

PUBLIC RECORD**Dates:** 05/09/2025**Doctor:** Dr Carlos GOMES DE SANCHES DAMAS also known as Dr Damas**GMC reference number:** 7243661**Primary medical qualification:** Lic Med 2002 Universidade Nova de Lisboa

Type of case	Outcome on impairment
Review - Misconduct	Impaired

Summary of outcome
Erasure**Tribunal:**

Legally Qualified Chair	Ms Rosemary Rollason
Lay Tribunal Member:	Dr Richard Whiteside
Registrant Tribunal Member:	Dr Sarah Marwick
Tribunal Clerk:	Larry Millea

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Harriet Dixon, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Impairment - 05/09/2025

1. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Gomes De Sanches Damas' ('Dr Damas') fitness to practise is impaired by reason of misconduct.

The Outcome of Applications Made during the Impairment Stage

2. The Tribunal granted the GMC's application, made pursuant to Rule 31, to proceed with the hearing in Dr Damas' absence. The Tribunal's full decision on the application is included at Annex A.

Background

3. Dr Gomes De Sanches Damas ('Dr Damas') qualified in 2002 from Universidade Nova de Lisboa.

The 2023 Tribunal

4. Dr Damas' case was first considered by a Medical Practitioner's Tribunal ('MPT') in August 2023 ('the 2023 Tribunal'). Prior to the events which were the subject of that hearing, he was working as a consultant general surgeon at Frimley Park Hospital. Dr Damas did not participate in that hearing.

5. The facts found proved at Dr Damas' August 2023 hearing can be summarised as follows. On 25 September 2018, Dr Damas obtained a signed consent form from Patient A to

undergo a procedure by the ‘open’ approach (only), but Dr Damas commenced the procedure by the laparoscopic (or ‘keyhole’) approach, without obtaining further consent from his patient for ‘keyhole’ surgery. Further, Dr Damas amended the master copy of the consent form retrospectively, after the original version had been signed by Patient A, to indicate consent to a laparoscopic ‘keyhole’ approach. The amendment of the consent form was dishonest, as Dr Damas knew that Patient A had not consented to that approach.

6. The 2023 Tribunal further concluded that, while Dr Damas had written to the Trust to apologise about what happened, he had not accepted responsibility for undertaking surgery outside the scope of his patient’s consent. It determined that a finding of impairment was necessary to maintain public confidence in doctors, and to uphold professional standards and conduct for members of the medical profession.

7. The 2023 Tribunal suspended Dr Damas’ registration for a period of 12 months. It was satisfied that a 12-month suspension was necessary to mark the seriousness of Dr Damas’ misconduct and would provide more time for Dr Damas to reflect on why he acted as he did and how to avoid repetition. It indicated that Dr Damas could take steps to remediate and gain insight into the impact of his misconduct by way of professional development in the areas of consent and ethics.

The 2024 Tribunal

8. Dr Damas’ case was reviewed by an MPT in September 2024 (‘the 2024 Tribunal’). Dr Damas did not participate in the review hearing.

9. The 2024 Tribunal was concerned by the lack of engagement from Dr Damas. It considered that there was no evidence before it to demonstrate that Dr Damas had developed insight into, or taken steps to remediate, the misconduct. There was nothing that could satisfy the 2024 Tribunal that he had reflected on his behaviour and understood his past misconduct. The 2024 Tribunal therefore determined that Dr Damas’s fitness to practise remained impaired by reason of misconduct.

10. While the 2024 Tribunal could not be satisfied that Dr Damas had developed insight into his misconduct, it noted that he had only had 12 months since the initial substantive hearing of his case. The 2024 Tribunal determined that insufficient time had elapsed for it to conclude that there had been a “*persistent*” lack of insight that warranted erasure at that time, noting that the 2023 Tribunal did not consider Dr Damas’ misconduct to be

fundamentally incompatible with registration as a doctor. The 2024 Tribunal determined that a further period of suspension would be appropriate, to allow Dr Damas time to engage and to provide evidence as to any remediation and insight that he has developed.

11. The 2024 Tribunal stated in its determination that it wished to clarify that at the review hearing, the onus would be on Dr Damas to demonstrate how he had remediated and developed his insight. The 2024 Tribunal stated that it therefore may assist the reviewing Tribunal if Dr Damas provided:

- Evidence of his remediation and insight;
- Testimonials;
- Any evidence of professional development;
- Any other information he relies on.

The Evidence

12. The Tribunal received documentary evidence which included, but was not limited to:

- The Record of Determinations from the 2023 and 2024 Tribunals;
- Email from Dr Damas dated 16 May 2025, with the GMC's reply dated 20 May 2025;
- Email to Dr Damas dated 24 July 2025, with Dr Damas' reply dated 25 July 2025.

Submissions

13. On behalf of the GMC, Ms Dixon, counsel, submitted that Dr Damas' fitness to practise remains impaired by reason of his misconduct.

14. Ms Dixon submitted that Dr Damas has chosen not to engage with his regulator, has not followed the advice or recommendations of the previous Tribunals. He has not provided any evidence of his remediation or insight, nor has he provided any testimonials or evidence of professional development. She submitted that as a result of the lack of any evidence, the Tribunal may conclude that Dr Damas has not demonstrated any insight into the conduct that led to his suspension; conduct that involved dishonesty in breach of a fundamental tenet of the medical profession.

15. Ms Dixon submitted that Dr Damas' recent email correspondence demonstrates a persistent lack of insight. She submitted that it has been seven years since the events that led

to this hearing and two years since the substantive fitness to practise hearing and Dr Damas has not yet accepted responsibility for undertaking surgery outside of Patient A's consent, nor has he accepted that he acted dishonestly or expressed any remorse for the impact of his dishonesty. Ms Dixon submitted that the Tribunal may therefore consider that Dr Damas has in fact taken a step backwards in terms of his insight as in 2023 he expressed some regret for his failure to communicate properly with Patient A while still disputing the facts of the incident.

16. Ms Dixon submitted that as a result of Dr Damas' continued lack of insight and the lack of any evidence of remediation, the Tribunal may feel that the risk of repetition remains high. Further, she submitted that a finding of impairment remains necessary to promote and maintain public confidence in the profession and to promote and maintain proper professional standards and conduct.

The Relevant Legal Principles

17. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.

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

The Tribunal's Determination on Impairment

19. In reaching its decision, the Tribunal considered the recent correspondence received from Dr Damas.

20. In his email to the GMC dated 16 May 2025 Dr Damas states:

"I must respectfully but firmly dispute several key assertions made by the complainant, particularly the claim that I failed to communicate and explain the nature and risks of the surgical procedure. This is simply untrue. I had a thorough and clear discussion with the patient prior to surgery, during which I explained the recommended surgical

approach, including the likelihood that the procedure would begin laparoscopically and might need to be converted to an open procedure due to his prior surgical history.

My clinical decisions were made in good faith, in the best interest of the patient, and in accordance with established surgical standards and ethical obligations. At no point did I act dishonestly or without obtaining appropriate informed consent.

Furthermore, I would like to state that I have not resided or practised medicine in the United Kingdom since 2021, and I have no intention of returning to clinical practice there. Given that I am no longer a practising doctor in the UK and do not seek to return, I respectfully request that I no longer be pursued or contacted in relation to this matter.

Should further clarification be required, I am willing to provide a written statement, but I reiterate that I do not intend to engage in professional activity within the UK and would be content for my name to be voluntarily removed from the GMC register if that is deemed an appropriate course of action”

21. In a further email to the GMC, dated 25 July 2025, Dr Damas states:

“Given that I have no plans to practise in the UK again, I hereby request that my name be removed from the GMC register. I do not wish to be contacted further in relation to this matter, and I will not be attending the upcoming hearing due to my professional commitments in Portugal.

I strongly disagree with the allegations made against me and maintain that I acted with transparency and integrity. The surgical approach in question was discussed verbally with the patient, and any changes to the consent form were made in their presence. I deeply regret that my contribution over a decade of service to the NHS has been overshadowed by this issue, and I find the ongoing publication of my name online in this context both distressing and harmful.

Please consider this as my final position on the matter.”

22. In respect of Dr Damas stating that he wished for his named to be voluntarily removed [erased] from the Medical Register, the Tribunal noted that on 20 May 2025 Dr Damas was emailed a Voluntary Erasure (‘VE’) application form by the GMC. He was

requested to complete and return it if he wished to make such an application. He was also reminded to complete and return the form if he wished to do so in an email from the GMC on 25 July 2025. In response to a Tribunal question, Ms Dixon, on behalf of the GMC, confirmed that no application had been received from Dr Damas.

23. In considering impairment, the Tribunal concluded that whilst dishonesty was difficult to remediate, Dr Damas' misconduct was potentially remediable.

24. However, the Tribunal considered that no evidence of any remediation or development of insight had been provided by Dr Damas, including in response to the recommendations set out by the 2023 Tribunal. It appeared to the Tribunal that Dr Damas' position had in fact changed since his initial response to his employer. Whereas he had previously expressed some remorse about his failure to communicate appropriately with Patient A, in his letter of 25 July 2025, he seemed to have now moved away from that apology.

25. In his most recent correspondence with the GMC, Dr Damas has disputed the findings of the 2023 Tribunal and stated that he acted ethically, appropriately and was not dishonest. Whilst the Tribunal noted that Dr Damas does not accept the findings, it was concerned that there was no indication that Dr Damas has any appreciation of their gravity, the impact of his actions, or how they may be perceived.

26. The Tribunal was provided with no evidence of insight, remediation or Continuous Professional Development ('CPD') by Dr Damas and concluded that without any such evidence, the likelihood of repetition remained high.

27. Further, Dr Damas has persistently refused to engage with these proceedings and has explicitly stated that he has no intention of doing so.

28. The Tribunal considered that the findings made against Dr Damas were serious and involved a clinical aspect where he undertook a procedure that had not been consented to, causing harm to Patient A, and that he then dishonestly attempted to conceal this. Given the seriousness of the findings, Dr Damas' persistent lack of insight, the absence of any remediation and the ongoing risk of repetition, the Tribunal determined that a further finding of impairment was necessary to uphold the overarching objective.

29. The Tribunal concluded that public confidence in the profession and patient safety would be undermined if a finding of current impairment were not made in respect of Dr Damas.

30. This Tribunal has therefore determined that Dr Damas' fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 05/09/2025

1. Having determined that Dr Damas' 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 Damas' registration.

The Evidence

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

Submissions

3. On behalf of the GMC, Ms Dixon submitted that the stage has been reached in this case where the only appropriate sanction is that of erasure due to Dr Damas' persistent lack of insight into the seriousness of his actions or their consequences.

4. Ms Dixon submitted that the only potential mitigating factor which the GMC has been able to identify in this case is that, up until the incident which led to Dr Damas' suspension, he had no previous adverse regulatory history. She submitted that the following could be considered aggravating factors: Dr Damas' failure to engage with his regulator; his persistent lack of insight after two 12-month periods of suspension; and his failure to provide any evidence of remediation.

5. Ms Dixon submitted that there are no exceptional circumstances in this case which would warrant taking no action.

6. Ms Dixon submitted that conditions of practice would also not be appropriate, workable or measurable in this case, due to Dr Damas' lack of engagement and the fact that he does not reside or work in the UK. In addition, conditions would not be appropriate or sufficient to uphold standards or to maintain public confidence in the profession.

7. Ms Dixon submitted that a further period of suspension would not be sufficient to maintain public confidence in the profession or to promote and uphold proper professional standards. She submitted that Dr Damas has had ample opportunity during his two-year period of suspension to reflect on his conduct, its impact on Patient A and on public confidence in the medical profession. However, he does not appear to have done so. Ms Dixon submitted that a further period of suspension would not achieve successful remediation, because Dr Damas simply does not accept that he has done anything wrong or that there is anything to remediate. Therefore, the stage has been reached where erasure is the only sanction that will be sufficient.

8. Ms Dixon submitted that Dr Damas' has breached a fundamental tenet of the medical profession, the duty to act with honesty and integrity. This has been followed by a failure to demonstrate any insight or remediation, despite many opportunities over a two-year period of suspension, and a failure to engage in the regulatory process. Ms Dixon submitted that this is incompatible with continued registration. She submitted that Dr Damas has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession and that erasure is the only sanction that would satisfactorily uphold the second and third limbs of the overarching objective.

The Tribunal's Determination

9. The Tribunal's decision as to the appropriate sanction to impose on Dr Damas' registration, if any, is a matter for the Tribunal exercising its independent judgment. In reaching its decision, the Tribunal should take account of the Sanctions Guidance (February 2024) ('SG') and the overarching objective of S1 of The Medical Act 1983.

10. In reaching its decision, the Tribunal should have regard to the principle of proportionality, balancing Dr Damas' interests with those of the public. Throughout its deliberations the Tribunal should bear in mind that the purpose of a sanction is not to punish a doctor, although a sanction may have a punitive effect. The Tribunal was reminded of the case of *Bolton v The Law Society* [1994] 1 WLR 512, in which Sir Thomas Bingham stated, "*in cases of significant professional dishonesty, mitigation has a necessarily limited role*" and "*The*

reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is a part of the price.'

11. The Tribunal must also bear in mind that in deciding what, if any, sanction to impose, it should consider all the sanctions available, starting with the least restrictive and consider each sanction in ascending order until the overarching objective is met.

Aggravating & Mitigating Factors

12. In reaching its decision, the Tribunal first considered the aggravating and mitigating factors present in this case.

13. The Tribunal considered the following features to be aggravating factors:

- Dr Damas' ongoing failure to engage with his regulator during these proceedings;
- his persistent lack of insight over the approximately seven years since the events and during two 12-month periods of suspension since the first MPT hearing in August 2023;
- his failure to provide any evidence of remediation;
- his refusal to accept the findings of the 2023 and 2024 Tribunals.

14. The Tribunal considered the following to be mitigating factors:

- There are no previous fitness to practise findings identified in respect of Dr Damas prior to these events.

No action

15. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action.

16. The Tribunal considered that there were no exceptional circumstances in this case which could justify it taking no action.

17. Given the serious findings against Dr Damas, the Tribunal determined that to take no action would be neither appropriate nor proportionate and would fail to uphold the statutory overarching objective.

Conditions

18. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Damas' registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

19. The Tribunal concluded that there were no workable conditions that could be formulated to address Dr Damas' behaviour, particularly given his refusal to engage with these proceedings and given that he no longer works or resides in the UK. Further, a period of conditional registration would fail to mark the seriousness of the findings against him, to uphold the statutory overarching objective or to maintain public confidence.

Suspension

20. The Tribunal then went on to consider whether to impose a further period of suspension on Dr Damas' registration. In doing so, it bore in mind the following paragraphs of the SG:

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.

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

...

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

...

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

21. The Tribunal considered that Dr Damas appears to have moved away from any previous acknowledgement of fault in respect of the circumstances relating to Patient A. The Tribunal also considered that Dr Damas has made no attempt to develop insight or to remediate his misconduct, and it had identified at the impairment stage that a risk of repetition therefore remained.

22. This Tribunal noted that the 2024 Tribunal's determination on sanction, which stated:

“While the Tribunal could not be satisfied that Dr Damas has developed insight into his misconduct, given he has not provided any evidence, it noted that he has only had 12 months since the initial substantive hearing of his case. The Tribunal determined that insufficient time has elapsed for it to conclude that there has been a “persistent” lack of insight that warrants erasure at this time.”

23. Dr Damas has now been suspended for a further year. The Tribunal considered that not only has he made no attempt to develop insight or remediate, but in his most recent correspondence with the GMC, he has rejected the findings against him and explicitly stated that he would engage no further with these proceedings. As such, the Tribunal concluded that there has now been a persistent lack of insight. There appeared to be no meaningful purpose to a further period of sanction and to extend the suspension again would fail to address the outstanding concerns or uphold the statutory overarching objective

Erasure

24. Having determined that a further period of suspension would not be appropriate or proportionate, the Tribunal went on to consider the sanction of erasure. In doing so, it considered the following paragraphs of the SG to be applicable:

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.

...

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

...

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

25. The Tribunal considered that Dr Damas' actions not only undermined public confidence and professional standards, but also posed a risk to patient safety, particularly given his refusal to engage with the GMC proceedings, to acknowledge the seriousness of his actions and to take steps to develop insight, remediate and prevent repetition. It concluded that in the circumstances, all three limbs of the statutory overarching objective were engaged and that the sanction of erasure was required.

26. The Tribunal therefore determined to erase Dr Damas' name from the Medical Register. The MPTS will send Dr Damas 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 suspension will remain in place during the appeal period.

27. That concludes this case.

ANNEX A – 05/09/2025

Service and proceeding in absence

Service

1. Dr Damas was not present or represented at this Medical Practitioners Tribunal ('MPT') hearing. The Tribunal therefore considered whether the relevant documents had been served in accordance with Rule 40 of the General Medical Council ('GMC') Fitness to Practise Rules 2004 ('the Rules') and paragraph 8 of Schedule 4 of the Medical Act 1983.
2. The Tribunal was provided a Proof of Service bundle which included the following documents regarding service of the notice of hearing:
 - A screenshot of Dr Damas' registered email address;
 - Email from the GMC to Dr Damas dated 24 July 2025, with Dr Damas' emailed reply dated 25 July 2025;
 - Notice of Hearing ('NoH') sent by the MPTS to Dr Damas' registered email address, dated 24 July 2025;
 - Dr Damas' email in response to the NoH, dated 25 July 2025.
3. Ms Dixon submitted that service had been effected in accordance with Rule 40 of the Rules by reason of the documents set out above.
4. The Tribunal had regard to the documents before it and the submissions made by Ms Dixon. It was satisfied that notice of this hearing has been served in accordance with Rule 40 of the Rules and paragraph 8 of Schedule 4 of the Medical Act 1983.

Proceeding in Absence

5. Having been satisfied that notice was properly served upon Dr Damas, the Tribunal then considered whether to proceed with this hearing in his absence, in accordance with Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

Submissions

6. Ms Dixon submitted that the Tribunal could be satisfied that all reasonable efforts had been made to serve Dr Damas with the notice of hearing, and that it was fair to proceed in his absence.

7. Ms Dixon submitted that Dr Damas replied to the notice of hearing by e-mail on 25 July 2025. She submitted that his email response acknowledged receipt of the notice of hearing and went on to explain that he no longer resides or practises in the UK and has not done so since 2021. He stated that he does not intend to return to the UK medical practice, does not wish to be contacted further about this matter and does not intend to attend the hearing or be legally represented.

8. Ms Dixon submitted that Dr Damas is aware of the hearing taking place today and has unequivocally indicated that he does not wish to attend and has chosen not to do so. She submitted that he did not attend the substantive fitness to practise hearing in this matter, nor did he attend the last review hearing, and that as a result, the Tribunal may feel that an adjournment would not secure his attendance at a future date. She submitted that the public interest outweighs the interest of Dr Damas in being present at the hearing in the particular circumstances of this case.

The Tribunal's Determination

9. The Tribunal considered that the evidence clearly demonstrates that Dr Damas is aware of these proceedings and that he has explicitly stated that he does not wish to attend or be represented.

10. The Tribunal noted that he had not requested an adjournment and had not attended the previous hearings in this matter. The Tribunal bore in mind that this is a hearing to review a current order of suspension before its expiry on 27 September 2025. It therefore concluded that an adjournment would serve no meaningful purpose and would not be likely to secure Dr Damas' attendance. The Tribunal therefore concluded that it was in the public interest for these matters to be dealt with in a timely fashion.

11. Having considered all the circumstances, the Tribunal determined that it was fair and reasonable to proceed in Dr Damas' absence in accordance with Rule 31 of the Rules.