# PUBLIC RECORD

**Dates**: 07/07/2025 - 11/07/2025

**Doctor:** Dr Michael Paul MURRAY

**GMC reference number:** 7494461

**Primary medical qualification:** MB BS 2015 Imperial College London

**Type of case**
New - Misconduct

**Outcome on facts**
Facts relevant to impairment found proved

**Outcome on impairment**
Impaired

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

**Tribunal:**

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| Legally Qualified Chair | Miss Rachel Birks |
| Lay Tribunal Member: | Mrs Barbara Larkin |
| Registrant Tribunal Member: | Dr Janet Nicholls |

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| Tribunal Clerk: | Mrs Jennifer Ireland |

**Attendance and Representation:**

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| Doctor: | Present, represented |
| Doctor's Representative: | Mr Lee Gledhill, Counsel. |
| GMC Representative: | Ms Jade Bucklow, 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 Facts and Impairment - 08/07/2025

## Background

1. Dr Murray qualified in 2015 at Imperial College London. At the time of the events, Dr Murray was practising as a ST5 Registrar in Radiology at Chelsea and Westminster Hospital ('the Hospital'), as part of Chelsea and Westminster Hospital NHS Foundation Trust ('the Trust'). Dr Murray now works in a substantive consultant post at a different hospital within the Trust.

2. Within the Trust, imaging studies that needed to be reported urgently were placed onto an electronic insourcing reporting list. These scans were either about to breach or had breached the timescale in which they needed to be reported by. To manage the backlog, studies from this list could be reported outside of contracted work hours for additional pay. This was known as the Waiting List Initiative ('WLI') and WLI work could only be completed outside of contracted NHS hours.

3. The allegation that has led to Dr Murray's hearing can be summarised as follows: Between January and April 2023, whilst Dr Murray was reporting scans at the Hospital, he is alleged to have reported WLI scans during his contracted NHS hours. He is alleged to have received renumeration for these reports in the sum of £2200. It is alleged that these actions were dishonest, as Dr Murray knew that reporting WLI scans during his contracted NHS hours was not permitted.

4. Dr Murray self-referred to the GMC on 9 August 2023 following the outcome of the local investigation, for which Dr Murray received a final written warning by way of agreed disposal. A referral to the GMC was also made by Dr Murray's Responsible Officer on 15 August 2023.

## The Allegation and the Doctor's Response

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

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

1. Between January and April 2023 whilst working at Chelsea and Westminster Hospital NHS Foundation Trust, you:

    a. reported Waiting List Initiative scans during your contracted NHS hours; Admitted and found proved.

    b. received remuneration in the sum of £2200 in addition to payment for your contracted NHS hours because of your actions as set out at paragraph 1.a. Admitted and found proved.

2. You knew that reporting Waiting List Initiative scans during contracted NHS hours was not permitted. Admitted and found proved.

3. Your actions as set out at paragraph 1 were dishonest by reason of paragraph 2. Admitted and found proved.

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

## The Admitted Facts

6. At the outset of these proceedings, through his counsel, Mr Gledhill, Dr Murray made admissions as to the entirety of the Allegation, as set out above, 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 these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

## Determination on Impairment

7. 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 above, Dr Murray's fitness to practise is impaired by reason of misconduct.

## The Evidence

8. The Tribunal has taken into account all of the evidence received during this stage of the hearing, both oral and documentary. In particular, the Tribunal received the following key pieces of evidence:

- Chelsea and Westminster Hospital NHS Foundation Trust – Disciplinary Policy and Procedure;
- NHS 'Fact find' statement, dated 18 May 2023;
- Formal Final Written Warning dated 23 June 2023;
- List of WLI scans completed by Dr Murray from January – April 2023;
- Dr Murray's contracted hours January – April 2023;
- Imaging Insourcing Rules 2022;
- Insourcing Procedure;
- Reflection regarding events by Dr Murray – May 2023;
- Letter from NHS England to Dr Murray, dated 28 June 2023;
- Self-referral to the GMC by Dr Murray, dated 9 August 2023;
- Referral to GMC from Responsible Officer, dated 15 August 2023;
- Responsible Officer statement, dated 8 May 2025;
- Dr Murray's Personal Development Plan ('PDP'), dated 24 February 2025;
- Certificates of attendance at courses and details of learning from those; and
- Written notes from peer review meetings.

9. Dr Murray gave oral evidence at the hearing. He also submitted several reflective pieces.

10. In addition, the Tribunal received oral evidence from the following character witnesses, on Dr Murray's behalf:

- Dr A;
- Dr B;
- Dr C.

11. The Tribunal also received, in support of Dr Murray, a number of testimonials from colleagues and his employers, all of which it has read.

Dr Murray's evidence

12. In his oral evidence, Dr Murray described to the Tribunal the financial pressures of his personal circumstances at the time. XXX. He described himself as experiencing *'financial anxiety*'. He told the Tribunal that he had not wanted to burden his wife and feared going into debt, so internalised that he needed to resolve matters.

13. Dr Murray told the Tribunal of his '*flawed*' thought processes which led to him justifying the dishonesty to himself. He explained that he thought, because he was using his

'*down time*' to complete the work then it would be okay to do the WLI work during contracted hours. He gave examples of downtime as being times where patients had missed appointments, or he was waiting for a consultant to check his work. He stated that he now recognised that this was not okay, and he felt '*lots of shame'* for his actions.

14. Dr Murray directed the Tribunal to the written reflective essays he had provided. He stated that he had learned from this experience, as he had never expected to be a doctor in front of the MPTS for misconduct. He stated that he was now aware that being a good doctor was much more than being a good clinician, and he was grateful that he had gone through this process early in his career so that he could learn from it. He described how he had *'course corrected*'. He told the Tribunal that he would never repeat his dishonest conduct.

15. Dr Murray told the Tribunal that he now wanted to be a good role model to XXX by modelling and teaching them integrity. He stated that he wanted them to be proud of who they were, as integrity and being *'able to look in the mirror'* was more important than finances. He told the Tribunal that he had now spoken to his wife about his financial concerns, and they had developed a plan together. He stated that in future, he knew he could discuss these things with his wife, or friends and colleagues.

## Submissions

<u>On behalf of the GMC</u>

16. On behalf of the GMC, Ms Bucklow submitted that Dr Murray's actions amount to serious misconduct and that his fitness to practise is currently impaired. Throughout her submissions, she referred the Tribunal to relevant authorities and paragraphs 65, 71 and 77 of Good Medical Practice (2013) ('GMP'). Ms Bucklow also referred the Tribunal to the statutory overarching object and submitted that this case engages the second and third limbs, namely:

> *a. …*
> *b. to promote and maintain public confidence in the profession; and*
> *c. to promote and maintain proper professional standards of conduct for members of the profession.*

17. Ms Bucklow submitted that Dr Murray has made significant departures from more than one area of GMP. She stated that probity is recognised as a fundamental tenet of the medical profession, and all dishonesty, no matter how small or fleeting, brings the medical

profession into disrepute. She submitted that there is clearly a spectrum of dishonesty, with some dishonesty being more serious than others, but nonetheless all dishonesty is treated seriously by the regulator because of the impact on public confidence and its role in undermining public trust in the profession.

18. Ms Bucklow stated that Dr Murray appeared at times to seek to minimise some of the seriousness of his dishonesty based on the amount of money that he stole from the NHS, making comparisons to other cases with other medical professionals involving larger sums in terms of defrauding the NHS. She stated that it was '*uncomfortable*' to compare the mischief and dishonesty of one doctor to another or to compare seriousness in that way. She submitted that it was important for regulators to take dishonesty and financial dishonesty, particularly where the victim is the NHS, very seriously. She stated that it is well-established in case law that even one-off instances of dishonesty can justify serious regulatory actions such as erasure, so therefore it plainly does lie at the top end of misconduct for a doctor.

19. Ms Bucklow stated that, whilst £2200 may be less than other cases where regulatory action has been taken, it is a huge sum of money to some sectors of society, including peers within the NHS system who may work tirelessly to keep the NHS going at rates of pay much lower than Dr Murray's. Further, the amount was only capped at £2200, because Dr Murray was caught by a colleague who was undertaking the same work legitimately. Ms Bucklow asked the Tribunal to consider that Dr Murray submitted an unpaid claim in April which would have doubled the amount that he had previously defrauded the NHS in that single month, had he not been caught.

20. Ms Bucklow stated that this money was stolen from Dr Murray's employer, abusing the position of trust between employee and employer, and that is a relevant factor when assessing the seriousness of his conduct. Further, it was also relevant that the dishonesty was conducted in Dr Murray's professional capacity as a doctor. Ms Bucklow reminded the Tribunal that the NHS is a publicly funded service which is *'financially crippled'* at the moment. She stated that Dr Murray only stopped his conduct because he was caught by a colleague, and he had been unable to tell the Tribunal when exactly he would otherwise have stopped, but he suspected that he would likely have continued this conduct until he became a consultant. She submitted that Dr Murray seemed to distinguish between the responsibilities and duties of a consultant and a registrar, but it was not clear why that point specifically would change his conduct.

21. Ms Bucklow referred the Tribunal to paragraphs relating to dishonesty set out within the Sanctions Guidance (2024) ('the SG') and reminded the Tribunal of the need to be able to trust the integrity of doctors.

22. Ms Bucklow submitted that a finding of impairment is required in order to maintain public confidence and maintain proper professional standards. She stated that dishonesty itself is difficult, but not impossible, to remediate because it represents an attitudinal and behavioural concern.

23. Ms Bucklow reminded the Tribunal that insight was one of the factors that the Tribunal would need to consider, and that the timing of insight is important. She stated that Dr Murray had demonstrated insight when he admitted the Allegation, when he apologised to his employers and when he repaid the money and accepted a final warning as an outcome for his conduct. She accepted that he did refer himself to the GMC, albeit with prompting, and he has fully cooperated with the investigation and given evidence before the Tribunal. She submitted, however, that Dr Murray's insight into his own conduct, particularly the causes of what led him to defraud the NHS, is still developing and has only developed as a result of his more recent remediation. She stated that there were some gaps in his insight demonstrated in the evidence that he gave to the Tribunal, particularly in terms of causative factors. She submitted that Dr Murray maintains that financial pressure was certainly a predominant cause of this dishonesty, but XXX are just normal life events which many registered doctors and members of the public experience. She stated that Dr Murray's financial pressures were not exceptional, and many would consider that they were fairly normal, conventional daily pressures that many people face.

24. Ms Bucklow submitted that it remains unclear why Dr Murray did not pursue more conventional ways of addressing his extra financial commitments at that time, as he had admitted that he still had savings and was not yet in debt. She submitted that it seems that he was not willing at the time to inconvenience himself financially, and chose to defraud the NHS rather than using more legitimate sources of borrowing or earning additional money, and that he has not addressed why that was the approach that he took. She submitted that it may come across as a sense of entitlement that Dr Murray wanted extra money but did not want to have to sacrifice anything for it, such as time at home with his wife, due to a longer working day.

25. Ms Bucklow submitted that Dr Murray may have felt that he was helping to shift a backlog, but that should have been done in line with what his other peers were doing at the

time. She submitted that, in this regard, this has not been fully addressed and demonstrates a deep-seated attitudinal approach. She directed the Tribunal to consider Dr Murray's reflective essays, in which Dr Murray recognises that he himself held attitudinal concerns and beliefs that were not in line with the standards expected of the profession. She stated that the timing of that realisation appears to start towards the end of 2024, in terms of the underlying problems with his thinking and his beliefs, and the reflection that he has made in terms of harm to the public confidence and the wider profession.

26. Ms Bucklow submitted that Dr Murray may have initially felt that, because the warning had been issued, the monies had been repaid and he had now started a new career, the matter was behind him. This may therefore explain why there was a significant passage of time before Dr Murray sought to address his conduct. She submitted that Dr Murray knew he had been referred to the GMC in August 2023, but he did not put his mind to meaningful remediation until after he was referred to this Tribunal in October 2024. She stated that all of the courses that Dr Murray has undertaken post-date his referral to this Tribunal. She submitted that this was not unusual, but the Tribunal should take this into account when considering if meaningful remediation has taken place or if the primary motivation for the timing of this remediation was to attempt to mitigate the severity of regulatory action. She stated that this was not to say that Dr Murray has not benefited from the remediation that he has now undertaken, but the timing is important.

27. Ms Bucklow submitted that, taking this into account, the remediation is not yet complete. She submitted that there has been a large volume of remediation undertaken in a short space of time, but more time is required to embed that learning into his day-to-day practice before the Tribunal can be confident that Dr Murray has regained his fitness to practise.

28. Ms Bucklow reminded the Tribunal that Dr Murray had undertaken peer reviews with his character witnesses, and that they have no concerns about his fitness to practise. However, she submitted that the character witnesses did not appear to have the full detail of Dr Murray's conduct, such as that Dr Murray's claims were increasing month by month and that he only stopped because he was caught by a colleague. Therefore, she stated that the Tribunal should question how probative the peer reviews are, if the underlying details of the offending are not known. Ms Bucklow submitted that more examples of where he has put his learning into practice are required, so that the Tribunal can be assured that he has embedded his learning that he has undertaken so far. She stated that it was not sufficient to simply say that he has not repeated this conduct.

29. Ms Bucklow accepted that the testimonial evidence shows that Dr Murray is clearly very valued and respected in his current role, and there has been no repetition. Further, there is evidence that his colleagues are worried about the outcome of these proceedings as any sanction will pose a loss to the colleagues and the service. However, she reminded the Tribunal that evidence of clinical competence cannot mitigate serious dishonesty.

30. Ms Bucklow submitted that this was ultimately a case of public confidence and maintaining proper professional standards, and a finding of impairment is required in order to maintain public confidence in the profession. She stated that it was required to show that dishonesty is recognised as a very serious breach of professional standards, bringing the profession into disrepute, and that it will attract regulatory action.

31. Ms Bucklow submitted that there is a risk that public confidence will be significantly undermined if Dr Murray's fitness to practise is found not to be impaired. She stated that this arises both from the nature of his conduct, but also the explanations that have been put forward by Dr Murray. She reminded the Tribunal that doctors hold a position of respect and responsibility, but they also hold a significant position of trust. She stated that without trust, the medical profession cannot function as it is imperative that the public can trust a doctor. It underpins every interaction between a doctor and a patient, and a doctor and their colleagues.

32. Ms Bucklow submitted that another factor that will undermine public confidence if no action is taken is the fact that the NHS is the victim in this case. She reminded the Tribunal of the financial difficulties, the backlogs and lack of resources faced by the NHS, which mean that a doctor stealing from the NHS and exploiting the money that is being targeted towards clearing a backlog is something that would shock and disappoint members of the public.

33. Ms Bucklow stated that a member of the public fully apprised of the facts would have very little understanding of Dr Murray's explanation. She stated that his explanation does not justify what he has done and is not something beyond what people are experiencing in their own everyday lives who do use their savings, who do face debt, who do not take stealing from a public body as their first port of call and do not have the same earning prospects as Dr Murray would have had within months of his dishonesty. She stated that a member of the public would be disappointed by the sense of entitlement that seemed to underpin Dr Murray's actions at the time. She submitted that it would be difficult for the public to reconcile how a doctor who has defrauded the NHS was considered fit to practise and not

impaired by reason of that conduct. Ms Bucklow stated that there is a real risk of significantly undermining public confidence if Dr Murray was not found to be impaired, particularly where the remediation has been driven, or taken place late in the day, as part of the regulatory process and with very little evidence of him using his own initiative to remedy his conduct before that point.

34. Ms Bucklow submitted that a finding of impairment is required to maintain proper professional standards. She stated that it was relevant that Dr Murray was caught by a colleague, who expressed that he felt that this was unfair because he was doing the work legitimately, and so was everybody else. She submitted that the response of the Tribunal is very important, not just for maintaining professional standards, but for the morale of the profession. She stated that it may be demoralising for those who do *'toe the line',* work hard and make sacrifices to help the NHS to hear that a doctor doing the opposite is not considered impaired. She submitted that it was not about punishing Dr Murray, but recognising the need to uphold the standards of the profession and maintain the confidence of the profession as well as the public in the regulatory process. She stated that it was important that appropriate action should be taken when there are significant departures from the principles of GMP.

<u>On behalf of Dr Murray</u>

35. On behalf of Dr Murray, Mr Gledhill submitted that Dr Murray accepts that his past conduct constitutes serious misconduct. In relation to impairment, Mr Gledhill submitted that Dr Murray has taken significant steps to evidence learning and confronting his past misconduct such that he is in a very different place today from where he was before. He invited the Tribunal to consider that his fitness to practise is not impaired today.

36. Mr Gledhill stated that there is ample evidence to support a finding of no impairment, despite what he described as the GMC's *'brutal dismantling'* of Dr Murray's evidence. He submitted that Dr Murray has taken significant and genuine steps to demonstrate that he is a very different man today from the man he was at the time of the events. Mr Gledhill submitted that Dr Murray is now in a substantive consultant post and has been for some time, and it is quite clear that he is held in high regard by those around him. He stated that the Trust had been satisfied with his early admissions, his apology and him paying monies back; disposing of the case by way of an agreed sanction. Mr Gledhill accepted there was a delay in Dr Murray reporting himself to the GMC but stated that there had been no express obligation to do so, just an invitation. He stated that the timing of the development of the work that Dr Murray had undertaken in relation to remediation and developing insight was

important and there are key dates which he accepts do relate to a fitness to practise hearing. He stated this was a case where '*you're damned if you do and you're damned if you don't*'.

37. Mr Gledhill stated that Dr Murray has done his best to engage with his remediation approach within a process that has *'some tram lines'* set out within the processes of the GMC and the MPTS, wherein a doctor needs to evidence revisiting their conduct, holding it up to the light, looking at it in the round and learning from it by undertaking courses, reflection and speaking to others. He stated that the character evidence provided in support of Dr Murray demonstrates that he has engaged properly, seeking to explore what it is to be a professional doctor, and the three witnesses who gave evidence hold him in high regard. Further, two of those individuals have evidenced that they have attended peer review discussions with him, which Dr Murray has provided written evidence of. Mr Gledhill stated that this is evidence of somebody engaging quite properly, and not of somebody who is trying to minimise his responsibility.

38. Mr Gledhill stated that, in his oral evidence, Dr Murray had acknowledged that there could have been alternatives, that he did not have to turn to dishonesty, which he has sought to explore through his remediation, such as attending seminars with leaders in the field of ethics and reflecting on his learning. He stated that Dr Murray has been able to analyse the causes of his dishonesty and disagreed with the GMC assessment regarding the limited nature of insight that had been gained to date. He directed the Tribunal to Dr Murray's extensive reflective documents as evidence of his well-developed insight. He stated that it was quite clear that Dr Murray has engaged deeply with remediation, reflection and insight, such that he can now explain what happened and why he will not repeat the misconduct.

39. Mr Gledhill directed the Tribunal to relevant case law and invited the Tribunal to consider that Dr Murray's fitness to practise is not currently impaired. He stated that the Tribunal has the power to impose a warning in cases of no impairment. He submitted that the totality of the evidence shows that the likelihood of repetition is close to nil.

40. Mr Gledhill submitted that there is a public interest in returning good quality doctors back to clinical practice. He stated that evidence has been given that would suggest that if a substantive sanction was imposed in this case, there would be an impact on Dr Murray's employers and patients. He stated that Dr Murray is a very capable doctor, with specialist knowledge, who is very much needed within the NHS.

41. Mr Gledhill referred the Tribunal to the evidence of relevant targeted Continual Professional Development ('CPD'), the positive testimonials, and Dr Murray's detailed reflections when considering current impairment. He invited the Tribunal to find that Dr Murray's fitness to practise is no longer impaired.

## The Relevant Legal Principles

42. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof, and the decision in relation to impairment of fitness to practise is a matter for the Tribunal's judgment alone.

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

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

45. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided 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.* 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.'*

46. 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.

47. The Tribunal reminded itself that not every case of proven dishonesty will automatically lead to a finding of current impairment.

## The Tribunal's Determination on Impairment

Misconduct

48. In determining whether Dr Murray's fitness to practise is impaired by reason of misconduct, the Tribunal first considered whether the admitted facts and facts found proved amounted to misconduct which was serious.

49. The Tribunal had regard to paragraphs 65 and 77 of GMP, which provide:

> *'65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*
>
> …
>
> *77 You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.'*

50. The Tribunal was satisfied that Dr Murray's actions in the paragraphs and sub-paragraphs of the Allegation, amounted to misconduct. In particular, dishonestly completing WLI work during his contracted NHS hours, whilst knowing he was not permitted to do so and claiming money to which he was not entitled, was conduct that fell short of the behaviour required of a doctor and was a clear breach of the standards articulated in GMP. The Tribunal took into account that the purpose of the WLI was to clear a backlog of work without having to externalise the work, to reduce the cost to the NHS. There was a very clear policy in place to regulate this work and Dr Murray was aware of this policy and deliberately submitted the reports, completed during NHS working hours, outside of his contracted hours in order to

claim the payments. Dr Murray accepted that his actions were wrong and were viewed by his employer as very serious and amounting to fraud.

51. In reaching this conclusion, the Tribunal considered that his dishonest conduct occurred repeatedly over a three-month period and there was evidence of an escalating pattern of behaviour. The Tribunal noted that Dr Murray had made claims in January, February and March, totalling £2200. A fourth claim had been submitted for April which was a significantly higher sum than had been made in the previous months taken together, although this claim was not actually paid. It was acknowledged that this work had been carried out during Dr Murray's contracted NHS hours, but there was no evidence before the Tribunal to suggest that he had failed to complete day-to-day tasks expected of him whilst carrying out this work.

52. The Tribunal was satisfied that fellow practitioners would be shocked to learn what Dr Murray had done. The Tribunal noted that the concerns came to light because Dr Murray's colleague reported him, having considered his actions to be unfair, as everyone else was complying with the rules and undertaking WLI work outside of contracted NHS hours. The Tribunal considered that would be the response of others too if they learned of Dr Murray's conduct.

53. The Tribunal was satisfied that Dr Murray's conduct was in direct breach of the paragraphs of GMP set out above, because it involved financial dishonesty against the NHS and so breached the trust that the public and employers place in its doctors. The Tribunal also noted that Dr Murray accepted that his actions amounted to serious misconduct.

54. Whilst dishonesty can occur in a variety of ways, and this was not at the farthest end on the spectrum of seriousness, Dr Murray's misconduct was serious.

55. The Tribunal has concluded that Dr Murray's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to serious misconduct.

Impairment by reason of misconduct

56. Having determined that the facts found proved amounted to serious misconduct, the Tribunal went on to consider whether, as a result of that misconduct, Dr Murray's fitness to practise is currently impaired.

57. The Tribunal considered whether Dr Murray's conduct was capable of being remedied, has been remediated, and whether it was highly unlikely to be repeated. In so doing, the Tribunal considered the available evidence in respect of insight and remediation.

58. The Tribunal was mindful that dishonesty is difficult to remediate but not impossible. It looked for evidence of insight, remediation and the likelihood of repetition and balanced those against the three limbs of the statutory overarching objective.

59. In considering the issues of insight and remediation, the Tribunal was of the view that Dr Murray had shown in-depth and highly developed insight. It considered that Dr Murray has shown considerable remorse which it accepted was genuine. He made appropriate admissions at an early stage, and acknowledged to the Tribunal that his conduct was unacceptable.

60. This theme of insight and reflection was continued throughout Dr Murray's oral evidence before the Tribunal:

- He said that his early reflection was accurate for where he was then. He was sorry, ashamed and appalled but this had not yet matured into deep understanding which he now has.

- He described how the internal investigation was an unpleasant experience, but it was his fault, and he brought it on himself. He felt shame to his seniors that he let down, and the Trust, NHS and public who he also let down. He said that part of him thought: '*do I have to do this?*' He then said that he thought that if he wanted a clean slate and new beginning, he needed to be completely clean including speaking to the GMC as he had breached GMP.

- He owned his conduct using language such as '*my dishonesty*', *'I have done bad things*' and referring to his actions as '*fraud*'.

- He spoke about how, if he lets himself become dishonest and cheats a little, then he becomes part of the problem and creates a situation where people think it is okay to be dishonest to him. He said that instead he could just live with integrity and do the right thing.

- He talked about how his financial anxiety was not rational. He has since spoken to his wife about it, who said he should have spoken to her earlier. They have discussed that it is fine to go into a bit of debt, that they can make a plan, and it will be fine.

- Dr Murray was able to put his own financial worries into perspective. He said that he does not need to go out and steal bread because his family is starving. He said that he does not work for a company that scams people. He said that he does not have to do '*bad things'*.

- He talked about why he would not repeat the conduct and said that it is about being able to look in the mirror and know you will do your best. He talked about setting an example and, with junior trainees, if consultants are acting immorally, it is an example they may follow. With XXX, he wants to teach them about living with integrity and teach that it is not just about success but being proud of who you are and living well.

- Dr Murray talked about the type of doctor he wants to be. He said that he has worked with functional and dysfunctional departments. He said that sometimes when a department is not functioning well it is someone or a few selfish people who are doing private practice work and not wanting to take on extra work or give time. He talked about how the more people who act that way the greater the chances of a dysfunctional department. He said that great colleagues will always have time, and he has realised that he does not want to become the colleague who continues to act in this way and is selfish. He said that person inevitably becomes the disliked colleague.

- He talked about his gratitude to his wife and parents supporting him and that he has vowed to never put them through this stress again, He said that he is grateful to the Trust who employed him and to his colleagues who he is close to.

- He has questioned what would have happened if he had never been caught. He hopes that he would have realised it was '*stupid and immoral'*. He hopes he would have started as a consultant and thought this was not the person he wants to be. He was able to say that having happened, it means he has course corrected. He said that once through this he will not forget how *'simple a good life can be if you do not over-complicate and always act with integrity.'*

- He said that if he did it again, he would feel '*awful and disgusted'.*

61. It was clear to the Tribunal that Dr Murray has spent a significant amount of time reflecting on his actions, and has provided the Tribunal with detailed, comprehensive reflections. He has been able to acknowledge and articulate the impact his actions have had on himself, patients, the profession and on colleagues, with obvious remorse. Further, he accepted full responsibility for his actions and acknowledged that he had breached GMP.

62. The Tribunal noted that Dr Murray had taken considerable action to remediate his misconduct. It took into account the relevant, targeted CPD completed, including courses on Financial Integrity for Healthcare Professionals, and Probity & Ethics in Practice. The Tribunal considered Dr Murray's reflection on these courses, and it was of the view that these have been very detailed and considered and have clearly been beneficial to him. This in part is due to his desire to learn from them and his willingness to change his behaviour.

63. Further, Dr Murray has undertaken a number of Peer Review discussions and attended a number of focused reflection sessions with Professor D, a remediation services provider, to help identify the underlying issues that contributed to his actions and develop a plan to address those issues. This was arranged by Dr Murray of his own initiative, and at cost to himself. The Tribunal disagreed with the GMC submission that Dr Murray had not identified the causative factors. Whilst his personal circumstances were '*normal life events'* that many people experience, this did not mean that subjectively he was not experiencing pressure from those events.

64. The Tribunal did not accept the GMC submission that Dr Murray had an *'attitudinal issue'* which had prevented him from undertaking remediation at an earlier stage. To the contrary, it was of the view that Dr Murray had undergone a reflective journey, which had led to well-developed insight and positive remediation.

65. The Tribunal next considered the risk of repetition. The Tribunal took into account its assessment of Dr Murray's insight, and the substantial remediation he has undertaken. There had been no other complaints, and the testimonials and multi-source feedback confirm this behaviour has not been repeated. The Tribunal could not identify anything more that Dr Murray could have done to remediate his conduct. A properly informed impartial observer would consider this level of insight and remediation to be significant. The Tribunal was therefore of the view that the risk of repetition in this case was extremely low.

66. In considering the test set out in *Grant*, the Tribunal concluded that three of the four limbs of the test were engaged at the time of the events. The Tribunal was satisfied that Dr

Murray's conduct brought the medical profession into disrepute and that he breached a fundamental tenet of the profession, namely honesty and integrity. It also noted that Dr Murray has admitted to acting dishonestly. The Tribunal was of the view that none of these limbs are likely to be repeated because of Dr Murray's considerable insight, and the targeted and meaningful remediation that he has been fully committed to.

67. In considering whether Dr Murray's fitness to practise is currently impaired, the Tribunal balanced Dr Murray's considerable insight and extremely low risk of repetition against the overarching objective. The Tribunal could not ignore that this was a serious breach of a fundamental tenet of the profession which defrauded the NHS, a publicly funded service which is under significant financial strain. Whilst there was no evidence to suggest Dr Murray had neglected his duties in order to undertake the additional paid work, the Tribunal was of the view that Dr Murray had deliberately taken steps to circumvent the policy that was in place, in order to be paid twice for the same period of time. His dishonest conduct had escalated over time. The Tribunal was satisfied that a member of the public in full knowledge of the facts of the case would be concerned about a doctor acting in the way Dr Murray did. It considered that if a finding of impairment were not made, confidence in the profession, the standards it works to, and the system of regulation would be undermined.

68. The Tribunal was of the view that a finding of impairment of fitness to practise is necessary to uphold confidence in the profession and promote and maintain proper standards of conduct for the medical profession.

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

## Determination on Sanction - 11/07/2025

70. Having determined that Dr Murray'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

71. On behalf of the GMC, Ms Bucklow submitted that the appropriate and proportionate sanction in this case was one of suspension. She directed the Tribunal to relevant sections of the Sanctions Guidance (2024) ('the SG') and the Tribunal's previous determinations.

72. Ms Bucklow accepted that this was not a case where Dr Murray poses a risk to patient safety, however she stated that it does engage the second and third limbs of the statutory overarching objective. She submitted that the Tribunal should impose a sanction that is sufficient to maintain public confidence in the profession and that, in order to do so, it needs to be a sanction that recognises the seriousness of the misconduct that has been found in this case.

73. Ms Bucklow submitted that the Tribunal should consider both the aggravating and mitigating factors as set out in the SG. In relation to mitigating factors, she accepted the Tribunal's findings in relation to Dr Murray's insight and remediation. Further, she stated that the Tribunal should consider the stage of Dr Murray's career when these incidents occurred and the positive testimonials he has provided when making its decision in respect of sanction.

74. With respect to aggravating factors, Ms Bucklow submitted that there have been a number of serious departures from GMP, and that probity is a fundamental tenet of the medical profession. She submitted that all dishonesty brings the medical profession into disrepute, and whilst this is not at the farthest end of the spectrum, the Tribunal has found Dr Murray's dishonesty to be serious. Further, she submitted that the victim in this fraud was the NHS, which is a public body with significant resourcing issues. She reminded the Tribunal that the purpose of the money which Dr Murray defrauded was for the WLI, which was targeted to reduce backlogs. She stated that Dr Murray deliberately misused the funds when taking on this work and completed reports during his NHS contracted hours. She stated that it was fraud and Dr Murray accepts that it was.

75. Ms Bucklow further submitted that there was very little evidence that Dr Murray intended to undertake this work in a legitimate manner, as there was a very short space of time before he began making fraudulent claims, and he does not appear to have any had any real intention to stay later at work to undertake the WLI reporting legitimately. She submitted that his dishonesty was repetitive and was escalating. Further, by his own admission, Dr Murray did not know when he would have stopped his conduct, and only stopped because he was caught. She stated that his dishonesty did have an immediate negative impact on his colleague who witnessed it and reported it, as he had expressed the unfairness of Dr Murray doing this when everyone else was working by the rules.

76. Ms Bucklow stated that £2200 is not a small sum of money, particularly within the NHS and the wages of some of Dr Murray's peers, including nurses and trainees who will not receive the same renumeration as him. She submitted that this money was stolen from an

employer, so it represents an abuse of a position of trust. She stated that the NHS should be able to trust that its employees are going to adhere to its policies in terms of overtime and not misuse them to defraud the NHS of desperately needed funds.

77. For these reasons, Ms Bucklow submitted that the dishonesty is serious, and aggravated by the nature of the victim and the fact that it took place within Dr Murray's professional capacity as a doctor. She submitted that Dr Murray is clearly a competent doctor, but his serious dishonesty is not mitigated by the fact that he is a good clinician.

78. Ms Bucklow submitted that the purpose of a sanction is not to punish Dr Murray, but it may have a punitive effect. She stated that the Tribunal should start with the least restrictive sanction available, having regard to proportionality and weighing the interests of the public against the interests of Dr Murray.

79. Turning to the available sanctions, Ms Bucklow stated that taking no action would not be appropriate in this case, as there is nothing exceptional about Dr Murray's circumstances at the time, his speciality nor his actions since, to justify taking no action. Further, she submitted that conditions are not appropriate in cases of dishonesty, which is a behavioural concern.

80. Ms Bucklow submitted that, in this case, Dr Murray's actions fall short of being fundamentally incompatible with being on the register, because he has shown insight and undertaken significant remediation, such that there is a very real prospect of Dr Murray regaining his fitness to practise. She reminded the Tribunal of its findings in relation to insight, remediation and the risk of repetition. She accepted that Dr Murray has acknowledged fault and expressed remorse. She stated that the factors set out in the SG point to the appropriateness of suspension as a sanction in this case.

81. Ms Bucklow reminded the Tribunal that whilst Dr Murray has not repeated his conduct since, it was repetitious in its nature, and it was conducted in his professional life against the NHS. She submitted that for this reason anything less than a suspension would undermine the maintenance of proper professional standards. She further stated that it would be demoralising to colleagues if a doctor could show such blatant disregard for GMP without a serious sanction. Further, she submitted that Dr Murray's actions could have amounted to criminal dishonesty, although he was not prosecuted, and therefore the decision on sanction must not undermine public confidence and the confidence of other members of the profession in the regulatory process.

82. Ms Bucklow did not make any submissions in relation to the length of suspension and stated that the GMC did not suggest that a review hearing would be needed.

83. On behalf of Dr Murray, Mr Gledhill invited the Tribunal to impose a short period of suspension of between four weeks to two months, without a review.

84. Mr Gledhill submitted that the public interest can *'run in two ways'*. He stated that it was correct that a sanction was necessary in order to send a message to the public, the practitioner and the wider profession of the unacceptability of certain conduct that has been found or admitted. However, he stated that there was also public interest in ensuring that public services, that are already fragile, are not damaged to any significant extent by the removal of a high functioning doctor which could have a negative effect on patients and colleagues. He submitted that the Tribunal has heard from Dr C that there would be an impact on the service due to the absence of Dr Murray during any period of suspension, as the burden would fall on other practitioners, particularly for his specialist work, as only one other practitioner has similar or identical skills to him. Non-specialist work would fall on the rest of the team, who already are dealing with a backlog. He stated that it was well evidenced that there are difficulties locally within the NHS and so invited the Tribunal to consider that element of the public interest when arriving at a proportionate sanction to be imposed on Dr Murray.

85. Mr Gledhill submitted that Dr Murray recognises that what he has done is utterly improper, and that no doctor should conduct themselves as he did, putting his own interests above those of the service.

86. Mr Gledhill referred the Tribunal to its determination on impairment, and its observations in relation to insight, remediation and the low risk of repetition. He stated that a review would not be necessary.

87. Mr Gledhill reminded the Tribunal that Dr Murray did not persist with any false representations or misdirection when caught and has repaid the monies that he was not entitled to. Dr Murray recognises that he could have done so much more, without turning to wrongdoing, to get out of the financial situation that he had created in his own thoughts. Mr Gledhill submitted that Dr Murray has addressed the core issue, that individuals often never achieve, which was to analyse his own dishonesty and the reason why he gave himself permission to behave as he did. He stated that Dr Murray has identified the majority of the

contributing features towards his conduct and that is why the public can be assured that there will be no repetition. He submitted that a short period of suspension will be enough to reinforce those new beliefs about integrity.

88. Mr Gledhill stated that Dr Murray is a fit and able doctor, held in high regard, clinically competent and very much able to deliver at a high standard. He submitted that the public would not want Dr Murray to be out of circulation for too long. He acknowledged that Dr Murray had breached GMP, and that all dishonesty is serious, although in this case was not at the high end on the spectrum of dishonesty.

89. Mr Gledhill proposed that a period of suspension of four weeks to two months was a proportionate response to the misconduct in this case. Mr Gledhill took the opportunity to apologise to the Trust on Dr Murray's behalf, and to members of the public for having let them down and having let himself down. He submitted that the Tribunal can be reassured that any period of suspension will reinforce the findings of the Tribunal and send a strong message to Dr Murray not to repeat his actions. He reminded the Tribunal that a sanction is not meant to be punitive, but of course it will have a punitive element to it and Dr Murray will feel the sharp end of that during a period of suspension.

90. Mr Gledhill submitted that a sanction of erasure would be a step too far when considering all of the factors in this case. He submitted that Dr Murray's misconduct, when taken in the round with all of his learning and acceptance of wrongdoing, was relatively short lived. He accepted it was not isolated, and reoccurred over several months, but stated that it was short lived in the context of an unblemished career.

91. Mr Gledhill stated that to take no action due to exceptionality was a matter for the Tribunal. He accepted that this was not a case that was suited to the imposition of conditions.

## 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.

93. The Tribunal bore in mind that the purpose of a sanction is 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.

94. 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 Murray's interests with the public interest, but on the basis that the reputation of the profession as a whole is more important than the interests of an individual doctor.

## The Tribunal's Determination on Sanction

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

Aggravating factors

96. The Tribunal first considered the aggravating factors.

97. The Tribunal considered that this case involved acts of dishonesty, over four months, in the course of Dr Murray's professional life. Further, it involved a breach of trust towards Dr Murray's employer. The Tribunal has found that this was escalating behaviour which only stopped when a colleague observed Dr Murray's conduct. The Tribunal was satisfied that this was repeated conduct, albeit over a limited period in the context of Dr Murray's overall career.

Mitigating factors

98. The Tribunal then went on to consider mitigating factors.

99. The Tribunal considered the remediation Dr Murray has undertaken, his particularly open reflections and the targeted approach to his CPD. Dr Murray has apologised from the earliest opportunity and has fully repaid the money he claimed. It is clear that Dr Murray has reflected extensively on his actions and the circumstances of them and has well developed insight. He has taken full responsibility for his actions, which he admitted immediately when challenged by the Hospital. His reflections have clearly been part of a continuous and continuing process and reflect his own disappointment in himself and desire to correct his behaviour. The Tribunal has already assessed that the risk of repetition in this case is extremely low.

100. The Tribunal acknowledged that Dr Murray has no previous fitness to practise history and is of previous good character. He has worked for the last 18 months without repetition of

any concerns. Further, the Tribunal has read and heard positive testimonial evidence about Dr Murray, including from three character witnesses whom he currently works with at the Trust. Those witnesses confirmed that Dr Murray has been open and engaged in peer discussion in order to reflect on and remediate his actions. The Trust has been confident enough about Dr Murray's likely conduct in the future to appoint him to a substantive consultant post.

101. 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

102. 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.

103. The Tribunal was satisfied that there were no exceptional circumstances in Dr Murray's case which could justify it taking no action. Further the Tribunal considered that concluding the case by taking no action would be insufficient to protect the wider public interest and would not mark the seriousness of Dr Murray's dishonest conduct.

Conditions

104. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Murray's registration. The Tribunal had regard to paragraphs 81, and 85 of the SG, which state:

> *'81 Conditions might be most appropriate in cases:*
>
> *a involving the doctor's health*
>
> *b involving issues around the doctor's performance*
>
> *c willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout their working life, improving the quality of their work and promoting patient safety*
>
> ...

*85* *Conditions should be appropriate, proportionate, workable and measurable.'*

105. The Tribunal noted that the case did not fit within the examples in paragraph 81, as a type of case where conditions may be most appropriate.

106. The Tribunal considered that no conditions could be formulated which would be appropriate, workable or measurable, in light of the dishonesty that has been admitted and found proved. Further, the Tribunal determined that the imposition of conditions would not be sufficient to mark the seriousness of Dr Murray's actions.

107. The Tribunal concluded that an order of conditions would not be appropriate to maintain public confidence in the profession, and to promote and maintain proper professional standards and conduct for members of the profession.

Suspension

108. The Tribunal then went on to consider whether a period of suspension would adequately protect the public, maintain public confidence in the profession and uphold proper standards for its members. In considering whether to impose a period of suspension on Dr Murray'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)'*

109. 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.'*

110. The Tribunal had regard to its findings at the impairment stage, namely that Dr Murray's dishonest conduct was a serious departure from GMP and that his actions had breached a fundamental tenet of the profession.

111. The Tribunal took into account the significant amount of remediation and reflection completed by Dr Murray. It was satisfied that Dr Murray was incredibly remorseful for his actions and that he had taken appropriate steps to understand and address his behaviour. It

is clear that Dr Murray's actions since the dishonesty have been significant such that the Tribunal considers the risk of repetition in this case to be extremely low.

112. The Tribunal had regard to the factors it has identified as aggravating and mitigating and its assessment of the scale of the misconduct. Overall, the Tribunal decided that this case was not one where Dr Murray's misconduct was fundamentally incompatible with continued registration. Therefore, it considered that erasure would not be appropriate or proportionate, nor would it be in the public interest.

113. In light of the above, the Tribunal determined that a period of suspension would be an appropriate and proportionate sanction when considering Dr Murray's interests alongside the public interest. The Tribunal took into account the impact that this sanction may have upon Dr Murray. However, in all the circumstances the Tribunal concluded that his interests are outweighed by the need to maintain public confidence in the profession and to declare and uphold proper standards of conduct and behaviour.

### Length of Suspension

114. In determining the length of the suspension, the Tribunal had regard to paragraphs 99 to 102 of SG and the table following paragraph 102.

115. The Tribunal considered the aggravating factors in this case and acknowledged that this was a serious departure from the principles set out in GMP.

116. The Tribunal also had regard to the mitigating factors of the case in considering the length of the suspension, including the positive testimonial evidence, which demonstrate that he is otherwise a good doctor who is well regarded by his colleagues. The Tribunal acknowledged that there was a public interest in allowing an otherwise competent doctor to return to practice as soon as possible, whilst still upholding the statutory overarching objective and marking the seriousness of dishonest conduct.

117. Taking all these elements into account, the Tribunal was satisfied that imposing a period of four weeks' suspension was appropriate and proportionate. This reflected the fact that the Dr Murray has well developed insight and has taken all of the appropriate remedial steps this Tribunal could identify. There are no specific actions that Dr Murray would need to demonstrate during a period of suspension, and so the length of suspension does not need to allow time for further remediation.

118. In the Tribunal's view, a four weeks' suspension was sufficient to satisfy the need to promote and maintain public confidence and to send out a clear message to the profession that this type of conduct is unacceptable, in order to maintain proper professional standards. A suspension for a four-week period, alongside a finding of impairment of fitness to practise is a public regulatory outcome of some gravamen, and which will therefore uphold the overarching objective. A suspension for any longer period would be purely punitive in nature and therefore disproportionate.

## Review

119. In determining whether to impose a review, the Tribunal had regard to Paragraphs 163 and 164 of the SG dealing with review hearings which state:

> *'163 It is important that no doctor is allowed to resume unrestricted practice following a period of conditional registration or suspension unless the tribunal considers that they are safe to do so.*
>
> *164 In some misconduct cases it may be self-evident that, following a short suspension, there will be no value in a review hearing. […]'*

120. For the reasons set out above, the Tribunal is satisfied that a review following a short suspension of four weeks would serve no useful purpose:

a. where there are no patient safety concerns;

b. where Dr Murray has already remediated and shown a significant degree of insight; and

c. where the risk of repetition has been identified as being extremely low.

121. In the circumstances, the Tribunal determined that it is not necessary to direct a review hearing.

## Determination on Immediate Order - 11/07/2025

122. Having determined that Dr Murray's registration should be suspended for a period of four weeks, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

## Submissions

123. On behalf of the GMC, Ms Bucklow submitted that there was no application for an immediate order. She confirmed that there was no interim order in place.

124. On behalf of Dr Murray, Mr Gledhill agreed that an immediate order was not necessary, as there were no patient concerns, and it would add 28 days to the suspension if one were to be imposed.

## The Tribunal's Determination

125. 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.'*

126. The Tribunal determined that there were no clinical concerns in this case, nor was an immediate order necessary to protect members of the public. It has identified that the risk of repetition is extremely low. Therefore, the Tribunal was not satisfied that an order was necessary to protect public confidence in the profession, or that it was otherwise in the public interest or Dr Murray's best interests.

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

128. There was no interim order to revoke.

129. That concludes this case.