PUBLIC RECORD

Dates: 29/09/2025 - 03/10/2025

Doctor:	Dr Susannah THOMS
GMC reference number:	6144678
Primary medical qualification:	MB ChB 2006 University of Sheffield

Type of case	Outcome on facts	Outcome on impairment
New - Conviction	Facts relevant to impairment found proved	Not Impaired

Summary of outcome

Warning

Tribunal:

Legally Qualified Chair	Ms Morag Rea
Lay Tribunal Member:	Mr Amit Jinabhai
Registrant Tribunal Member:	Dr Theodore Willison-Parry

Tribunal Clerk:	Mr Matt O'Reilly

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Catherine Rabaiotti, Counsel, instructed by the MDU
GMC Representative:	Ms Megan Tollitt, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts and Impairment - 02/10/2025

1. This determination will be read in private. However, as this case concerns Dr Thoms' conviction, a redacted version will be published after the hearing with references to confidential issues, XXX, removed.

Background

2. On 19 April 2024, Dr Thoms pleaded guilty at Leeds Magistrates Court, to one offence of failing without reasonable excuse to provide a breath specimen for analysis on 3 April 2024 when suspected of having driven a vehicle, contrary to section 7(6) of the Road Traffic Act 1988. The offence was committed on 3 April 2024 when, at approximately 3:50pm, Dr Thoms was seen driving a XXX vehicle on the M1 between Leeds and Wakefield by a member of the public, who reported concerns about the manner of her driving. The police then followed Dr Thoms' vehicle and observed her weaving between lanes and driving at low speed on the motorway. The police stopped Dr Thoms' vehicle and due to the smell of intoxicants and her demeanour, officers requested that she submit to a roadside breath test which she refused to do. Dr Thoms was then arrested on suspicion of driving whilst unfit. contrary to Section 4 of the Road Traffic Act. Dr Thoms was taken to police custody where she then failed to provide two specimens of breath for analysis using the evidential intoxiliser machine. As a result, Dr Thoms was charged with the offence of failing to provide a sample for analysis on 4 April 2024.

3. Following Dr Thoms' guilty plea, the case was adjourned to allow the probation service an opportunity to prepare a Pre-Sentence Report, and an Interim driving

disqualification was imposed on 19 April 2024. Dr Thoms was then sentenced on 30 May 2024 to a 12-week prison sentence, suspended for 12 months, with two requirements attached to the suspended sentence. Firstly, XXX; secondly, a rehabilitation activity requirement, to include participation in any activity as required by the responsible officer up to a maximum of 10 days. Dr Thoms was also disqualified from holding or obtaining a driving licence for 16 months from 19 April 2024, to be reduced by 16 weeks on completion of a course by 28 February 2025. Dr Thoms' driving licence was endorsed, and she was required to pay prosecution costs.

The Outcome of Applications Made during the Facts Stage

4. At the outset of these proceedings, Ms Catherine Rabaiotti, Counsel, on behalf of Dr Thoms made an application pursuant to Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 in relation to XXX to be held in private, which would amount to all the witness evidence called at stage 2. Ms Megan Tollitt, Counsel, on behalf of the GMC, submitted that the GMC were neutral on the application. The Tribunal was satisfied that any matters relating to XXX should be heard in private, it therefore determined to grant the application.

The Allegation and the Doctor's Response

5. The Allegation made against Dr Thoms is as follows:

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

1. On 19 April 2024 at Leeds Magistrates' Court you were convicted of an offence of failing without reasonable excuse to provide a breath specimen for analysis on 03 April 2024 when suspected of having driven a vehicle, contrary to section 7(6) of the Road Traffic Act 1988. Admitted and found proved

2. On 30 May 2024 at Leeds Magistrates' Court you were:

    a. sentenced to imprisonment for 12 weeks, suspended for 12 months during which you were ordered to comply with:

        i. XXX;

ii. a rehabilitation activity requirement, to include participation in any activity as required by the responsible officer up to a maximum of 10 days;
Admitted and found proved

b. disqualified from holding or obtaining a driving licence for 16 months from 19 April 2024, to be reduced by 16 weeks on completion of a course by 28 February 2025. Admitted and found proved

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

The Admitted Facts

6. At the outset of these proceedings, Dr Thoms' admitted the Allegation in full, through Ms Catherine Rabaiotti, Counsel, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced that the Allegation was found proved.

7. The Tribunal also bore in mind that it had the Certificate of Conviction for the offence as set out in the Allegation. It had regard to Rule 34 of the Rules in particular:

'34…

'(3) Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.

(4) Production of a certificate signed by an officer of a regulatory body that has made a determination about the fitness to practice of a person shall be conclusive evidence of the facts found proved in relation to that determination.

(5) The only evidence which may be adduced by the practitioner in rebuttal of a conviction or determination certified in the manner specified in paragraph (3) or (4) is evidence for the purposes of proving that he is not the person referred to in the certificate or extract.'

8. The Tribunal noted however, that the Certificate of Conviction was neither signed by the Court Officer, nor had the 'Date Certified' been completed. The Tribunal, cognisant that

both parties had agreed the evidence in the Hearing bundle, accepted that the facts of the case were not disputed and had been admitted in full by Dr Thoms.

Determination on Impairment

9. After recording that the Allegation was admitted and found proved, the Tribunal had to decide, in accordance with Rule 17(2)(l) of the Rules, whether or not Dr Thoms fitness to practise is currently impaired by reason of conviction.

The Evidence

10. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to, on behalf of the GMC, the Certificate of Conviction, the West Yorkshire Police case summary, and the Probation Service Record of Oral Pre-sentence Report, dated 24 April 2024. It also had before it West Yorkshire Police Dashcam footage of the incident which led to Dr Thoms' conviction. On behalf of Dr Thoms, the Tribunal had before it her witness statement, dated 23 July 2025, and an email from her to the GMC, dated 31 May 2024, which included what she purported to be an explanation of the outcome of her Court Case, dated 31 May 2024.

11. A Stage 2 bundle was also put before the Tribunal on behalf of Dr Thoms, which included a reflective statement, dated September 2025; XXX; testimonial evidence, and patient compliments.

12. XXX

13. Dr Thoms also provided oral evidence at Stage 2 of the hearing.

Summary of Dr Thoms' oral evidence

14. Ms Tollitt put XXX to Dr Thoms, XXX. She did say however that she had '*blanks*' as to what had happened that day, XXX. She said that she was now aware of XXX at the time and how she did not have insight into her XXX emotional state at the time. Dr Thoms said she recalled her friend saying that she should go to visit her, and that when she started driving, she realised she was going in the wrong direction. She said that she recalled she was not feeling good, that she needed to go home, and the next thing she remembered was the police pulling her over. She said that she did not remember much more from then, other than intense fear. Dr Thoms had not viewed the dashcam footage XXX so could not remind herself of the circumstances.

15. Dr Thoms said that she did not recall being asked to provide a breath sample. XXX She accepted that she had pleaded guilty to not providing a breath specimen without a reasonable excuse but said that was difficult for her to admit as she could not recall the events. Dr Thoms said she believed what she had been told and thought pleading guilty was the best thing to do at that time. Dr Thoms said she may have been questioned as to why she was not able to provide a breath sample but that she could not recall it. She said that if she had been given a chance to calm down or compose herself, she may have been able to do it but could not recall that. XXX

16. XXX

17. Dr Thoms accepted that she shared some wine with her partner, that they had it with food, the night before the incident on 3 April 2024. She said that she remembered not wanting wine but going along with it XXX

18. Dr Thoms was asked whether she accepted that she had not always been consistent in the details she has given around the events surrounding her arrest on 3 April 2024. Dr Thoms said that she believed that she has always answered the questions asked of her as clearly and as coherently as possible. She said that it was a very confusing time for her XXX, and she may not have said exactly the same thing to all the different authorities involved. She said that she was overwhelmed and confused for a lot of time, XXX. She said that XXX at that time but that she had no reason to hide anything.

19. Ms Tollitt asked Dr Thoms about her 12-week custodial sentence, suspended for 12 months and whether the sentencing District Judge explained the meaning and implications of that sentence to her. Dr Thoms accepted that he would have. She also said that she was legally represented and that her solicitor talked through the outcome of the Trial a few days after the criminal proceedings. She told the Tribunal however that she did not understand the implications at that time, as she was terrified and overwhelmed. She said that it may have been her naive thinking, lack of understanding and XXX at the time to comprehend what was going on. She said she thought because she had not been sent to prison, that she had not got a sentence. Dr Thoms said that it had been drilled into her that whatever happened, she needed to inform the GMC, her medical director and various other people, as soon as possible, which was why she sent an email to the GMC the day after her sentencing, CC'ing everyone else who needed to know. Dr Thoms replied to Ms Tollitt that she understood that she could reapply for her driving licence in January 2025, which she did.

20. It was put to Dr Thoms that she told the GMC in her email that she had received '*no sentence*' but had said that she needed to comply with XXX. Dr Thoms said that this email reflected her XXX, lack of understanding and insight, and a lack of appreciation for the seriousness of the circumstances. She likened it to giving a terminal diagnosis to a patient, that there was a little hope, and she was trying to see the positive. She said she saw that she was not going to prison and was going to XXX. She said there was no intentional minimisation, just a pure lack of understanding. She said there was no way she would have sent the email if she thought she was not sending the correct information and she thought she was doing the right thing at the time.

21. In re-examination, Ms Rabaiotti asked Dr Thoms about the steps she has gone through from April 2024 to now. Dr Thoms said that from the end of May to the start of June 2024 when she saw the probation worker, she began to understand the situation she was in she was able to take a step back, look at her whole life and see how broken it was. She saw she had been at her lowest point and began to take steps to rebuild her life. She said she was finally able to be honest with her family, friends and work colleagues, XXX. She said this did not happen overnight, but over quite a long period of time gradually building trust with people who love and support her. Admitting and accepting the situation, about XXX and then rebuilding from that point. She said it has been the most transformational process of her life, that it came down to honesty with the closest people in her life, XXX.

22. Dr Thoms said that she has spoken to professionals, probation, XXX and key workers, others in her situation, and that she had discussed it with XXX. She said that she has been very well supported. She said that she believed she was the type of person who never tries to minimise things, rather she would try to minimise other people's pain.

23. In answer to Tribunal questions, Dr Thoms clarified that she could not remember refusing to give a breath test when requested by the police. She said that she had spent a lot of time and sought legal advice in a very limited time frame whether to plead guilty or not guilty. She said that she was advised by her criminal lawyer that without XXX to plead not guilty may harm her. She said she accepted what she was told she had done and so she pleaded guilty, and she was clear she was not going behind that guilty plea.

24. Dr Thoms also clarified that she had had a very difficult period with XXX. She had stopped working and XXX.

25. XXX

26. Dr Thoms said that XXX. She stated that she had very high standards for herself, always pushed herself and XXX. She said that XXX, that she did something that was completely and utterly awful and that she would never really be able to forgive herself. She said that she has spent a long time looking very hard at herself trying to unpick the root of the problem. XXX

Submissions on behalf of the GMC

27. Ms Tollitt referred the Tribunal to the relevant legal principles when considering the impairment stage. She referred the Tribunal to questions Dame Janet Smith set out in the Fifth Shipman Report, as adopted in *CHRE v NMC and Grant [2011] EWHC 927 Admin,* when determining impairment. She said that limbs b and c of those questions were engaged in this case, namely; *"Do our findings of fact in respect of the doctor's misconduct, show that the doctor's fitness to practise is impaired in the sense that he/she …(b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or (c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession…*"

28. Ms Tollitt also referred the Tribunal to the case of *Meadow v GMC [2006] EWCA Civ 1390*, in which the Court of Appeal confirmed impairment is a forward-looking assessment;

> *"…the purpose of FTP proceedings is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. The FPP thus looks forward not back. However, in order to form a view as to the fitness of a person to practise today, it is evident that it will have to take account of the way in which the person concerned has acted or failed to act in the past".*

29. Ms Tollitt submitted that the Tribunal should take account of the doctor's misconduct and then consider it in light of all the other relevant factors known to them, including whether the misconduct is easily remediable; whether the misconduct has been remedied; and whether the misconduct is likely to be repeated.

30. Ms Tollitt submitted that Dr Thoms was convicted by virtue of her guilty plea to the offence of failing to provide a breath specimen without reasonable excuse, contrary to section 7(6) of the Road Traffic Act 1988, which was admitted. She submitted that Dr Thoms stated in her oral evidence that she has since "*struggled*" with her decision to plead guilty, though confirmed she did maintain her position. Ms Tollitt also reminded the Tribunal that production of a certificate of conviction *"shall be conclusive evidence of the offence committed*" pursuant to Rule 34(3) of the Rules.

31. Ms Tollitt submitted that Dr Thoms was convicted of a single offence committed almost 18 months ago on 3 April 2024. She said the Tribunal may consider that this conviction did not fall at the upper end of seriousness in the context of criminal offences generally, but when assessing the seriousness of the offence, it was submitted that the Tribunal should have regard to the sentence imposed by the criminal court. She submitted that the District Judge sentenced Dr Thoms to 12 weeks imprisonment suspended for 12 months as the offence was so serious that only a custodial sentence could be justified. She submitted that the Court considered there to be realistic prospects of rehabilitation and noted XXX, and as a result the custodial sentence could be suspended. Ms Tollitt reminded the Tribunal that Dr Thoms' driving was described in the police summary report as being "*unsafe*" and "*erratic*" within the police summary report.

32. Ms Tollitt said that the Tribunal may take the view that Dr Thoms' driving on 3 April 2024 did pose a real risk to other road users, and this was aggravated by her subsequent failure to cooperate with the police investigation and provide a specimen of breath. She said that Dr Thoms acknowledged within her reflective statement that her experience attending trauma emergency situations as an anaesthetist meant she was, or ought to have been, acutely aware of the risks of driving in the manner that she did. She invited the Tribunal to consider that Dr Thoms' actions on 3 April 2024, and her resulting conviction, fell far short of the proper professional standards for members of medical profession. She submitted that paragraphs 4 and 81 of Good Medical Practice (2024) ('GMP') were engaged in this case (set out below). Ms Tollitt submitted that Dr Thoms has now completed her sentence and has engaged with the regulatory process and addressed the Tribunal on the weight it should attach to the testimonial evidence.

33. Ms Tollitt submitted that there was evidence, including admissions from Dr Thoms, that she did behave in a way which was inappropriate for a medical practitioner, and that she XXX in the period leading up to the offence. Further, that within her witness statement, written reflections and oral evidence, that Dr Thoms expressed regret and remorse for her offending. Ms Tollitt said that Dr Thoms offered some insight into her actions and the stresses she was experiencing in her personal life at the time. She submitted however that Dr Thoms has tried to minimise the concerns raised as to the outcome of the Court hearing on 30 May 2024 in her email to the GMC, about XXX in the period leading up to the offence, and the circumstances of the offence.

34. Ms Tollitt submitted that the Tribunal may take the view that Dr Thoms' description of receiving "*no sentence"* in her email to the GMC downplayed the fact of the suspended custodial sentence imposed. She said that in oral evidence, Dr Thoms said that she did not

know what a suspended sentence was or what it meant, though accepted she knew the words, but not what they translated to. She said that Dr Thoms accepted that when passing sentence, the District Judge will have explained to her what the requirements of the sentence were and what the consequences of noncompliance would be. Ms Tollitt also said that Dr Thoms was represented and advised by a solicitor in the criminal proceedings. Ms Tollitt invited the Tribunal to question how plausible it was that Dr Thoms did not understand the sentence imposed, at least to the extent of being able to inform the GMC that she was now subject to a suspended sentence order.

35. XXX, Ms Tollitt emphasised that Dr Thoms has not been convicted of an offence of driving with excess alcohol. XXX.

36. In respect of the circumstances of the offence, Ms Tollitt submitted that the author of the Pre-Sentence Report opined that there *"[was] slight minimisation of the offence – in that [Dr Thoms] state[d] she did not drink a lot the night before – and that she state[d] she smelt of alcohol due to her not having eaten that day"*. Ms Tollitt said that there was no reference within the account of the incident provided by Dr Thoms to the author of the Pre-Sentence Report to XXX the day before. Ms Tollitt reminded the Tribunal of Dr Thoms' evidence that *'just because it is not recorded, does not mean it was not said'* and that the author of the report *'either did not feel it was necessary or did not include it*'. Ms Tollitt invited the Tribunal to consider how likely it was that in the context of someone being sentenced for failing to provide a breath specimen, the author would not have felt that Dr Thoms' XXX the previous day was a relevant and significant detail to include if they had been told about it.

37. Ms Tollitt submitted that Dr Thoms has maintained that she does not have a clear recollection of the events of her arrest, but that the Tribunal may take the view that Dr Thoms has not always been consistent in what details she has been able recall about the events surrounding her arrest. XXX. Ms Tollitt said that beyond details of XXX, the Tribunal has not been presented with any evidence of a medical condition or clinical explanation for the gaps in Dr Thoms' recollection of events. She reminded the Tribunal that XXX opined that the gaps in Dr Thoms' recollection may be a "*defence mechanism*" for matters she found painful or emotionally distressing to discuss. Ms Tollitt said that the Tribunal may consider that there was scope for further reflection and insight into these aspects of Dr Thoms' offending behaviour.

38. Ms Tollitt submitted that Dr Thoms has reflected on events leading up to her arrest and conviction and has expressed remorse for her actions. She invited the Tribunal to consider however, noting the gaps within Dr Thoms' recollections and the reflections

provided on key aspects of the offending behaviour, whether Dr Thoms' insight into her offending can properly be said to be complete at this stage.

39. Ms Tollitt submitted that Dr Thoms' commission of a criminal offence, resulting in a suspended custodial sentence, fell far short of proper professional standards and conduct for members of the profession. She said that the Tribunal may take the view that this was not the behaviour members of the public would expect from a doctor, particularly with firsthand professional experience of the risks associated with the manner of driving evidenced in this case. She submitted that a finding of impairment was required in order 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. She invited the Tribunal to find that Dr Thoms' fitness to practise is impaired by reason of her conviction for a criminal offence.

Submissions on behalf of Dr Thoms

40. Ms Rabaiotti referred the Tribunal to the relevant legal principles when considering the impairment stage. She submitted that the conduct which led to Dr Thoms' conviction was serious professional misconduct as a matter of judgement rather than proof. She said that Dr Thoms made admissions as to the fact of her criminal conviction, that it has damaged the reputation of the profession, and would be deemed deplorable in the eyes of fellow practitioners. She then referred the Tribunal to Dr Thoms reflective statement in which she had acknowledged that *"I let the profession, the public, my family and myself down, in a manner that is completely unacceptable, unforgettable and unforgiveable*", and "*My conduct fell below the standard expected of a medical professional. I let my personal distress escalate XXX and committed a crime that was totally out of character. My conduct undermines my profession and the standards we adhere to. Nobody should do what I did – but it is not just myself I have disgraced. I have disgraced the public, my employee, my profession, my family XXX."*

41. In respect of impairment, Ms Rabaiotti referred the Tribunal to have particular regard to the case of *Meadow v GMC [2006] EWCA Civ 1390* that the *"purpose of Fitness to Practise proceedings is to look forward and not back i.e. to protect the public against acts and omissions of those who are not fit to practise".* She reminded the Tribunal that the matters before the Tribunal occurred 18 months ago.

42. Ms Rabaiotti submitted that this was not a case where Dr Thoms had put patients at unwarranted risk of harm, rather, she said, Dr Thoms was someone of real clinical ability who dedicated herself completely and wholly to her profession, up until the early part of 2024.

She said Dr Thoms has no fitness to practise history and that when these events occurred, Dr Thoms was in the throes of a personal, emotional XXX crisis. She removed herself from work XXX. She said that in the Spring of 2024, there was a confluence of events in Dr Thoms life which proved utterly overwhelming for her XXX. She said there were precipitating factors which came together, that Dr Thoms had XXX.

43. Ms Rabaiotti said that all these factors were a tsunami of really significant events combining in February 2024, against a background XXX. Ms Rabaiotti said that Dr Thoms' maladaptive coping mechanism, which she had been successfully deploying for years reached its limit. She suggested taking a step back and looking at the panorama of who Dr Thoms is, beyond failing to provide a specimen of breath at the roadside on 3 April 2024.

44. Ms Rabaiotti submitted that Dr Thoms was a high-achieving professional who received the President's commendation from the Royal College of Anaesthetists. Ms Rabaiotti said that Dr Thoms was also made a consultant in 2023. XXX. She said that it was unsurprising that when the two pillars upon which she had completely dedicated herself, XXX and her job were removed, XXX. She said by April 2024 Dr Thoms had not had contact with XXX. Ms Rabaiotti said that Dr Thoms was at that stage, living alone, unable to do the job that she loved, and was XXX.

45. Ms Rabaiotti submitted that the pathway Dr Thoms saw to getting her way back to XXX, and on the morning of 3 April 2024, there was contemporaneous evidence which demonstrated that XXX. This event precipitated the commission of the offence later that day. Ms Rabaiotti submitted that in the context of the offending, Dr Thoms had been going through significant and sustained personal turmoil XXX. She said that these were events that were truly exceptional and Dr Thoms' response to them wholly out of character.

46. Ms Rabaiotti referred the Tribunal to Dr Thoms reflections as to how she now recognises how she struggled, XXX. Ms Rabaiotti said that Dr Thoms accepted that she was responsible for the XXX which took place on 3 April 2024, that she had never denied responsibility for what happened. She said that Dr Thoms said in oral evidence that she had no recollection of the events, but when she was told what had happened, she accepted it. Ms Rabaiotti said that this was not someone who was struggling with accepting responsibility for their actions.

47. Ms Rabaiotti submitted that it was difficult for Dr Thoms to have meaningful insight 24 hours after an event, whilst XXX. She said that meaningful and profound insight comes with work and over time. She submitted that it is quite unfair to isolate insight from moments of crisis signifying that a doctor 18 months later does not have insight. XXX

48. Ms Rabaiotti referred the Tribunal to XXX. Ms Rabaiotti also referred the Tribunal to the opinion of Ms D, Probation Officer, who stated that Dr Thoms engaged well with her 1 to 1 supervision sessions, demonstrated remorse for her offending behaviour and positively engaged with reflective work around factors that contributed to her conviction. Ms Rabaiotti also invited the Tribunal to consider further positive testimonial evidence.

49. Ms Rabaiotti referred the Tribunal to Dr Thoms reflections in which she said the doctor has been on an earnest and difficult journey, that her work has been meaningful and identified that her triggers fell into four main categories: *"1) those that threaten XXX 2) those that threaten my job 3) those that threaten my XXX and wellbeing 4) those that threaten my personal relationships with loved ones".* Ms Rabaiotti submitted that Dr Thoms has provided real world examples of stresses and how she dealt with them such as a Coroner's inquest in May 2025. Despite the potential for personal criticism, Dr Thoms reflected that her old self would have had a profoundly emotional and self-destructive approach, seeing herself with a critical perspective. Rather, that she confronted the situation head on and prepared well, that she looked after herself, sought legal advice and remained calm. Ms Rabaiotti submitted that Dr Thoms learned that the coping mechanisms she had put in place were successful which encouraged her to use them going forward. She submitted that these were not just Dr Thoms' assertions, but that there was a swathe of evidence to support this from a variety of sources from XXX, the probation service, friends, family and colleagues. She said Dr Thoms has no shame anymore. There is nothing she has got to hide from anyone, that Dr Thoms is open and honest about her difficulties.

50. Ms Rabaiotti said that Dr Thoms understands the impact of her behaviour, has examined why it happened and has taken steps to remediate her actions and sought the appropriate help. She said that Dr Thoms has demonstrated a high level of commitment particularly in becoming qualified as a peer mentor and taking steps to improve the healthcare of prisoners. Ms Rabaiotti submitted that Dr Thoms could not have demonstrated a more complete level of insight and that the risk of repetition was highly unlikely. She submitted that there are no current fitness to practise concerns, that Dr Thoms was in the best place now than she has ever been and that she was possibly a better doctor now than she has ever been.

The Tribunal's Approach

51. The Tribunal must determine whether Dr Thoms' fitness to practise is impaired today by reason of her conviction. It should take account any relevant factors since then, such as whether her behaviour is remediable, has been remedied and any likelihood of repetition.

52. In determining the issue of impairment, the Tribunal should consider relevant questions set out in *CHRE v NMC and Grant* [2011] EWHC 927 (Admin). It should ask whether or not Dr Thoms':

a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

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

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

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

53. In reaching its decision, the Tribunal has taken account of the statutory overarching objective, which includes protecting, promoting and maintaining the health, safety and wellbeing of the public, promoting and maintaining public confidence in the profession, and promoting and maintaining proper professional standards and conduct.

Impairment

54. In determining the issue of impairment the Tribunal has taken into account all the evidence before it, and the submissions of both Ms Tollitt and Ms Rabaiotti.

55. The Tribunal reminded itself of the background and context of the matters which led to Dr Thoms' conviction. It has reviewed the police dashcam footage of the incident leading to Dr Thoms conviction where the police stopped Dr Thoms vehicle following what was described in the police report as '*dangerous'* and '*erratic'* driving.

56. The Tribunal was satisfied that Dr Thoms actions leading to her conviction had breached paragraphs 4 and 81 of GMP, and that these paragraphs were therefore engaged in this case:

> *"4. You must follow the law, our guidance on professional standards, and other regulations relevant to your work."*

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

57. The Tribunal then considered its findings in light of the guidance indicating that a doctor's fitness to practise might be impaired as set out by Dame Janet Smith in the *Grant* case referred to above. The Tribunal determined that limbs b and c were engaged in this case.

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

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

58. The Tribunal was satisfied that Dr Thoms' actions leading to her conviction were serious, breached GMP, brought the profession into disrepute and breached fundamental tenets of the profession. It was of the view that Dr Thoms' actions would be considered deplorable by fellow members of the medical profession.

59. In determining whether a finding of current impairment of fitness to practise was necessary, the Tribunal then considered whether Dr Thoms' conduct was remediable, has been remedied and the likelihood of repetition, bearing in mind the three elements of the overarching statutory objective.

60. The Tribunal first considered whether Dr Thoms' conduct was remediable. It was satisfied that this was conduct which was remediable.

61. The Tribunal then considered whether the conduct had been remedied. The Tribunal noted that Dr Thoms accepted that she breached tenets of the profession, pleaded guilty during the criminal case, accepted that she had failed to provide a breath specimen without good reason. She also admitted the Allegation in its entirety at the outset of these proceedings, albeit the Tribunal had before it the unsigned Certificate of Conviction. The Tribunal also noted that the 12-month suspended sentence has expired, Dr Thoms complied the conditions placed on the suspended sentence, and she has since served her driving ban and has regained her driving licence.

62. The Tribunal noted that it had a significant amount of evidence before it relating to XXX concerns both past and present as context to the background of the matters in this case.

It also had evidence in respect of circumstances relating to difficulties in respect of XXX as a part of the background to these matters. XXX

63. The Tribunal noted that Dr Thoms could not recall the incidents in which she was requested to provide a breath sample, either at the roadside or at the police station. She said that she had '*blanks'* in those moments. She provided the context of the incident XXX. Dr Thoms was not able however to provide the Tribunal with a conclusive reason as to why she did not provide a breath test at the police station. She said that she was XXX, that she felt panic, XXX. The Tribunal accepted that this was not an attempt to relitigate but rather to provide additional evidence about the underlying facts for the purpose of these proceedings.

64. In respect of Dr Thoms pleading guilty to failing without reasonable excuse to provide a breath specimen for analysis, the Tribunal considered that whilst she said she could not recall this, she admitted it in any event. XXX. The Tribunal considered therefore that it was to her credit that Dr Thoms pleaded guilty when she knew a guilty plea could XXX.

65. XXX

66. The Tribunal had regard to the comprehensive reflective statement which Dr Thoms provided and which she said in oral evidence that she had started it last year and had been subject to innumerable re-writes.

67. Dr Thoms has taken clear steps to understand her conduct, why it happened and what she can do in the future to prevent any repetition.

68. Dr Thoms recognised in her reflections that her actions were *"dangerous, reckless, selfish, irrational, stupid, illegal act … It was deranged, confused and irrational – I cannot piece together all the events accurately and there was no logical train of thinking on my part; I recognise panic, despair, disordered pathological thinking, extreme emotional dysregulation and extreme stress. It was thoroughly, shamefully stupid – and illegal."*

69. Following her criminal conviction, Dr Thoms also recognised XXX. She stated in her reflections that she was supported by XXX. Dr Thoms stated that when she attended Court for her sentencing, she was assigned an '*excellent probation officer'*, Ms D, who supported and guided her through a process which was totally unknown to her, and linked her to '*XXX*', a charity which supports women who XXX have had a conviction. Dr Thoms stated that she found this invaluable and worked with a lady who helped her understand, process what happened, reflect and remediate. She stated that:

"I was able to end my probation period early (probation reset), and I was selected to train to become a peer mentor for offenders. This required a 7-week training course (one day a week) with Ingeus and now I volunteer with them, support others, and attend monthly meetings and regional events. The training began in January 2025. I took annual leave to attend and committed to 3 hours commuting for each session - to attend. I learned a huge amount from this, working with other people who have convictions."

70. Dr Thoms has seen XXX, her probation officer, Ms D, XXX and had support from fellow colleague medical practitioners. The Tribunal accepted the evidence of her work on identifying the root causes of her offending behaviour. She has analysed the triggers of her maladapted coping techniques, and taken steps to address them so that she could get her life back on track.

71. In her reflective statement, Dr Thoms has also stated that:

" I have explored these with [XXX], pinpointing things I could work on constructively. For example, I drove back to where I was pulled over – and pulled over myself, sat there for long time thinking through what had happened there.

I apologised out loud at the scene, to the invisible police officers who had to deal with an [XXX], dangerous driver. I went there to say sorry to the potential people I could have hurt. Sorry to my family, sorry to the profession I love, sorry to everyone who I have caused such difficulty to, through my selfishness and [XXX]."

And further:

"When I first read the transcripts, it felt like I was reading about somebody else. But it was not, it was ME who committed such an unbearably dangerous and selfish crime. Having integrity is admitting that fact, serving my punishment, remediating and offering the best of myself to the world daily.

I undertook an advanced driving remediation course (3 days over 3 weeks) and found this humbling, beneficial and constructive. I shared my story with the other strangers on the course, which was the first time I had openly talked about my crime with strangers. I listened to theirs and hope that I helped the other participants in some way.

It was important to me to apologise in court to the police when I was sentenced. I found the words of the Judge humbling and inspiring, despite the fear I felt at being

before a court of law. The process strengthened my resolve to recover from this time, to trust others to help me and to get myself well."

72. Dr Thoms also expressed that:

"I now follow advice to [XXX], and so that I can present to you my true memory of the day and this time.

…

It feels like I am reading the [XXX] – but I am not, it is a report about me, detailing a deeply distressing thing that I have done. The XXX notes pertain to me as I was at the time; [XXX]. Reading the report and notes has renewed my dedication to continue my journey of self-improvement. After this tribunal I will be heeding the advice recommended [XXX]."

73. Dr Thoms also stated that she realised that she had to XXX, to return to work and live her life.

74. Dr Thoms stated in her reflective statement that in respect of stress management, she had put in place "*appropriate and healthy coping mechanisms, rather than resorting to the poor maladaptive strategies that eventually caught up with me, letting myself and everyone around me down."* She stated that she had worked hard on understanding what her triggers were, what happened previously and why. She stated that she had examined in painstaking and painful detail, her poor decision-making that resulted from triggers in four main categories.

"1) those that threaten [XXX]

2) those that threaten my job

3) those that threaten my [XXX] wellbeing

4) those that threaten my personal relationships with loved ones

I can clearly recognise the early feelings of being triggered now and have practiced, validated techniques, now embedded in my armoury, to de-escalate any fear response."

75. The Tribunal was satisfied that Dr Thoms has taken full ownership of the conduct that led to her conviction, the root causes of it and analysed that conduct and put in steps to address those concerns identified, XXX. She has done this with professional support and support from colleagues and family. Dr Thoms understands what went wrong, why it went wrong and has taken positive steps to address it. She recognises the impact her actions had on the public and on the wider profession.

76. The Tribunal was satisfied that Dr Thoms had provided a genuine expression of apology, regret and remorse for her actions which led to her conviction both in her reflective statement and in her oral evidence.

77. The Tribunal also noted that all the positive testimonial evidence demonstrating the practical effect of her remediation. The Tribunal considered that her remediation was thorough and well directed.

78. The Tribunal considered that in terms of Dr Thoms insight, she has been very frank, open and honest both in her reflections, and in oral evidence, about XXX and the events in her life which provided the background and context leading to her conviction. The Tribunal noted that her insight was not immediate but had developed over the last year and acutely by the time of giving evidence.

79. The Tribunal was therefore satisfied that Dr Thoms has good insight into her conduct which led to her conviction and their root causes.

80. When considering the risk of repetition, the Tribunal considered that the impact of any repetition of her misconduct would be high. The Tribunal was also cognisant that the particular combination of extremely stressful events which had triggered the self-destructive actions was unusual. It was mindful that there would always be XXX. The Tribunal was reassured however by the level of Dr Thoms insight into XXX; the in-depth analysis she had undertaken into XXX. The Tribunal was satisfied that the risk of any repetition was therefore low.

81. The Tribunal then went on to consider Dr Thoms' conviction in respect of the overarching objective. It was satisfied that there were no patient safety concerns, and that Dr Thoms was a good clinician as evidenced by testimonials from her colleagues which are to her credit.

82. The Tribunal went on to consider whether the remediation undertaken mitigated the damage to public confidence in the profession and considered that a reasonably informed person would consider that Dr Thoms had remediated the disrepute that she had brought to the profession.

83. The Tribunal was satisfied that these proceedings had been a salutary lesson for Dr Thoms.

83. The Tribunal reminded itself that its purpose was not to punish the doctor, and that Dr Thoms' conviction had expired. She has remediated her conduct, has insight, and the risk of repetition is low. The Tribunal was satisfied that a member of the public, or of the profession, in the full knowledge of all the details of this case, would not be dismayed were the Tribunal to make a finding of no impairment.

84. Accordingly, in all these circumstances of this case, the Tribunal concluded that Dr Thoms' fitness to practise is not currently impaired by reason of her conviction.

Determination on Warning - 03/10/2025

85. Having found that Dr Thoms' fitness to practise is not impaired by reason of her conviction the Tribunal proceeded to consider whether it should nevertheless issue her with a warning regarding her future conduct, in accordance with s35D(3) of the 1983 Act, and under Rule 17(2)(m) of the Rules as reflected at paragraph 61 of the Sanctions Guidance (5 February 2024) ('the SG').

Submissions on behalf of the GMC

86. Ms Tollitt referred the Tribunal to paragraph 61 of the Sanctions Guidance:

> *"61. Where a tribunal finds a doctor's fitness to practise is not impaired, it cannot impose a sanction. However, it must consider, under rule 17(2)(n) whether to:*
>
> *a take no action*
>
> *b issue a warning if the doctor's conduct, behaviour or performance has significantly departed from the guidance in Good medical practice."*

87. Ms Tollitt also reminded the Tribunal that it must give clear reasons for issuing or not issuing a warning. She referred the Tribunal to the relevant paragraphs of the GMC Guidance on Warnings ('GoW'), and in particular paragraph 32 which sets out factors to consider when deciding if a warning is appropriate (set out below). Ms Tollitt submitted that the GMC has given careful consideration to each of those factors and to the Tribunal's determination and its findings in relation to the question of impairment, and having considered each of those factors, the GMC do not seek a warning in this case.

Submissions on behalf of Dr Thoms

88. Ms Rabaiotti submitted that Ms Tollitt had referred the Tribunal to the relevant paragraphs of the GoW, and that whether to issue a warning was a matter for the Tribunal. She submitted that if the Tribunal were minded to impose a warning, the GoW sets out what a warning ought to contain.

The Tribunal's Approach

89. The Tribunal has taken into account the submissions of both parties. It has borne in mind that the decision as to whether or not to issue a warning is a matter for the Tribunal alone to determine, exercising its own judgement.

90. Throughout its deliberations, the Tribunal had regard to the statutory overarching objective and has applied the principle of proportionality, balancing Dr Thoms' interests with the public interest. The public interest includes, amongst other things, the protection of patients, the maintenance of public confidence in the profession, and the declaring and upholding of proper professional standards of conduct and behaviour.

91. In making its decision, the Tribunal had regard to the GoW. In particular, it took account of paragraphs 11, 14 and 16 of the guidance on warnings to determine whether a formal response was required from the MPTS in the interests of maintaining good professional standards and public confidence and the deterrent effect of any warning.

The Tribunal's Determination on issuing a Warning

92. The Tribunal had regard to its findings made during the facts and impairment stage of these proceedings.

93. The Tribunal first considered whether in the circumstances of this case there had been a significant departure from Good Medical Practice. It reminded itself that there is no definition of '*significant*' in the 1983 Act or the Rules but was assisted by the guidance contained in the GoW at paragraph 20. The Tribunal has determined that Dr Thoms' conduct significantly departed from the guidance in Good Medical Practice.

94. The Tribunal also had regard to paragraphs 34 and 35 of the GoW in respect of the purpose and content of a warning.

95. The Tribunal considered the range of factors at paragraph 32 to determine whether a warning is appropriate, or which may militate against a warning in this case. The Tribunal

took account of Dr Thoms' compelling insight, remediation, remorse, previous good history, likelihood of repetition and her positive testimonials. It balanced these against the seriousness of the illegal conduct and the impact of repetition on the public's confidence in the profession and the maintenance of proper professional standards and conduct.

96. The Tribunal also had regard to its findings on impairment where it found that there had been breaches of Good Medical Practice paragraph 4 and in particular paragraph 81. It reminded itself that its decision as to whether Dr Thoms' fitness to practise was impaired was a finely balanced one. Dr Thoms' conduct leading to her conviction was such that the District Judge determined, even with the benefit of a Pre-Sentence Report, that it required a custodial sentence, albeit suspended.

97. In addition to the significance of the breach identified above, the Tribunal found that if there were to be a repetition of such conduct it would be likely to result in a finding of impaired fitness to practise. In her own reflective statement and in her oral evidence Dr Thoms herself recognised the seriousness of her actions.

98. The Tribunal reminded itself that at the impairment stage it determined that a member of the public would not be dismayed were it not to make a finding of impaired fitness to practise. It was however of the view that a warning would send out a message to the public and wider profession of the need to uphold proper professional standards of conduct.

99. Finally, the Tribunal considered whether it would be proportionate to issue a warning in the circumstances of this case. It considered the regulatory objective of issuing a warning and balanced that against the impact on Dr Thoms' interests. It considered that a warning would not restrict her right to practise, and she would be free to return to practice. The Tribunal found that given the nature and significance of the breach in this case, the public interest outweighs the interests of Dr Thoms.

100. The Tribunal therefore decided that issuing a warning is proportionate and appropriate in all the circumstances of this case. The Tribunal determined that issuing a warning would serve as a deterrent effect and send a message to members of the profession that such conduct was not acceptable.

101. The Tribunal determined to issue the following warning in accordance with Section 35D(3) of the Medical Act 1983 and Rule 17(2)(m) of the Rules. It determined to impose a warning on Dr Thoms' registration in the following terms:

'Dr Thoms

The Tribunal has found proved breaches of *Good Medical Practice* regarding your conviction on 19 April 2024 at Leeds Magistrates' Court, where you were convicted for the offence of failing without reasonable excuse to provide a breath specimen for analysis on 3 April 2024 when you were suspected of having driven a vehicle, contrary to section 7(6) of the Road Traffic Act 1988. You were sentenced to imprisonment for 12 weeks, suspended for 12 months.

In the circumstances, the Tribunal found that the breaches of GMP amounted to serious professional misconduct, but the Tribunal did not consider your fitness to practise to be impaired.

However, your conduct did not meet the standards required of a doctor and must not be repeated.

The required standards are set out in *Good Medical Practice* at paragraph 81.

Whilst these failings are not so serious as to require any restriction on your registration, the Tribunal finds it necessary to respond to the departures from the standards required by issuing this warning in the interests of maintaining proper professional standards of conduct and public confidence in the profession.

This warning will be published on the medical register in line with the GMC's publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy.'

102. That concludes this case.