statutory overarching objective, the Tribunal went on to consider the sanction of erasure. It had regard to paragraphs 108, 109(a), (b), (d), (h), (i) and (j) of the SG and considered they were particularly relevant in Dr Lim's case:

**'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.*

**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 (see guidance below at paragraphs 120–128).*

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

*j Persistent lack of insight into the seriousness of their actions or the consequences.'*

119. The Tribunal considered whether Dr Lim's conduct was fundamentally incompatible with continued registration. It reminded itself of its findings that Dr Lim's actions breached multiple paragraphs of GMP, fundamental tenets of the profession and that her dishonesty was persistent, sustained and repeated. The Tribunal also had regard to the fact that Dr Lim's actions placed patients at an unwarranted risk of harm, placed her needs above the needs of her patients, acted for financial gain and that her actions took place in the context of her work as a GP. The Tribunal took into account the lack of remediation, the limited insight and in the case of dishonesty, absence of insight and the assessed risk of repetition. The Tribunal was satisfied that Dr Lim's actions engaged each of the sub paragraphs of paragraph 109 set out above.

120. The Tribunal determined that Dr Lim's actions in invoicing for full shifts she knew she had not worked was not, of itself, fundamentally incompatible with continued registration. However, the Tribunal noted that this was coupled with a failure to take accountability for her actions; seeking to blame others for her conduct; her disengagement from the regulatory process; limited remediation; limited insight and, in the case of the dishonesty, the complete absence of insight; and an assessed high risk of repetition. As a result, the Tribunal concluded Dr Lim's actions were fundamentally incompatible with continued registration.

121. Having determined that Dr Lim's conduct was fundamentally incompatible with continued registration, the Tribunal considered that erasure was the only appropriate and proportionate sanction to protect the public interest, mark the seriousness of her misconduct and protect public confidence in the profession. The Tribunal also concluded that a sanction of erasure was necessary to uphold proper standards for members of the medical profession. The Tribunal determined that a sanction of erasure would send a message to the profession

that Dr Lim's conduct was wholly unacceptable and fell far short of the conduct and standards of behaviour expected of a registered doctor.

122. The Tribunal had regard to Dr Lim's stated intention to retire from clinical practice, however, noted there was no evidence of Dr Lim taking action regarding her intention to retire. It also had regard to Dr Lim's withdrawal from the Performers List which restricts her ability to work as a GP. However, it noted that she was not prohibited from applying to be reinstated to the Performers List. In any event, given the seriousness nature of the misconduct, the persistent, sustained and repeated nature of the dishonesty and the persistent lack of insight, the Tribunal concluded that action must be taken to uphold the overarching objective.

123. The Tribunal therefore determined to erase Dr Lim's name from the medical register.

#### **Determination on Immediate Order - 16/10/2025**

124. Having determined to erase Dr Lim's name from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether her registration should be subject to an immediate order.

#### **Submissions**

125. On behalf of the GMC, Mr Taylor submitted that an immediate order should be imposed in this case. He submitted that an immediate order is necessary in this case to protect the public and was in the public interest, particularly in light of the Tribunal's findings that all three limbs of the overarching objective are engaged. He stated that Dr Lim had been found to have posed an unwarranted risk of harm to patients and has abused the special position of trust doctors' hold. He submitted that, in the circumstances, immediate action needs to be taken to protect public confidence and uphold proper professional standards. He stated that it would not be appropriate for Dr Lim to have the opportunity to partake in unrestricted practice before the substantive order can take effect. He confirmed that there was no interim order in place.

126. No written representations were received from Dr Lim.

### The Tribunal's Determination

127. In reaching its decision, the Tribunal considered the relevant paragraphs of the SG and exercised its own independent judgment. In particular, it took account of paragraphs 172, 173 and 178:

**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. ...*

**173** *An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.*

...

**178** *Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'*

128. The Tribunal determined that an immediate order was necessary to protect members of the public and is otherwise in the public interest. Further, it was necessary in order to uphold proper professional standards. The Tribunal was of the view that public confidence would be undermined if Dr Lim was permitted to practise unrestricted, given its finding that Dr Lim's conduct was incompatible with continued registration, the serious nature of her misconduct, and the assessed risk of repetition. The Tribunal concluded that the medical profession would also be shocked if Dr Lim was permitted to continue unrestricted practice in light of its findings.

129. This means that Dr Lim's registration will be suspended from the date on which notification of this decision is deemed to have been served upon her. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.



130. There is no interim order to revoke.

131. That concludes this case.

ANNEX A - 06/10/2025

Service and Proceeding in Absence

132. Dr Lim is neither present nor legally represented at this hearing.

133. The Tribunal was provided with a copy of a service bundle from the General Medical Council ('GMC'). This included the Medical Practitioners Tribunal Service ('MPTS') Notice of Hearing letter and GMC information letter, both dated 2 September 2025. Both letters were sent to Dr Lim by email via her legal representatives at the Medical Protection Society ('MPS').

134. In an email dated 5 September 2025, Ms E, MPS, confirmed to the MPTS that she had conduct of Dr Lim's case. Ms E stated that Dr Lim would not be attending the hearing and that no legal representation would be attending on Dr Lim's behalf. She also advised that they did not have any written representations to make in the absence of their attendance and that they would await the Tribunal's outcome. Ms E also confirmed receipt of the GMC information letter by email on 4 September 2025.

135. The Tribunal has been provided with earlier email correspondence from Ms D, MPS. In an email dated 24 March 2025, Ms D stated that Dr Lim *'wishes to disengage entirely from the GMC process and will therefore not be providing a response to the Rule 7 correspondence. She is now retired and [has] not been on the Performers List for some time. She has no intention of returning to clinical practise [sic]'*. In an email dated 14 May 2025, Ms D stated that the MPS was content to accept service and reiterated that they wished *'to avoid any correspondence being sent directly to Dr Lim'*.

**GMC's Submissions**

136. On behalf of the GMC, Mr Taylor, Counsel, took the Tribunal through the service bundle and highlighted that the Notice of Hearing was sent to Dr Lim's representatives who were instructed to receive correspondence on her behalf and that they had acknowledged receipt. He invited the Tribunal to conclude that service was effected in accordance with the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules').

137. Mr Taylor submitted that the Tribunal should proceed in Dr Lim's absence in accordance with Rule 31 of the Rules. He acknowledged that the decision to proceed in the absence of the doctor should be exercised with great care and caution and that fairness to the doctor and the GMC should be considered. He submitted that Dr Lim's representatives

had been clear in their correspondence to the GMC and MPTS that she would not be attending the hearing and would not be represented. He stated that Dr Lim appears to have voluntarily absented herself from the proceedings. He submitted that adjourning today would not have the effect of securing Dr Lim's attendance at a later date, as she had been clear that she wishes to completely disengage from these proceedings. Mr Taylor submitted that it was fair and appropriate in all the circumstances to proceed in her absence, given the need for the fair, economical, expeditious and efficient disposal of allegations made against a registrant.

### The Relevant Legal Principles

138. The Tribunal had regard to the legal authority of *R v Jones* [2002] UKHL 5, which sets out the factors that should be taken into account when determining whether to proceed in the absence of the practitioner including:

- the nature and circumstances of the Respondent's/Appellant's absence and, in particular, whether the behaviour may be deliberate and voluntary and thus a waiver of the right to appear;
- whether an adjournment might result in the Respondent/Appellant attending the proceedings at a later date; the likely length of any such adjournment;
- whether the Respondent/Appellant, despite being absent, wished to be represented at the hearing or has waived that right;
- the extent to which any representative would be able to receive instructions from, and present the case on behalf of, the absent Respondent/Appellant;
- the extent of the disadvantage to the Respondent/Appellant in not being able to give evidence having regard to the nature of the case;
- the general public interest;
- and, in particular, the interest of any victims or witnesses that a hearing should take place within a reasonable time of the events to which it relates; the effect of delay on the memories of witnesses.

139. The Tribunal had regard to the legal authority of *General Medical Council v Adeogba* [2016] EWCA Civ 162, and its principles including:

- There was a difference between a criminal trial and the decision under rule 31. The latter decision must also be guided by the context provided by the main statutory objective of the GMC, namely the protection, promotion and maintenance of the health and safety of the public as set out in the Medical Act;
- In that regard, the fair, economical, expeditious and efficient disposal of allegations made against medical practitioners is of very real importance;

- It would be contrary to the GMC's overarching objective if the practitioner could deliberately frustrate the process by non-engagement;
- Whenever a practitioner does not attend there will be prejudice to him or her, especially when their input is crucial but that does not outweigh other factors.

### **The Tribunal's Determination**

#### Service

140. The Tribunal had regard to Rule 40(2) of the Rules which provides that a notice or document required to be served under the Rules may be served by ordinary post, or by electronic mail to an electronic mail address, that the practitioner had notified to the Registrar as an address for communications.

141. In light of the evidence showing the Notice of Allegation and Notice of Hearing being served by email to Dr Lim's legal representatives, and the acknowledgement of those emails, the Tribunal was satisfied that Dr Lim had been properly served with the Notice of Hearing in accordance with Rules 15 and 40 of the Rules.

#### Proceeding in Dr Lim's Absence

142. In making its determination the Tribunal noted that the decision as to whether or not the hearing should proceed in Dr Lim's absence was a matter for its discretion and that such discretion was to be exercised with care and caution.

143. The Tribunal noted that the letters sent to Dr Lim informed her of the date and venue of the hearing, her right to attend it, and to be legally represented. She was also informed that the hearing could proceed in her absence if she did not attend. Dr Lim's representatives had acknowledged all correspondence sent to them and had stated that she would not be attending the hearing and would not be represented. The Tribunal concluded, in light of the information before it, that Dr Lim had voluntarily absented herself from this hearing.

144. The Tribunal considered whether an adjournment would result in Dr Lim attending the hearing. Setting aside that there had been no application for an adjournment, there was no evidence before the Tribunal that an adjournment would result in her attendance. The Tribunal formed the view that Dr Lim's representatives had made it clear in correspondence with the GMC and MPTS that she did not intend to participate in this hearing. Therefore, there would be no useful purpose in adjourning today's proceedings so that Dr Lim may attend a future sitting.

145. The Tribunal also considered whether any decision to proceed in Dr Lim's absence may result in disadvantage or prejudice to her taking account of the fact that it may not necessarily have all of the information which Dr Lim might wish to present. However, the Tribunal was of the view that this did not outweigh the public interest in this case. It noted that part of its role was to ensure a fair hearing notwithstanding Dr Lim's absence. The Tribunal determined that the Notice of Hearing was served in accordance with the Rules and, therefore, Dr Lim is aware of today's hearing. The Tribunal also noted that no application has been made to adjourn and there was no evidence to indicate that an adjournment would result in her attendance. The Tribunal balanced these facts against the statutory overarching objective, the need for the fair, economic, expeditious and efficient disposal of the proceedings and the public interest.

146. Having considered each of the relevant factors, the Tribunal determined that it is fair, just, and in both the public and Dr Lim's interest to proceed with the hearing in her absence.

SCHEDULE 1

A	B	C	D	E	F	G	H
Shift Date	Time logged onto Adastra	Time logged off from Adastra	Minutes worked	Invoice start time	Invoice end time	Minutes claimed	Amount invoiced
28/01/2022	17:05	22:09	304	17:00	22:59	359	£392.50
30/01/2022	11:12	15:06	234	11:00	16:59	359	£408.00
31/01/2022	N/A	N/A	0	17:00	22:59	359	£377.50
03/02/2022	17:41	20:02	141	16:00	19:59	239	£251.00
15/02/2022 (Daytime)	N/A	N/A	0	13:00	18:59	359	£375.50
20/02/2022	19:08	23:56	288	18:00	23:59	359	£433.00
04/03/2022	17:07	19:00	113	17:00	22:59	359	£392.50
15/03/2022	21:58	23:02	64	19:00	23:59	299	£325.00
20/03/2022	10:16	14:25	249	10:00	14:59	299	£336.00
20/03/2022	18:59	23:10	251	18:00	22:59	299	£360.00
22/03/2022	13:17	18:00	283	13:00	17:59	299	£312.50

Record of Determinations –  
Medical Practitioners Tribunal

22/03/2022	18:00	21:19	199	18:00	23:59	359	£388.00
25/03/2022	16:16	17:00	44	16:00	16:59	59	£62.50
25/03/2022	17:00	22:08	308	17:00	22:59	359	£392.50
27/03/2022	10:14	13:02	168	09:00	13:59	299	£333.00
27/03/2022	20:14	00:04	230	18:00	23:59	359	£433.00
29/03/2022	13:09	23:02	593	13:00 19:00	18:59 23:59	359 299	£375.50 £325.00
01/04/2022	18:25	20:45	140	18:00	23:59	359	£403.00
03/04/2022	11:06	16:03	297	11:00	15:59	299	£339.00
03/04/2022	18:21	21:48	207	18:00	23:59	359	£433.00
29/09/2022	17:08	21:05	236	17:00	22:59	359	£377.50
31/10/2022	N/A	N/A	0	12:00 20:00	19:59 00:59	479 299	£501.00 £335.00
03/12/2022 (Evening)	N/A	N/A	0	19:00	23:59	299	£361.00

Record of Determinations –  
Medical Practitioners Tribunal

06/12/2022- 07/12/2022	18:08	23:35	327	18:00	00:59	419	£481.00
08/12/2022	14:19	22:00	461	14:00 20:00	19:59 23:29	359 209	£376.00 £225.50
09/12/2022	17:15	21:08	233	17:00 23:00	22:59 23:59	359 59	£392.50 £73.00
10/12/2022	08:24	12:14	230	08:00 18:00	13:59 23:59	359 359	£399.00 £433.00
11/12/2022	13:03	21:17	494	13:00 17:00 23:00	16:59 22:59 23:59	239 359 59	£276.00 £429.00 £73.00
31/12/2022	N/A	N/A	0	10:00 16:00	15:59 21:59	359 359	£405.00 £426.00
21/01/2023 (daytime)	10:11	14:00	Unknown	10:00	15:59	359	£405.00
22/01/2023	N/A	N/A	0	13:00 19:00	18:59 23:59	359 299	£417.00 £361.00



Record of Determinations –  
Medical Practitioners Tribunal

23/01/2023	13:34	17:00	206	13:00 16:00 18:00	15:59 16:59 23:59	179 59 359	£187.50 £62.50 £388.00
25/01/2023	15:18	21:27	369	15:00 21:00	20:59 23:59	359 179	£376.50 £199.00
28/01/2023	11:11	16:28	317	11:00	16:59	359	£408.00
28/01/2023	19:04	23:59	295	18:00	23:59	359	£433.00
30/01/2023	15:59	21:47	348	13:00 16:00 18:30	15:59 17:59 23:59	179 119 329	£187.50 £125.00 £356.50
01/02/2023	N/A	N/A	0	17:00	22:59	359	£377.50
02/02/2023	16:13	20:17	244	16:00 17:00	16:59 22:59	59 359	£62.50 £377.50
04/02/2023	N/A	N/A	0	18:00	23:59	359	£433.00
06/02/2023	18:14	23:06	292	16:00 20:00	19:59 23:59	239 239	£251.00 £262.00

Record of Determinations –  
Medical Practitioners Tribunal

28/02/2023	N/A	N/A	0	17:00	22:59	359	£377.50
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