

PUBLIC RECORD**Dates:** 21/07/2025 - 31/07/2025

Doctor: Dr Amanda BOOTH

GMC reference number: 3170500

Primary medical qualification: MB BS 1986 University of Newcastle upon Tyne

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Claire Lindley
Lay Tribunal Member:	Mr Andrew Waite
Registrant Tribunal Member:	Dr Suzanne Joels

Tribunal Clerk:	Ms Jemine Pemu
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Attendance and Representation:

Doctor:	Present, not represented
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 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 - 25/07/2025

1. This determination will be handed down in private. However, as this case concerns misconduct, a redacted version will be published at the close of the hearing.

Background

2. Dr Booth qualified in 1986 with an MB BS from the University of Newcastle upon Tyne and completed the General Practice (GP) Training Scheme in Northumberland in 1990. She subsequently worked in general practice in various roles, including as a locum, assistant, and partner until 2003, when XXX. Dr Booth's name was then erased from the register in 2006 due to nonpayment of the registration fee but was later restored in November 2007.

3. Between 1 September 2010 and 29 July 2015, Dr Booth's registration was subject to an interim order of conditions and three orders of suspension, and then again between 16 November 2020 and 11 January 2022, Dr Booth's registration was subject to an interim order of conditions.

4. The GMC allegation is that Dr Booth acted dishonestly in 2023 when applying for a position of Junior Clinical Fellow at Gateshead Health NHS Trust, ('The Trust.') In the application form for the position, it is alleged that, despite her regulatory history, Dr Booth answered 'No' to a question asking whether she had ever been removed from the register or had any conditions or sanctions placed on her registration.

5. After having been offered the position, it is then alleged that Dr Booth submitted a Model A declaration form and stated that she had been suspended between 2009 and 2015

for XXX, when in fact her regulatory history spanned between 2010 and 2022, and was due to deficient professional performance.

6. In January 2024, concerns were raised within the Trust by a staffing manager due to the apparent discrepancies between Dr Booth's application form, the Model A declaration form, and her GMC register entry. These concerns were escalated internally, and the job offer was subsequently withdrawn in February 2024. Dr Booth was then referred to the GMC.

The Outcome of Applications Made during the Facts Stage

7. At the outset of the hearing, Dr Booth made an application to be supported by XXX, Dr A, during the proceedings. This was not opposed by Ms Bucklow, counsel for the GMC. The Tribunal granted this application, and its decision is included at Annex A.

8. Dr Booth made a further application that the hearing be held entirely in private. This application was opposed by the GMC. The Tribunal decided that the hearing should be held in public, but that any matters relating to XXX would be heard in private. The Tribunal's decision on the application is included at Annex B.

The Allegation and the Doctor's Response

9. The Allegation made against Dr Booth is as follows:

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

1. Between 1 September 2010 and 29 July 2015 your registration with the GMC was subject to the restrictions as set out in Schedule 1. **Admitted and Found Proved**
2. Between 16 November 2020 and 11 January 2022 your registration with the GMC was subject to restrictions in the form of an interim order of conditions. **Admitted and Found Proved**
3. On or around 8 August 2023 you submitted an application form to Gateshead Health NHS Foundation Trust ('the Trust') for a post as a junior clinical fellow and in response to the question '*Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or*

have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?' you answered 'No', which was untrue. **Admitted and Found Proved**

4. You knew that the answer which you gave as set out in paragraph 3 was untrue, in that you had been subject to the restrictions set out in paragraphs 1 and 2. **To be determined**
5. On or around 18 October 2023 you submitted a Model A declaration form to the Trust and in response to the question '*have you ever been subject to any sanctions being placed on your professional registration, by a regulatory or licensing body in any country?*' you provided the answer as set out in Schedule 2, which was untrue. **To be determined**
6. You knew that the answer which you gave as set out in paragraph 5 and Schedule 2 was untrue as:
 - a. you had been subject to the restrictions set out in paragraphs 1 and 2; **To be determined**
 - b. the restrictions set out in paragraph 1 had been imposed due to your deficient professional performance. **To be determined**
7. Your conduct as described at:
 - a. paragraph 3 was dishonest by reason of paragraph 4; **To be determined**
 - b. paragraph 5 was dishonest by reason of paragraphs 6a and/or 6b. **To be determined**

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

The Admitted Facts

10. At the outset of these proceedings, Dr Booth made admissions to some paragraphs 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').

11. 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.

Witness Evidence

12. The Tribunal received witness statements and heard oral evidence on behalf of the GMC from the following witnesses:

- Dr B, Consultant in elderly medicine at Queen Elizabeth Hospital, Gateshead. His witness statement was dated 26 April 2024. He also provided two supplemental witness statements, dated 7 August 2024 and 10 June 2025;
- Ms C, Medical Staffing Manager at Gateshead Health NHS Foundation Trust. Her witness statement was dated 21 May 2024.

13. The Tribunal also received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Mr D, Service Line Manager within Medicine at Queen Elizabeth Hospital, Gateshead, dated 5 June 2024;
- Ms E, Head of the National Investigation Team within the Fitness to Practise Directorate of the General Medical Council, dated 28 August 2024.

14. Dr Booth provided a witness statement and Rule 7 response, undated, and also gave oral evidence at the hearing.

15. The Tribunal also received evidence on behalf of Dr Booth in the form of a written testimonial from Dr F, undated.

Documentary Evidence

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

- Dr Booth's application form for the role of Junior Clinical fellow, undated;

- Dr Booth's Model A declaration form, dated 18 October 2023;
- Interview notes signed by Mr D and Dr B, dated 31 August 2023;
- Dr Booth's email response to GMC regarding concerns raised by Gateshead Trust, dated 8 March 2024;
- A Fitness to Practise (FTP) Determination relating to Dr Booth, dated 12 December 2012.

The Tribunal's Approach

17. The LQC gave legal advice to the Tribunal which can be summarised as follows:

'The Tribunal is reminded that the GMC brings this Allegation and the burden of proving each paragraph is on the GMC. There is no burden on the doctor to prove anything.'

There is one standard of proof in civil and regulatory cases and that is of the balance of probabilities, i.e., whether it is more likely than not that the events occurred as alleged.

The Tribunal should have in mind that Dr Booth is of good character. This means that she has no criminal convictions or cautions, or adverse misconduct related regulatory findings. The Tribunal is reminded that the doctor is (a) more likely to be telling the truth in their evidence, and (b) might be less likely to have behaved in a way as set out in the Allegation.

However, good character of itself does not amount to a defence and its significance should not be over inflated. The primary focus should be on the evidence related to the wrongdoing.

The Tribunal should have regard to the whole of the evidence and form its own judgement about the witnesses, and which evidence is credible and reliable, and which is not. The Tribunal should also note that an undisputed witness statement with a signed statement of truth is to be treated as if were given as oral evidence.

The case of *R (on the application of Dutta) v GMC (2020) EWHC1974 (Admin)* sets out the approach to be taken when considering oral evidence. The tribunal must assess oral evidence in the round and not just rely on the demeanour of the witness. A

confident witness may give unreliable evidence. A nervous and hesitant witness may give reliable evidence. Memories can fade. The Tribunal should therefore navigate the evidence by looking at contemporaneous material as a starting point although actual corroboration of a witness account is not legally necessary.

If the Tribunal prefers the witness' version of events over that of a doctor, then it should make clear why the doctor's evidence has been rejected.

This Allegation relates to matters of dishonesty. The Tribunal is directed therefore to apply the test as set out by Lord Hughes at paragraph 74 of *Ivey v Genting Casinos [2017] UKSC 67*. The Tribunal must ascertain (subjectively) the actual state of Dr Booth's knowledge or genuinely held belief as to the facts at the material time. If this is established, the Tribunal must decide whether this was dishonest by (objective) standards of ordinary decent people.'

The Tribunal's Analysis of the Evidence and Findings

18. The Tribunal took into account the statements from the GMC witnesses, and the oral evidence that Dr B and Ms C gave. Their evidence was brief. The Tribunal noted that memories had faded due to the passage of time but it had no concerns about their credibility.

19. The Tribunal also noted that Dr Booth was of good character, which it took into account throughout its decision making.

20. Dr Booth admitted paragraphs 1, and 2 of the Allegation. The Tribunal therefore accepted that between 1 September 2010 and 29 July 2015, Dr Booth's registration with the GMC was subject to the restrictions as set out in Schedule 1 to the Allegation which were set out as follows:

'An interim order of conditions imposed by an Interim Orders Panel ('IOP') from 1 September 2010 to 28 July 2011'

'An interim order of suspension imposed by an IOP from 28 July 2011 to 12 December 2012'

'An order for immediate suspension imposed by a Fitness to Practise Panel ('FTPP') from 19 December 2012 to 17 Jan 2013'

'An order of suspension imposed by a FTPP from 17 Jan 2013 to 29 July 2015'

21. The Tribunal also accepted that over and above the restrictions set out in Schedule 1 to the Allegation, Dr Booth's registration with the GMC was subject to restrictions in the form of an interim order of conditions between 16 November 2020 and 11 January 2022.

22. Dr Booth also admitted paragraph 3 of the Allegation. The Tribunal therefore noted that on or around 8 August 2023, Dr Booth submitted an application form to the Trust for a post as a junior clinical fellow. On the form, Dr Booth admitted that, in response to the question '*Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?*', she answered 'No,' which was untrue.

23. The Tribunal then went on to consider the aspects of the Allegation that were denied by Dr Booth, namely paragraphs 4, 5, 6(a), 6(b), 7(a) and 7(b).

Paragraph 4

24. In admitting paragraphs 1 and 2, Dr Booth accepted that her registration with the GMC had been subject to the restrictions as set out in Schedule 1 of the Allegation, and that there had been an interim order of conditions between 16 November 2020 and 11 January 2022.

25. In admitting paragraph 3, Dr Booth accepted that it was untrue when she answered 'No' in response to the question on the application form, '*Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?*'

26. The Tribunal was tasked, therefore, with deciding whether, on the balance of probabilities, Dr Booth knew that the answer she gave was untrue.

27. For fuller detail about Dr Booth's regulatory history, the Tribunal relied on a witness statement dated 28 August 2024 from Ms E, the Head of the National Investigation Team within the FTP Directorate of the GMC.

28. From this statement, the Tribunal noted that Dr Booth was granted full registration with the GMC on 1 August 1987 but then her name was erased in February 2006 due to nonpayment of the registration fee. Dr Booth's registration was later restored in November 2007.

29. In July 2010, the GMC was notified that Dr Booth had been on a GP Returner Scheme in the Northeast in 2008 and 2009, for which she had been unable to provide a satisfactory training report or an assessment of her consulting skills at conclusion. This had resulted in her removal from the Northumberland Medical Performers List, and a GMC investigation was therefore opened. The Tribunal noted that, thereafter, conditions were placed on Dr Booth's registration, and then an interim order of suspension was imposed in 2011 and 2012. These orders were imposed due to concerns about Dr Booth's poor performance.

30. On 12 December 2012, the Tribunal read that an FTP Panel was convened to consider Dr Booth's performance issues. Ms E confirmed the outcome of that Panel:

'The FTP Panel concluded that Dr Booth's professional performance was impaired by reason of deficient professional performance. The Panel noted the evidence that [XXX] might have adversely affected her performance when it was assessed but noted that both the performance assessors and experts for Dr Booth felt that her insight into her deficiencies was very limited. The Panel concluded that the performance issues were so serious that they outweighed [XXX] and therefore concluded that Dr Booth's fitness to practise was impaired by reason of deficient professional performance.'

'The FTP Panel determined to suspend Dr Booth's registration for a period of 12 months.'

31. The Tribunal noted that a number of Review Panels then extended the suspension, again due to performance issues, up until July 2015, when it was then found by another FTP Panel that Dr Booth's fitness to practise was no longer impaired.

32. The Tribunal read that between 19 July 2017 and 31 January 2018, Dr Booth then participated in a further GP Returner Scheme in Cumbria. She only completed six out of 12 months of the Scheme, as it was cut short due to serious concerns about her performance. The Tribunal noted that Dr Booth appealed the decision to remove her from the scheme, but this was unsuccessful.

33. The Tribunal then noted that, in December 2019, Dr Booth relinquished her licence to practise, but then in February 2020 submitted another application for restoration. Dr Booth did not declare any performance concerns in her restoration application form. She however declared that '*I was suspended by the GMC because [XXX], did a performance assessment and put back on the register in 2015.*' She answered 'No' to the questions regarding whether she was aware of any aspect of her conduct or capability which may raise a question about her fitness to practise and whether an employer had ever taken disciplinary action against her.

34. To complete the chronology, the Tribunal noted that in March 2020, Dr Booth's licence to practise was temporarily restored to assist with the response to the COVID-19 pandemic but revoked again in May 2020. In October 2020, a decision was made by the GMC to restore Dr Booth's licence to practise, and this was made subject to conditions between 16 November 2020 and 11 January 2022, at which stage she undertook a successful performance assessment.

35. By considering Ms E's statement, the Tribunal determined that Dr Booth had experienced a number of hearings and regulatory findings relating to her poor performance. Dr Booth had accepted at the time that her fitness to practise was impaired because of those performance issues, and she had not appealed any of the decisions made about her registration. She had not however declared any performances issues to the GMC when applying for restoration in February 2020.

36. The Tribunal then considered the Determination of the FTP Panel which convened on 12 December 2012. Dr Booth had been present at the hearing, and she admitted that her fitness to practise was impaired due to poor performance. The Tribunal saw that she was informed of her right to appeal both at the time of the hearing, and in a follow up letter sent to her by the Medical Practitioners Tribunal Service.

37. By considering the FTP Panel's Determination in December 2012, the Tribunal accepted that the Panel had concluded that XXX may have affected her performance but determined that the Panel had concluded that her fitness to practise was impaired due to poor performance. The Tribunal also concluded that Dr Booth had been present and represented at the hearing, and was made aware of her right to appeal, which she did not exercise.

38. The Tribunal then moved on to consider the application form that Dr Booth submitted to the Trust on or around 8 August 2023 for a post as a junior clinical fellow.

39. The Tribunal firstly considered the section headed '*Fitness to Practise*'. Dr Booth answered 'No' to the following question:

'Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?'

40. The Tribunal considered a section underneath the second question, where there is a qualifying note for the applicant which reads:

'You are not required to disclose any information in relation to the above where any right of appeal has been upheld and where that appeal has resulted in your case being fully exonerated. In these circumstances you should select 'NO' to this question.'

41. The Tribunal considered carefully the explanations that Dr Booth gave for answering 'No' to this question.

42. The Tribunal firstly looked at an email dated 8 March 2024 which Dr Booth sent to the GMC and copied to Dr B, after the issues about her regulatory history had come to light. This email is the most contemporaneous explanation for her actions when filling out the application form. Dr Booth stated:

'I filled in the forms to apply for the clinical fellow post in General Medicine at the Queen Elizabeth hospital in Gateshead. This was last year. I don't remember filling the forms in but on reading what happened

I think it was a genuine mistake of form filling. I also think I may have thought that as I was put back on the register after a performance assessment in 2015 and after a performance assessment in 2021, I had the right to say NO because

I had been put back on the register. It is so long ago now I can't remember why I answered as I did.

However, I was not trying to deceive anyone, and on being asked later, had I ever been referred to the GMC I answered YES.'

43. The Tribunal also had regard to the witness statement that Dr Booth made in response to the Allegation. In it, she explained:

'I answered No. This was wrong, but I think the following statement relating to the question confused me 'You are not required to disclose any information in relation to the above where any right to appeal has been upheld and where the appeal has resulted in your case being fully exonerated. In these circumstances you should select No to this question' I can only think that I assumed that the question only applied to current suspensions or conditions, and that since I have been given Licence to Practice without conditions in 2022, I could answer No to the question. This was a mistake on my part, but I was not deliberately trying to deceive anyone.'

44. The Tribunal took into account the oral evidence that Dr Booth gave during the hearing. In her evidence she said that answering 'No' was 'wrong' and 'a mistake'. She said that the qualification underneath the question (set out above) had confused her. Dr Booth said that she thought that she had been exonerated because she had passed two performance assessments since the restrictions on her licence had been put in place. She said that the performance assessments were very thorough. Dr Booth said that she did not appreciate that an appeal was a formal process within the GMC and felt that she could answer 'No' because both performance assessments had meant that she could go back to work.

45. When cross examined by Ms Bucklow, Dr Booth accepted that she had had extensive involvement with the GMC. She said that she answered 'No' because she thought she had been exonerated and was confused about whether the question related to current orders or not. She said that she had got '*tied in knots*' when answering the questions on the form.

46. The Tribunal considered other aspects of the application form when deciding whether Dr Booth knew that her answer was untrue. It decided that Dr Booth's initial explanation in her witness statement that she assumed that the question only applied to current suspensions or conditions was unlikely because there was another question in the '*Fitness to practise*' section part of the form which dealt with this issue, and to which she had correctly answered 'No'. It read:

'Are you currently subject to a fitness to practise investigation and/or proceedings of any nature by a regulatory or licensing body which may have a bearing on your suitability for the position you are applying for?'

47. The Tribunal next considered the section headed '*Employer/activity history.*' Dr Booth stated that the GP Returner Scheme in Cumbria in 2018 had ended because '*The trainer decided suddenly after 6 months he no longer wished to carry on training me.*'

48. The Tribunal also took into account the section of the form headed '*gaps in employment*' where Dr Booth explained:

[XXX] I have had a lot of time off supporting [XXX].'

49. In her oral evidence, Dr Booth said that she had not deliberately chosen to leave out the performance issues that had been the reason for the second GP Returner Scheme being terminated. She also said that she had put the issues about childcare on the application form because, looking back, she had considered that XXX had a considerable impact on her career. She said she was not hiding anything and was not trying to mislead people.

50. The Tribunal again considered the email that Dr Booth sent to the GMC and Dr B, dated 8 March 2024. In it, Dr Booth stated that '*The GMC has dominated my work history.*' She attached a CV which sets out her employment history and which more accurately reflects the performance issues that she had been facing.

51. Looking at the application form as a whole, the Tribunal concluded that Dr Booth did not state anywhere that there had been any concerns about her performance, nor does she set out her regulatory history, despite there being clear opportunities to do so. The later email demonstrates that Dr Booth felt that her regulatory history had '*dominated*' her career, and the Tribunal did not accept that it would not have occurred to her that it should feature on the application form.

52. The Tribunal took into account Dr Booth's assertion that she had not intended to deceive anyone. She described that she would have discussed the performance issues and GMC history in the interview with the Trust had she been prompted to do so. Dr Booth also said that she informed the Trust of the fact that she had been suspended by the GMC on the Model A declaration form filled out later on 18 October 2023. She also stated that she had informed Dr B about her history in a meeting that she had with him on 14 September 2023. The Tribunal however, noted that all these other opportunities to disclose her GMC performance history were to take place after the application form had been considered.

53. As a result of the information she provided on the application form, Dr Booth was offered an interview with the Trust, which took place on 31 August 2023. Dr Booth was interviewed by Dr B and Mr D, and they subsequently made statements to the GMC.

54. The Tribunal looked at the notes of the interview made by Dr B and considered his statement dated 28 April 2024. Dr Booth was asked about her previous experience but was not asked directly about any regulatory history. Dr B said that he had questioned Dr Booth about the gaps in her employment, and that she had said that they were due to '*family and childcare priorities*.' In his oral evidence, Dr B said that questions about regulatory history would not be asked in interview, and that Dr Booth did not herself mention any previous involvement with the GMC.

55. As a result of the interview, Dr Booth was then offered the post. The Tribunal took into account the fact that a meeting then took place between Dr Booth and Dr B on 14 September 2023. Dr Booth said in her evidence that she had asked for the meeting because she wanted Dr B to understand the issues, and to arrange shadowing. Dr Booth said that they discussed the fact that she had passed her performance assessments, but she accepted that she may not have specifically mentioned the GMC. Dr B stated in his witness statement dated 10 June 2025 that he had a '*vague memory*' of the meeting but that he was certain that there was no mention of the GMC because that would be '*such a red flag*.' Dr B also confirmed in his oral evidence that this meeting was an '*informal chat*' about the HR process, her future team, and the hours Dr Booth would be working. Under cross examination, Dr B recollected that there was a conversation about GP performance assessments but again said that that he was certain there was no conversation about anything to do with the GMC. He said he '*wouldn't have missed that*'.

56. The Tribunal concluded that Dr Booth was fully aware of her regulatory history and the reason for the imposition of orders of conditions and suspension. She had admitted the performance issues at the FTP Panel in 2012 and had experience of a number of hearings and decisions about her performance. A more accurate picture was set out in her CV which she sent to the GMC and Dr B after the issues had arisen.

57. The Tribunal determined that there were a number of opportunities on the application form where Dr Booth could have been more open and transparent about her regulatory history.

58. The Tribunal decided that Dr Booth had not raised the GMC issues with Dr B either in the interview or the subsequent meeting in September 2023. They were, in any event, after the application form had been submitted.

59. The Tribunal noted that when asked a very similar question (with the same qualification) in the Model A declaration form after she had been offered the post, Dr Booth answered 'yes' instead of 'No,' but that her full regulatory history was still not disclosed.

60. The Tribunal took all the above into account. It did not accept that Dr Booth thought she could answer 'No' to the question because she had passed her performance assessments, and she had been exonerated. Dr Booth had gone through a form of appeal process before, when appealing against the decision of the trainer on her GP Returner Scheme. The Tribunal considered that a reasonable person with her education and professional experience would have understood both the question and the obligation to disclose previous restrictions.

61. The Tribunal decided therefore on the balance of probabilities that Dr Booth knew that the answer she gave as set out in paragraph 3 was untrue.

62. Accordingly, the Tribunal determined that paragraph 4 was proved.

Paragraph 5

63. The Tribunal considered whether, on or around 18 October 2023 Dr Booth submitted the Model A declaration form to the Trust and in response to the question '*have you ever been subject to any sanctions being placed on your professional registration, by a regulatory or licensing body in any country?*' provided the answer as set out in Schedule 2, which was untrue. Schedule 2 sets out the answer that Dr Booth gave as '*I was suspended by the GMC between 2009 & 2015 for [XXX].*

64. The Tribunal again relied on the witness statement of Ms E, this time in order to determine the reasons for the conditions and orders of suspension that had been imposed on Dr Booth's licence to practise.

65. The Tribunal noted that when Dr Booth applied to be restored to the register in 2006, she informed the GMC that she had been on XXX leave since 2003 and XXX. Dr Booth subsequently underwent XXX a performance assessment in September and October 2007. On

7 November 2007 a FTP Panel was satisfied that appropriate measures were in place to support Dr Booth and determined to restore her name to the Medical Register.

66. By considering Ms E's statement, the Tribunal concluded that all decisions made thereafter related to concerns about Dr Booth's poor performance. There were no hearings or decisions made relating to XXX.

67. The Tribunal again considered the Determination of the FTP Panel which convened on 12 December 2012. The Panel had been convened to consider Dr Booth's poor performance. The performance assessment reports it received had concluded that Dr Booth's professional performance fell significantly below acceptable standards. They were unchallenged and this was admitted by Dr Booth.

68. At the impairment stage of the hearing the Panel concluded:

'In all the circumstances, the Panel has determined that your fitness to practise is impaired by reason of your deficient professional performance.'

69. At the sanction stage of the hearing the Panel stated:

'The Panel accepts that [XXX] may be a factor which could have contributed to your poor performance.'

70. By considering the Determination of the FTP Panel, the Tribunal concluded that while it had considered XXX as part of its decision making, the suspension was imposed because of poor performance, and this was made clear.

71. The Tribunal then moved on to consider the Model A declaration form that Dr Booth submitted to the Trust on or around 18 October 2023. Dr Booth answered 'yes' to the question, *'Have you ever been subject to any sanctions being placed on your professional registration, by a regulatory or licensing body in the UK or in any other country?'* Underneath that question the form states: *if you have ticked YES, please provide details of any sanctions and the name and address of the regulatory or licensing body concerned. You may use the continuation sheet attached if you need to.*

72. The Tribunal noted that Dr Booth set out in the answer, '*I was suspended by the GMC between 2009 & 2015 for [XXX].*' Dr Booth omitted to disclose the more recent order of conditions between 16 November 2020 and 11 January 2022.

73. The Tribunal decided that the orders of conditions and suspension between September 2010 and 11 January 2022 all related to poor performance. Dr Booth accepted that the orders of conditions and suspension did not relate to XXX.

74. The Tribunal decided therefore, on the balance of probabilities, that the answer Dr Booth provided as set out in Schedule 2 was untrue.

75. Accordingly, the Tribunal found paragraph 5 proved.

Paragraph 6(a) and 6(b)

76. The Tribunal then considered whether Dr Booth knew that the answer which she gave as set out in paragraph 5 and Schedule 2 was untrue as she had been subject to the restrictions set out in paragraphs 1 and 2, and because the restrictions set out in paragraph 1 had been imposed due to Dr Booth's deficient professional performance.

77. The Tribunal considered carefully the explanations that Dr Booth gave for asserting that she was '*... suspended by the GMC between 2009 & 2015 [XXX].*'

78. The Tribunal again looked at the email dated 8 March 2024 which Dr Booth sent to the GMC and Dr B after the issues about her regulatory history had come to light. It noted that she said, '*I don't remember filling the forms in but on reading what happened I think it was a genuine mistake of form filling,*' and '*I was not trying to deceive anyone, and on being asked later, had I ever been referred to the GMC I answered YES.*'

79. The Tribunal also had regard to Dr Booth's witness statement made in response to the Allegation. In it, she explained:

'I accept that this was an inadequate response. However, I was aware that Gateshead Health would be obtaining my full GMC history, and I was not attempting to deceive.'

...

'I do not accept this statement. My answer to the question was incomplete rather than untrue. As you can see from my GMC history, my poor clinical performance has been linked with [XXX].'

80. Dr Booth said in her oral evidence to the Tribunal that her response on the Model A declaration form was '*incomplete, rather than untrue*', because her performance was linked to XXX.

81. In response to cross examination by Ms Bucklow, Dr Booth accepted that the Model A declaration form asked for detail, and it did not limit the space provided, allowing the applicant to use a continuation sheet. She said that she gave '*a very short explanation*' and certainly would now fill it in differently. She said that it was '*inadequate*' but not '*deceiving*'. Dr Booth accepted in hindsight that her answer suggested that the reason for the suspension was because of XXX and that was not the case. She explained that she had been trying to make '*two statements*' ie one that said she was suspended, and one that said she was XXX. She also accepted that the dates that she mentioned in the answer (ie 2009 and 2015) meant that the more recent order of conditions between 16 November 2020 and 11 January 2022 were not disclosed.

82. The Tribunal took into account Dr Booth's assertion that again she had not intended to deceive anyone because she had or would raise the matters in more detail during the recruitment process. She said in her oral evidence that she had explained the matters about her performance to Dr B in the meeting on 14 September 2023. She also said that she was not trying to deceive anyone because she knew that the Trust would check her regulatory history with the GMC anyway.

83. The Tribunal did not accept that Dr Booth had fully informed Dr B of the matters, as she asserted in her oral evidence, because she gave inconsistent accounts of the conversation had in this meeting. She accepted at one stage that she did not mention the GMC but later claimed that she had informed Dr B of all matters. Dr B was clear in his oral evidence that the regulatory history had not been raised with him.

84. The Tribunal considered Dr Booth's assertion that she was not being untruthful because she was aware that the Trust would check her regulatory history with the GMC. However, when asked about this by the Tribunal in her oral evidence, she said she just assumed that would happen, and confirmed that no one had told her that such checks would be made. In answer to a question in cross examination, Dr Booth accepted that the GMC

website would confirm that Dr Booth had been suspended, but that it would not state the reason for the suspension.

85. The Tribunal concluded that Dr Booth was fully aware of her regulatory history, and she knew that that she had been subject to the restrictions as set out in paragraphs 1 and 2. The Tribunal also concluded that Dr Booth knew that the restrictions had been imposed because of deficient professional performance. Dr Booth accepted in her evidence to the Tribunal that the orders were not imposed because XXX. The FTP Panel decision in December 2012 was clear and Dr Booth had been represented and was present at the hearing.

86. While it was clear that XXX had been considered by the regulator, it did not accept Dr Booth's assertion that her answer was '*inadequate*' but '*not untrue*', because of the link between her XXX and performance. The Tribunal concluded that Dr Booth's evidence that she was trying to assert two different points, one that she was suspended, and the other that she was XXX, was implausible.

87. The Tribunal decided therefore on the balance of probabilities that Dr Booth knew that the answer she gave as set out in paragraph 3 was untrue.

88. Accordingly, the Tribunal found paragraph 6(a) and 6(b) proved.

Paragraph 7(a) and 7(b)

89. The Tribunal set out to determine whether, Dr Booth's conduct as described at paragraph 3 was dishonest by reason of paragraph 4, and whether her conduct as described at paragraph 5 was dishonest by reason of paragraphs 6(a) and 6(b).

90. The Tribunal applied the test in *Ivey*, determining what Dr Booth knew and believed at the time, and whether her conduct would be regarded as dishonest by the standards of ordinary decent people.

91. Firstly, by deciding that paragraph 4 was proved on the balance of probabilities, the Tribunal had not accepted Dr Booth's explanation that she thought that she could answer '*No*' to the question because she had passed her performance assessments and that they were an appeal process such that she had been exonerated. The Tribunal had decided that Dr Booth knew that her answer on the form was untrue.

92. The Tribunal noted that only the matters relating to Dr Booth's GMC fitness to practise history for poor performance were omitted from the application form, and that the only question she asserted she had misunderstood was the crucial one about her regulatory history. Dr Booth provided extensive and favourable detail about her professional history, yet omitted information about prior suspensions, investigations, and conditions.

93. The Tribunal concluded that Dr Booth had deliberately omitted her regulatory history from the application form in an attempt to secure an interview with the Trust. Dr Booth explained in her oral evidence when asked by the Tribunal, that she had disclosed her GMC history on previous applications, and had not got to the interview stage.

94. The Tribunal decided therefore that Dr Booth, by answering 'No' to the question set out in paragraph 3 was acting dishonestly.

95. Secondly, by deciding that paragraphs 5, 6(a) and 6 (b) were proved on the balance of probabilities, the Tribunal had not accepted Dr Booth's evidence that she thought that her answer on the Model A declaration form was true because the poor performance issues were inextricably linked to XXX. The Tribunal had decided that Dr Booth knew that her answer on this form was untrue.

96. The Tribunal decided that, by claiming that she had been suspended because of XXX, Dr Booth had hidden the real reason for the restrictions on her licence, which was continued poor professional performance.

97. The Tribunal decided therefore that Dr Booth, by giving the answer that she did on the Model A declaration form, was acting dishonestly.

98. The Tribunal decided that Dr Booth had acted dishonestly on two occasions during this recruitment process. There were also numerous occasions when she could have raised her full regulatory history in relation to her poor performance, with the Trust; namely on the application form, during the interview, during the meeting with Dr B, or on the Model A declaration form.

99. Applying the case of *Ivey*, the Tribunal decided Dr Booth had given deliberately untruthful answers on two forms when applying for a position with the Trust. It concluded that these actions were dishonest by the standards of ordinary decent people.

100. Accordingly, the Tribunal found both paragraphs 7(a) and 7(b) proved.

The Tribunal's Overall Determination on the Facts

101. The Tribunal has determined the facts as follows:

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

1. Between 1 September 2010 and 29 July 2015 your registration with the GMC was subject to the restrictions as set out in Schedule 1. **Admitted and Found Proved**
2. Between 16 November 2020 and 11 January 2022 your registration with the GMC was subject to restrictions in the form of an interim order of conditions. **Admitted and Found Proved**
3. On or around 8 August 2023 you submitted an application form to Gateshead Health NHS Foundation Trust ('the Trust') for a post as a junior clinical fellow and in response to the question '*Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?*' you answered 'No', which was untrue. **Admitted and Found Proved**
4. You knew that the answer which you gave as set out in paragraph 3 was untrue, in that you had been subject to the restrictions set out in paragraphs 1 and 2. **Determined and found proved**
5. On or around 18 October 2023 you submitted a Model A declaration form to the Trust and in response to the question '*have you ever been subject to any sanctions being placed on your professional registration, by a regulatory or licensing body in any country?*' you provided the answer as set out in Schedule 2, which was untrue. **Determined and found proved**
6. You knew that the answer which you gave as set out in paragraph 5 and Schedule 2 was untrue as:

- a. you had been subject to the restrictions set out in paragraphs 1 and 2;
Determined and found proved
 - b. the restrictions set out in paragraph 1 had been imposed due to your deficient professional performance. **Determined and found proved**
7. Your conduct as described at:
- a. paragraph 3 was dishonest by reason of paragraph 4; **Determined and found proved**
 - b. paragraph 5 was dishonest by reason of paragraphs 6a and/or 6b.
Determined and found proved

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

Determination on Impairment - 29/07/2025

102. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Booth's fitness to practise is impaired by reason of misconduct.

The Evidence

103. The Tribunal reminded itself of the evidence that it had received during the facts stage of the hearing.

104. Between 1 September 2010 and 29 July 2015, Dr Booth's registration was subject to an interim order of conditions and three orders of suspension, and then again between 16 November 2020 and 11 January 2022, Dr Booth's registration was subject to an interim order of conditions.

105. Firstly, on 8 August 2023, on an application form for a post of junior clinical fellow, Dr Booth answered 'No' to the question '*Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?*' Dr Booth did not mention her regulatory history anywhere else on the form, despite there being opportunities to do so.

106. Secondly, on a Model A declaration form sent after her interview with the Trust, dated 18 October 2023, Dr Booth answered ‘yes’ to a similar question about her regulatory history but explained that she was suspended by the GMC between 2009 & 2015 for XXX.

107. The Tribunal found that Dr Booth had acted dishonestly on these two occasions.

108. The Tribunal received no further documentary evidence from the GMC at this stage of the hearing.

109. Dr Booth did not give oral evidence. She provided an email dated 28 July 2025, addressed to the MPTS Management Team. She asked the Tribunal to take it into account, along with the testimonial from Dr F.

Submissions

On behalf of the GMC

110. Ms Bucklow submitted that the allegations found proved amount to serious misconduct. She submitted that misconduct is a matter of judgement for the Tribunal and referred the Tribunal to the case of *Roylance v GMC [1999] UKPC 16*. She submitted that Dr Booth’s conduct fell so far short of the standards of conduct reasonably expected of a doctor as to amount to serious professional misconduct.

111. Ms Bucklow submitted that Dr Booth’s conduct represents a serious departure from the guidance set out in Good Medical Practice 2013 (‘GMP’). She submitted that Dr Booth’s conduct breached paragraphs 65, 66, 71(a) and (b) of GMP:

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

‘66. You must always be honest about your experience, qualifications and current role.

‘71. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

- a You must take reasonable steps to check the information is correct.*
- b You must not deliberately leave out relevant information.’*

112. Ms Bucklow submitted that Dr Booth has made a significant and deliberate departure from the principles set out in GMP, and her conduct is a breach of a fundamental tenet of the medical profession, namely probity. She stated that the case law in relation to dishonesty has consistently found that it lies at the top end of the spectrum of misconduct for a medical professional. Ms Bucklow directed the Tribunal to the case of *Rehan Ahmed Khan v General Medical Council [2015] EWHC 301 Admin*, where it was found:

'Dishonesty will be particularly serious where it occurs in the performance by a doctor of his or her duties and/or involves a breach of trust placed in the doctor by the community.....'

'In cases of proven dishonesty, the balance can be expected to fall down on the side of maintaining public confidence in the profession by a severe sanction against the doctor concerned.'

"That sanction will often and perfectly properly be the sanction of erasure, even in the case of a one-off instance of dishonesty."

113. Ms Bucklow then addressed the Tribunal about the specific facts of this case and submitted that there are a number of aggravating features to Dr Booth's dishonesty, rendering it particularly serious. She said that the dishonesty directly related to Dr Booth's professional practice and was intended to conceal her regulatory history. She submitted that Dr Booth had concealed information that had implications for patient safety, and that this could have prevented an employer from making patient safety considerations, such as whether a mentor would assist Dr Booth or whether a period of supervision or other restrictions would be required. She said that future colleagues would not be aware of previous performance concerns, and this may impact the way they worked with Dr Booth. Dr Booth had prioritised her own wishes over the need for patient safety and public confidence in the profession.

114. Ms Bucklow also submitted Dr Booth's dishonesty was protracted and repeated and that there were at least two opportunities when Dr Booth could have corrected her misleading application form; during her interview, and during the meeting with Dr B on 14 September 2023.

115. Ms Bucklow stated the Sanctions Guidance, at paragraph 124, sets out that dishonesty is particularly serious, even if it does not result in direct harm to patients, because it can undermine the trust the public place in the medical profession.

116. Addressing the Tribunal next on impairment, Ms Bucklow pointed to the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *Grant v NMC 2011EWCH92 (Admin)*. She quoted the features that are likely to be present when impairment is found. (These are quoted below in the LQC's advice.)

117. Ms Bucklow submitted that the Allegation in this case amounts to serious misconduct, and that a finding of impairment is required in order to meet all three limbs of the statutory overarching objective.

118. Ms Bucklow firstly submitted that the nature of her dishonesty poses a risk to patient safety, and that it is imperative that Dr Booth discloses her fitness to practise history so that those employing her can assess what measures are required to ensure patient safety. A finding of impairment is necessary in order to protect the health and safety of the public.

119. Secondly, Ms Bucklow stated that Dr Booth's conduct undermines public confidence in the profession. She said that the public are entitled to expect that when a doctor is offered a job, it is because they have the right qualifications to do so and that any concerns about their performance have been considered and mitigated.

120. Thirdly, Ms Bucklow submitted that a finding of impairment is also required to maintain proper professional standards, as it sends a signal to other medical professionals that dishonesty in relation to fitness to practise history is serious, and will attract a regulatory response. She said that other members of the profession fully appraised of Dr Booth's conduct would be demoralised if it did not give rise to a finding of impairment. Doctors should be confident that when they apply for a role, the application process is fair. This cannot be the case if other doctors are able to lie on application forms without consequence.

121. Ms Bucklow then moved on to ask the Tribunal to consider whether Dr Booth's fitness to practise is currently impaired. She pointed out that insight does not require the doctor to admit the allegations, but that Dr Booth could have demonstrated that she understood the seriousness of the allegations, the inconvenience to the Trust, the potential impact on patient safety and the clear impact her dishonesty would have had on the confidence of the public and the profession.

122. Ms Bucklow pointed to some of the evidence that Dr Booth gave at the facts stage. She said that Dr Booth seemed to consider herself the victim at times. She had expressed a sense of unfairness that Dr B and/or HR did not contact her directly about the discrepancies in her application form. She said that Dr Booth also appeared to minimise her own role in misleading the Trust, highlighting the fact that she was not asked about her fitness to practise history in the interview. These features of her evidence demonstrated a lack of insight.

123. Ms Bucklow accepted that Dr Booth did apologise to the witnesses during their evidence, however that appeared to be related to requiring their attendance at the hearing. She did not apologise for intentionally misleading the Trust, although following the Tribunal's determination, Dr Booth had apologised 'unconditionally'.

124. Ms Bucklow pointed out that Dr Booth now says that she hopes to remediate but has not explained why she has not yet done so, nor what steps she intends to take. Dr Booth has not provided any evidence of reflection into why she was dishonest, nor provided any evidence of CPD records of relevant courses that she could have attended.

125. Ms Bucklow reminded the Tribunal that dishonesty is difficult to remediate but that it was not impossible. However, she said that in the absence of any remediation, the Tribunal cannot be satisfied the dishonesty has been addressed by Dr Booth. Ms Bucklow submitted that in the absence of insight and remediation, the risk of repetition remains high. She said that dishonesty is a behavioural concern and an issue of integrity. Dr Booth needs to have insight into the underlying factors that contributed to her dishonesty, as well as develop an understanding of the importance of probity as a fundamental tenet of the profession.

Dr Booth

126. Dr Booth expressed her apologies for the difficulties caused by her actions. She stated that she understands that she has been found to have acted dishonestly as the Tribunal has considered that she deliberately withheld her GMC history from Gateshead Health Foundation Trust. Dr Booth submitted that she is sorry for the effects of her actions.

The Relevant Legal Principles

127. The LQC gave legal advice to the Tribunal which can be summarised as follows:

'The Tribunal is reminded that there is no burden or standard of proof to adopt at the impairment stage and that the decision as to impairment is a matter for the Tribunal's judgement alone.

The Tribunal is reminded that there are two parts to this stage of the process. Firstly, the Tribunal must decide whether the facts as found proved amount to misconduct, and then whether the finding of that misconduct leads to a finding of current impairment.

The Tribunal is informed that 'misconduct' has no statutory definition, and that it is a matter for its own judgement and experience. However, in the case of *Roylance v GMC [No 2] [2000] 1 AC 311* it was said that 'misconduct' should be 'serious misconduct' before the Tribunal should move to consider the question of impairment. The word 'serious' should be given its ordinary meaning. Other caselaw suggests that misconduct is conduct which would be regarded as 'deplorable' by fellow practitioners or 'morally culpable or 'otherwise disgraceful.'

The Tribunal is advised that it should therefore take into account whether Dr Booth has departed from the standards set out in GMP.

The Tribunal is reminded again that Dr Booth is of previous good character, but it should note that the Allegation relates to two acts of dishonesty. In the case of *GMC v Nwachuku 2017 EWHC 2085 Admin* it was confirmed that it is unusual for dishonesty not to result in impairment. Also, the case of *Nkomo v GMC 2019 EWHC 2625 admin* states that dishonesty is generally held to be difficult to remediate. This is because, unlike with clinical errors, where further practice and/or teaching would likely show a practitioner the correct method of practice, the nature of dishonest behaviour goes more to the practitioner's character than learning. Mitigation therefore holds less weight in such cases.

If, having decided that there is misconduct as defined, then the Tribunal is advised that it should then go on to decide if Dr Booth's fitness to practise is impaired. It is not necessarily the case that if misconduct is found, impairment must follow.

Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith as endorsed by the High Court in the case of *Grant*. The Tribunal should therefore consider whether the practitioner:

- '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; and/or*
- d. Has in the past acted dishonestly and/or is liable in the future to act dishonestly in the future.'*

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

To assist it in this decision, the Tribunal must determine whether a doctor has demonstrated insight, and if so to what extent.

The Tribunal is asked to note that Dr Booth denied the Allegation. It is advised, therefore, that it should not necessarily equate the maintenance of innocence with a lack of insight. A tribunal should not punish doctors for defending themselves, as they are entitled to do so, but it can weigh up what happened at the facts stage of the hearing when assessing insight. It is possible that a doctor who maintains their innocence can still demonstrate that they fully appreciate the gravity of the matters alleged and it is proper to take into account a doctor's understanding of, and attitude toward the underlying allegation and any other evidence of insight.

The Tribunal must also determine whether the need to uphold professional standards and maintain public confidence would be undermined if a finding of impairment were not found. The case of Grant makes it clear that protecting the public and upholding proper standards and public confidence in the profession is a fundamental consideration for a tribunal.

The Tribunal is informed of the case of *Cheatle v GMC [2009] EWHC 645 (admin)* where it was stated that a doctor's behaviour at a particular time maybe 'so egregious' that, looking forward, a Tribunal may be persuaded that a doctor is not fit to practise.

Finally, the Tribunal is reminded that it should be mindful at all times of the overarching objective set out in s1 of the Medical Act 1983.'

The Tribunal's Determination on Impairment

Misconduct

128. In reaching its determination, the Tribunal considered the submissions of both Ms Bucklow and Dr Booth and took into account the evidence that it had received during both the facts and impairment stages of the hearing.

129. The Tribunal noted the case of *Nwachuku* and accepted that acts of dishonesty by a doctor are extremely serious. Nevertheless, the Tribunal recognised that each case should be carefully considered on its own merits and so reminded itself of the circumstances of Dr Booth's case.

130. The Tribunal had concluded that Dr Booth deliberately omitted her regulatory history from the application form in an attempt to secure an interview with the Trust. The Tribunal also decided that, by claiming on the Model A declaration form that she had been suspended by the GMC between 2009 & 2015 because of XXX, Dr Booth had omitted the interim order of conditions in 2020-2022, along with the real reason for the restrictions on her licence, which was continued poor professional performance.

131. The Tribunal noted that it was considering two acts of dishonesty within a professional setting. They represented a course of conduct that took place over a protracted period of time between August and October 2023 and were a deliberate attempt by Dr Booth to conceal her regulatory history in order to secure herself a position with the Trust. Both in her interview with the Trust and in a meeting with Dr B arranged by Dr Booth, she had opportunities to correct her act of dishonesty in filling out the original application form, but she did not do so. Instead, after these two occasions, she repeated her dishonesty by submitting the Model A declaration form. The Tribunal noted that Dr Booth only informed the Trust of her full regulatory history in March 2024, after the GMC had become involved.

132. The Tribunal decided that Dr Booth's actions could have impacted on patient safety. If she had been employed by the Trust, it would have been unaware of her regulatory history, and appropriate patient safety measures, such as mentors, or relevant oversight of her performance, may not have been put in place. If Dr Booth had been placed in a post which she was not capable of doing, then patients could have been placed at risk of harm.

133. The Tribunal then considered the guidance set out in GMP, and decided that a number of paragraphs were engaged namely:

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

...

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

66 You must always be honest about your experience, qualifications and current role.

...

68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

...

71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

... (b) You must not deliberately leave out relevant information.'

134. The Tribunal therefore decided that Dr Booth had breached a number of paragraphs of GMP. It also concluded that Dr Booth's conduct in acting dishonestly fell so far short of the standard of conduct expected of a doctor, so as to amount to serious misconduct.

135. The Tribunal determined that the conduct would undermine public confidence in the medical profession, did not promote the health, safety and wellbeing of the public, and did not uphold proper professional standards.

Impairment

136. Having found that each act of dishonesty amounted to serious misconduct, the Tribunal went on to determine whether, as a result of that misconduct, Dr Booth's fitness to practise is currently impaired. In doing so, the Tribunal had regard to its overarching objective.

137. The Tribunal considered the four limbs of the test as adopted in the case of *Grant* (and set out above). It decided firstly that Dr Booth's actions had the potential to put patients at risk. If Dr Booth had been recruited by the Trust without them having full knowledge of the previous performance concerns and regulatory history, she might not have received the appropriate oversight or training. The Tribunal also decided that Dr Booth's actions had brought the medical profession into disrepute and breached one of the fundamental tenets of the medical profession. She had acted dishonestly on two occasions.

138. The Tribunal considered, therefore, that all four limbs of the test adopted in *Grant* were applicable in this case.

139. The Tribunal then went on to consider whether Dr Booth's misconduct was remediable. It took into account the case of *Nkomo* and also noted that the two matters of dishonesty took place within a professional setting. It decided therefore that it would be difficult for Dr Booth to remediate her actions but considered what steps she had taken to do so.

Insight

140. In determining whether Dr Booth had remediated her misconduct, the Tribunal firstly considered the level of insight evidenced.

141. The Tribunal acknowledged that Dr Booth was entitled to deny the allegations against her and recognised that she continued to do so. It noted, however, that during her oral evidence at the facts stage, she suggested that Dr B and Mr D could have asked her questions about her regulatory history during her interview and expressed disappointment that the Trust had not contacted her about the '*misunderstandings*' on the form. She did not accept responsibility herself and inferred that others were to blame.

142. The Tribunal concluded that Dr Booth had not demonstrated any insight at the facts stage into the seriousness of dishonesty and the importance of not misleading others.

143. The Tribunal took into account the evidence of insight that Dr Booth had since provided.

144. Firstly, Dr Booth had written an email for the Tribunal's attention, which it considered carefully. It read:

'I fully accept that my actions in filling out the employment forms and subsequent failure to properly inform Gateshead Health Foundation Trust

of my GMC history was wrong and I unconditionally apologise.

Since this episode I have been very careful when completing any forms to ensure that my GMC record is clear and when attending any interviews

I now actively discuss my GMC record upfront.

I am sorry for the disturbance my actions have caused.

I hope to remediate.

*Dr Amanda Booth,
MBBS, MRCGP, DCH.'*

145. Secondly, Dr Booth made brief submissions to the Tribunal about impairment. She accepted, but did not adopt, its findings on facts and apologised for the difficulties that she had caused.

146. The Tribunal noted therefore that Dr Booth had reflected on the findings of the Tribunal. She had accepted that her actions were '*wrong*' and apologised for them.

147. The Tribunal did not receive any other evidence of insight. Dr Booth did not provide a reflective statement, nor give evidence at this impairment stage.

148. The Tribunal accepted that Dr Booth had apologised for her actions, to both the witnesses when they gave their evidence and now to the Tribunal. However, it was concerned that Dr Booth had not explained what she was apologising for. The apologies appeared to be confined to the inconvenience of the witness' attendance, and having to hold a MPTS hearing. It was not clear that Dr Booth understood that her actions could have affected patient safety or undermine public confidence.

149. The Tribunal noted that Dr Booth did not articulate that she understood that her actions fell short of professional standards. Although she acknowledged that her actions were ‘wrong’, Dr Booth failed to explain what she meant by this, nor did she reflect on her behaviour.

150. In light of the above, the Tribunal decided that Dr Booth had demonstrated very little insight into her dishonesty. She had not considered the potential risk to patients, and the damage to the reputation of medical profession.

Remediation

151. The Tribunal next considered whether Dr Booth had taken any steps to remediate her actions.

152. The Tribunal again took into account the email that Dr Booth had sent to the Tribunal. In it, she stated that she is now ‘*very careful*’ when completing any forms to ensure that her GMC record is clear. Dr Booth did not, however, provide any evidence to demonstrate how her behaviour had now changed and the steps that she was taking to ensure that she would not commit acts of dishonesty in future.

153. The Tribunal noted that Dr Booth stated in her email that she hopes to remediate. It was concerned, however, that she had not made any actual steps to remediate, despite the acts of dishonesty taking place in 2023. She had not attended any CPD courses for example, nor taken advice from others.

Risk of repetition

154. The Tribunal considered whether there is a risk that Dr Booth might repeat her misconduct. The Tribunal considered that Dr Booth had not reflected on the reasons for her actions and had not explained how she would act differently in future. Dr Booth has not engaged with the seriousness of the misconduct or its implications for public confidence in the profession.

155. The Tribunal decided that Dr Booth had shown very little insight and had taken no steps to remediate her actions. It concluded, therefore, that there remains a significant risk of repetition. Dr Booth had not provided any evidence to assuage the Tribunal’s concerns.

156. The Tribunal took into account that Dr Booth was of previous good character, and that there had been no similar incidents before or since. There was also a testimonial (undated) provided on her behalf from Dr F, a Consultant Psychiatrist Hadrian Clinic from Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. It read:

'To Whom It May Concern,

I am writing to confirm that Dr Amanda Booth undertook a clinical attachment as an observer with our team at the Lowry Ward, Hadrian Clinic over a period of approximately six months. During this time, she attended on two days each week.

On the days she attended, Dr Booth observed our clinical reviews and multidisciplinary team (MDT) meetings and shadowed other doctors within our team. Although her role was primarily observational, she actively participated in discussions concerning differential diagnoses, risk assessments, and management plans.

Dr Booth demonstrated an interest in learning and developing her clinical skills. In an informal capacity and for training purposes, she wrote mental state examinations based on some of the reviews she observed.'

157. The Tribunal noted that Dr F did not mention these proceedings and the testimonial did not address issues of probity and integrity. It could not, therefore, give it much weight.

158. In light of all the above, the Tribunal decided that a finding of impairment was necessary in Dr Booth's case.

159. Moreover, because the Tribunal had found that Dr Booth had acted dishonestly on two occasions, it concluded that a member of the public would be concerned if a determination of impairment were not found.

160. The Tribunal concluded therefore, that a finding of impairment was necessary to uphold the three aims of the overarching objective, namely, to protect, promote, and maintain 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 members of the profession.

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

Determination on Sanction - 31/07/2025

162. Having determined that Dr Booth's fitness to practise is impaired by reason of her 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.

The Outcome of Applications Made during the Sanction Stage

163. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the Rules, to proceed in Dr Booth's absence on the final day of this hearing. The Tribunal's full decision on the application is included at Annex C.

The Evidence

164. The Tribunal took into account the evidence that it had received during the facts and impairment stages of the hearing.

165. The GMC did not provide any further evidence at this sanctions stage.

166. Dr Booth provided an email dated 30 July 2025 outlining her reflections. She also forwarded an email from Dr G dated 23 July 2025 which contained some feedback that Dr Booth had received after an interview with Dr G on 21 July 2025.

167. Dr Booth did not give oral evidence at this stage but made submissions to the hearing which are summarised below.

Submissions

On behalf of the GMC

168. Ms Bucklow submitted that the decision as to the appropriate sanction is a matter for the Tribunal exercising its own independent judgment. She submitted that the findings in relation to Dr Booth engage all three limbs of the overarching objective and the most appropriate sanction is one of erasure.

169. Ms Bucklow referred the Tribunal to the Sanctions Guidance (2024) ('the SG') and submitted that the purpose of a sanction is not to punish or discipline Dr Booth, but it is recognised that a sanction may have a punitive effect. She submitted that although the Tribunal must ensure the sanction they impose is proportionate, the reputation of the profession as a whole is more important than the interests of any individual doctor. Ms Bucklow submitted that the Tribunal should consider the sanctions available and impose the least restrictive sanction necessary to protect the public, even if it would cause difficulties for Dr Booth.

170. Ms Bucklow directed the Tribunal to the mitigating factors set out at paragraph 24 of the SG and submitted that Dr Booth has not put forward an explanation for her dishonesty or set out any personal or professional matters that may have impacted her decision making. Also, that Dr Booth has provided a testimonial from Dr F but that it does not comment on matters which may be relevant to the Tribunal in these proceedings, such as probity and character. Ms Bucklow said that Dr Booth has apologised and has acknowledged that her actions were '*wrong*.' However, she stated that Dr Booth's apology was limited to simply stating she was sorry and did not explain what aspects of her conduct she was apologising for. There is little indication within her apology that Dr Booth understands the gravity of her conduct.

171. Ms Bucklow submitted that Dr Booth's conduct represents a serious departure from the guidance set out in paragraphs 65 and 71 of GMP 2013. She submitted that Dr Booth's conduct breached a fundamental tenet of the medical profession, namely probity.

172. Ms Bucklow directed the Tribunal to paragraphs 56, 124 and 50 of the SG in relation to aggravating features. She reminded the Tribunal of its finding that Dr Booth has very little insight. Ms Bucklow stated that insight does not require Dr Booth to admit the allegations, but she has not demonstrated that she understands the seriousness of the allegations, or their potential impact on patient safety. Dr Booth has not provided any indication that she understands the impact her dishonesty has on public confidence, on the Trust, and the wider profession.

173. Ms Bucklow submitted that, during her oral evidence, Dr Booth appeared to deflect responsibility and place blame on others. She submitted that Dr Booth expressed a sense of unfairness that the Trust did not contact her about the discrepancies, and she considered herself deprived of an opportunity to correct a '*misunderstanding*'. Dr Booth minimised her

role in misleading the Trust and her suggestion that this would not have happened if she had been directly asked questions about her regulatory history in interview shows a profound lack of insight. She submitted that this suggestion also lacks credibility, as Dr Booth had more than one opportunity to tell the truth and chose not to do so.

174. Ms Bucklow pointed out that Dr Booth was aware of the concern at the impairment stage that she had not demonstrated appropriate insight, provided any reflection, or provided evidence that she had remediated her actions. However, Dr Booth did not take the opportunity to address any of this within her own submissions or in the email that she sent to the Tribunal.

175. Ms Bucklow submitted that other aggravating features include that Dr Booth's dishonesty directly related to her professional practice. It was deliberate and intended to conceal her fitness to practise history and extensive performance concerns in order to gain personal advantage. She submitted that Dr Booth concealed information that had implications for patient safety. It prevented those who may have employed her from making important patient safety considerations.

176. Ms Bucklow submitted that Dr Booth's dishonesty was repeated and sustained over a period of two months between August and October 2023. During this time, there were at least two opportunities that Dr Booth could have corrected her misleading application form; during her interview, and during the meeting with Dr B on 14 September 2023.

177. Ms Bucklow referred the Tribunal to the case law in relation to dishonesty and quoted from the cases of *Rehan Ahmed Khan v General Medical Council [2015] EWHC 301 Admin* and *R(Farah) v GMC[2008] EWHC 731 (Admin)*, which emphasise the seriousness of dishonesty and confirm that it lies at the top end of the spectrum of misconduct for a medical professional, and that even one-off instances of dishonesty can result in erasure.

178. Ms Bucklow then took the Tribunal through the sanctions available. She submitted that there are no exceptional circumstances justifying taking no action. Ms Bucklow also submitted that there are no appropriate or workable conditions or undertakings that can be drafted in this case, due to the fact that dishonesty is a behavioural and attitudinal concern. Conditions also require the cooperation and compliance of a doctor to be effective, and they require insight.

179. Ms Bucklow directed the Tribunal to paragraphs 91, 93 and 97(g) of the SG which indicate when suspension may be an appropriate sanction. She submitted that Dr Booth has made an admission that what she has done is wrong, but that the Tribunal cannot be confident that Dr Booth accepts that she was dishonest, or, whether her acknowledgement of wrongdoing is still limited to providing inaccurate information as a result of misreading a question or giving incomplete information.

180. Ms Bucklow submitted that suspension is not appropriate because, due to the lack of insight and the absence of any remediation over the last two years, there is a significant risk of repetition. Dr Booth has not set out how she may develop insight going forward or demonstrated any meaningful intention to remediate.

181. Ms Bucklow directed the Tribunal to paragraphs 107-111 of the SG which relate to erasure. She submitted that Dr Booth's conduct was a deliberate and significant departure from GMP 2013. She explained that the context of Dr Booth's dishonesty is important, because she has spent a significant period of her career suspended from the medical register due to performance concerns and because she posed a risk to patient safety. It is crucial therefore that those employing Dr Booth are aware of her fitness to practise history so that they consider what, if any, measures need to be put in place. Ms Bucklow submitted that Dr Booth also accepts she has little insight into performance concerns at the time they are happening, because of XXX. It is therefore crucial that her employers are aware of her fitness to practise history so that they can be alert to any indication of reoccurrence.

182. Ms Bucklow submitted that Dr Booth's dishonesty undermines the system of regulation, and she has shown a disregard for patient safety and public confidence. She submitted that Dr Booth put her own interests above that of patients, by concealing her fitness to practise history to secure an interview which may have resulted in her being appointed to a role which she was not capable of performing.

183. Ms Bucklow submitted that it would undermine public confidence if Dr Booth remained on the register having shown such a blatant disregard for patient safety and the importance of disclosing her fitness to practise history. She submitted that Dr Booth's conduct also undermines the public confidence in the system of regulation, by hiding previous findings and sanctions that were put in place to ensure patient safety. Ms Bucklow submitted that the public are entitled to expect that when a doctor is offered a job, any concerns about their performance have been considered and mitigated.

184. Ms Bucklow submitted that a sanction of erasure is also required to maintain proper professional standards. Dr Booth's conduct and the nature of her dishonesty is fundamentally incompatible with maintaining registration, particularly where she has shown very little insight and has not made any effort to remediate. A sanction of erasure would signal to other medical professionals that dishonesty in relation to fitness to practise history is serious, and not compatible with registration. A sanction of erasure also serves to uphold the system of regulation and reaffirms that it cannot be circumvented by completing application forms dishonestly.

Dr Booth

185. Dr Booth informed that Tribunal that she did try to inform Dr B of her GMC history when she went to see him after the interview. She told him about her two failed GP returner schemes and the performance assessments.

186. Dr Booth accepted that she should have filled in the forms differently and should have disclosed her regulatory history. She also apologised for the '*upset and disturbance*' that she had caused to Dr B and the HR team at the Trust.

LQC Advice

187. The LQC gave the Tribunal legal advice, which is summarised below:

'The Tribunal is reminded that the decision as to the appropriate sanction, if any, is a matter for its own judgement, which must be made independently.'

The Tribunal must have regard to the Sanctions Guidance dated 5 February 2024, which, although not statutory, gives it an authoritative steer. It should also consider GMP. It is reminded that it must have regard to the aggravating and mitigating factors, and consider the least restrictive sanction first, and then move on, if needs be, to consider the other available options in ascending severity.

The Tribunal must bear in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest. The Tribunal should be mindful that this is a balancing exercise - weighing up what is in the public interest, as against the interest of Dr Booth. Any sanction must be appropriate and proportionate. In the case of *Bolton v Law Society [1994] 1 WLR 512*, it was made clear that the reputation

of the profession as a whole is more important than the fortunes of any individual member, even if the consequences may be deeply unfortunate for them.

The Tribunal is aware that Dr Booth is facing a matter of dishonesty. Dishonesty is very serious, especially if it occurs in the context of a doctor's professional duties. The Tribunal is referred to the cases of Khan and Farah, the essence of which was adopted in *Nkomo v GMC [2019] EWHC 2625 (Admin)*. At paragraph 35 it states:

'The starting point is that dishonesty by a doctor is almost always extremely serious. There are numerous cases which emphasise the importance of honesty and integrity in the medical profession, and they establish a number of general principles. Findings of dishonesty lie at the top end of the spectrum of gravity of misconduct...'

However, there is no default rule. The nature and extent of dishonesty may be variable and must be evaluated on a case-by-case basis. The circumstances of each case must be carefully considered by the Tribunal, and it should look to see if there is, for example, compelling insight, (which can be furnished at any stage of the hearing), or evidence that the behaviour is out of character. It should decide if the reputation of the medical profession is affected.

The Tribunal will be aware, again, of the overarching objective of the GMC set out in section 1 of the Medical Act 1983.'

The Tribunal's Determination on Sanction

188. The Tribunal considered the LQC advice, and the submissions from the GMC and Dr Booth. It reminded itself of the facts that it had found proved.

189. The Tribunal noted the new evidence that it had received at this stage of the proceedings. It firstly considered the email from Dr G. It contained some feedback that Dr Booth had received from Dr G after an interview which had taken place on 21 July 2025. It reads:

'I appreciate that you were honest and upfront about your GMC issues. I had reviewed your GMC record prior to the interview but alongside your statement of the issues it

would be helpful to clarify for an interview panel that you do not currently have any restrictions in your practice.'

190. The Tribunal could not give this email much weight. It was not clear, firstly, whether Dr G was aware that it was going to be used as evidence at this hearing. Also, the Tribunal was not furnished with the application form itself, so it did not know what Dr Booth had disclosed to Dr G in terms of her regulatory history.

191. The Tribunal also carefully considered the email that Dr Booth sent for consideration at this sanction stage. It reads:

'Dear Tribunal,

You have asked for evidence of reflection.

I have had a lot of contact with the GMC through my career.

I was reported to the GMC twice after both failed GP Returner Schemes.

It did my confidence a lot of good to work for both performance assessments in Manchester and pass them, so the GMC has helped me in that respect. It shows that your practice is of a certain standard.

My CV stands as my lifelong evidence of my achievements. I am 64.

I would be grateful if you could read it.

I would still like to practice medicine.

As regards the present proceedings, I am sorry for misleading Gateshead Health Foundation Trust by not giving them all the details of my regulatory history. I can see that by leaving out information about my history amounts to deception.

I am sorry for any distress my actions caused to individuals in the process of the investigation.

Dishonesty is bad. I accept that I have been dishonest.

I honestly felt that I had made a mistake filling out the forms. I can fully understand why you have found me guilty of dishonesty. I apologise to Dr B and the others involved.

Yours sincerely,
Amanda Booth'

192. In the email, Dr Booth asked the Tribunal to read her CV. The CV had been provided at the start of the hearing and considered by the Tribunal at the facts stage. It was read again. The Tribunal noted from it that Dr Booth had been a doctor since 1986, and had a varied and long career.

193. The Tribunal decided that this email did not disclose any further insight or remediation from Dr Booth. While Dr Booth accepted that she had been dishonest, in the next sentence she said '*I honestly felt that I had made a mistake filling out the forms*'. Dr Booth also apologises to the Trust, but does not explain in any depth what the apology is for. She continues to demonstrate a lack of understanding of the impact of her conduct on public confidence and upholding standards in the profession. Dr Booth does not refer to the potential risk to patients had she been employed by the Trust.

194. The Tribunal did not have the benefit of hearing oral evidence from Dr Booth at this sanctions stage, but it considered the submissions that she made.

195. Dr Booth said that she tried to inform Dr B of her GMC history and told him that she had failed two GP returner schemes. The Tribunal had rejected this at the facts stage of this hearing.

196. Dr Booth accepted in her oral submissions that she should have filled the form out differently but did not acknowledge that she had acted dishonestly. She apologised again to Dr B and the HR team at the Trust, again, without appearing to recognise the potential risk to patients, and the impact of her conduct on public confidence and upholding standards in the profession.

197. In summary, the Tribunal decided that the new evidence that it had received, and the submissions from Dr Booth, did not demonstrate any further insight or remediation.

198. The Tribunal then moved on to consider what, if any, sanction to impose.

199. The Tribunal first identified what it considered to be the mitigating and aggravating factors in this case. It was mindful that it needed to consider and balance any such factors against the central aim of sanctions, which is to uphold the overarching objective.

Aggravating Factors

200. The Tribunal noted paragraphs 50-59 of the SG, which sets out some of the aggravating factors that are likely to lead a Tribunal to consider more serious action.

201. The Tribunal reminded itself of its findings at the impairment stage in relation to the development of Dr Booth's insight, which had not changed despite the new evidence that it had received. It accepted that Dr Booth is entitled to deny the allegations, but it had decided that Dr Booth had not accepted responsibility for her own actions and inferred that others were to blame for a misunderstanding. Although she acknowledged that her actions were '*wrong*', Dr Booth had not explained what she meant by this, nor had she reflected on her behaviour. The Tribunal noted that Dr Booth did not articulate that she understood that her actions fell short of professional standards.

202. The Tribunal accepted that Dr Booth had apologised a number of times - to the witnesses, the Trust and the Tribunal. However, the Tribunal was not satisfied that the apologies demonstrated that Dr Booth had a full understanding of the impact of her actions. They appeared to be confined to the inconvenience of the witness' attendance, the '*upset and disruption*' to the Trust, and having to hold a MPTS hearing. It was not clear that Dr Booth understood that her actions could have affected patient safety or undermine public confidence.

203. The Tribunal noted that Dr Booth had said '*I hope to remediate*', in her email sent to the Tribunal at the impairment stage, but had not taken any steps to do so, despite the fact that the Allegation dates back to August - October 2023. Dr Booth was aware of the GMC investigation by at least March 2024. Dr Booth had not attended any CPD courses, not sought advice from others. She had no plans in place to demonstrate how she was going to remediate in the future. Dr Booth's explanation that she is now '*very careful*' when filling out forms was not sufficient evidence to demonstrate how her behaviour has now changed and the steps that she was taking to ensure that she would not commit acts of dishonesty in future.

204. The Tribunal therefore decided that paragraphs 52(a), 52(b) and 52(c) apply in Dr Booth's case. They state:

'52 A doctor is likely to lack insight if they:

a refuse to apologise or accept their mistakes

b promise to remediate, but fail to take appropriate steps, or only do so when prompted immediately before or during the hearing

c do not demonstrate the timely development of insight.

205. The Tribunal concluded that Dr Booth had demonstrated very little insight into her dishonesty. She had not considered the potential risk to patients, and the damage to the reputation of medical profession. The Tribunal also concluded that there remains a significant risk of repetition.

206. The Tribunal decided, therefore, that the lack of insight in Dr Booth's case was an aggravating factor.

207. The Tribunal next considered the circumstances surrounding the events.

208. The Tribunal firstly recognised that dishonesty is very serious and can undermine public confidence in the profession. It was aware of the caselaw and accepted that dishonesty is difficult to remediate. It accepted that findings of dishonest conduct lie at the top end of the spectrum of gravity of misconduct. The Tribunal also considered paragraph 124 of the SG which states that clinical competence cannot mitigate dishonesty and confirms that dishonesty is serious even if patients are not directly harmed. It states:

'Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.'

209. The Tribunal then went onto to consider the specific facts of this case. It found that Dr Booth had committed two acts of dishonesty within a professional setting. It concluded that

they represented a course of conduct over a protracted period of time between August and October 2023 and were a deliberate attempt by Dr Booth to conceal her regulatory history in order to secure a position with the Trust. It noted that there were also numerous occasions when Dr Booth could have raised her full regulatory history in relation to her poor performance with the Trust; namely on the application form, during the interview, during the meeting with Dr B, or on the Model A declaration form.

210. The Tribunal determined that Dr Booth had submitted a false application form and Model A declaration form and had failed to take reasonable steps to make sure that the statements she made in those formal documents were accurate. The Tribunal therefore took into account the section of the SG headed '*Considering dishonesty.*' It noted paragraphs 125(a)- 125(e), which sets out examples of dishonesty in professional practice. It concluded that subsections (d) and (e) apply in this case. They state:

'125 Examples of dishonesty in professional practice could include:

...

d inaccurate or misleading information on a CV

e failing to take reasonable steps to make sure that statements made in formal documents are accurate.'

211. The Tribunal also took into account the fact that Dr Booth had breached a number of paragraphs of GMP which relate to honesty and integrity, namely paragraphs 1,65,66, 68 and 71(b).

212. The Tribunal decided that Dr Booth's actions could have impacted on patient safety. If she had been employed by the Trust, it would have been unaware of her regulatory history, and appropriate patient safety measures may not have been put in place. Dr Booth's conduct also demonstrated a disregard for the regulatory process, impacted upon public confidence, and the maintenance of professional standards.

213. The Tribunal concluded therefore that the circumstances surrounding the events included a number of aggravating features.

Mitigating Factors

214. The Tribunal then went on to consider the mitigating factors in this case.

215. The Tribunal considered paragraphs 24-49 of the SG, which sets out some of the mitigating factors that the Tribunal may consider, while balancing these against the central aim of sanctions.

216. The Tribunal took into account the fact that Dr Booth is of previous good character. It is listed at paragraph 25(b) as a potential mitigating factor. Dr Booth has no previous convictions or misconduct-related regulatory findings against her. The Tribunal noted from her CV that Dr Booth has been a doctor since 1986 and has had a long medical career.

217. Again, the Tribunal considered the level of insight that Dr Booth had demonstrated. It is listed at paragraph 25(a) as a potential mitigating factor. However, it concluded that Dr Booth had demonstrated very little insight. It decided that the level of Dr Booth's insight was an aggravating factor rather than a mitigating one.

218. In a similar vein, the Tribunal also again considered the steps that Dr Booth had taken to remediate the concerns. Remediation is listed as a potential mitigating factor at paragraphs 31-33. However, the Tribunal decided that, despite Dr Booth saying '*I hope to remediate*' in her email sent to the Tribunal at the impairment stage she had not taken any steps to do so, even though the Allegation dates back to August - October 2023. It decided that the level of Dr Booth's remediation was an aggravating factor rather than a mitigating one.

219. The Tribunal accepted the testimonial from Dr F. It again noted that Dr F did not mention these proceedings and did not address issues of probity and integrity. It did not, therefore, give it much weight.

220. The Tribunal concluded that the mitigating factors had less weight than the aggravating factors.

221. The Tribunal then 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

222. The Tribunal first considered whether to conclude the case by taking no action. It considered paragraphs 68-70 of the SG, which state that taking no action following a finding of impaired fitness to practise is only appropriate in exceptional circumstances.

223. The Tribunal determined that there were no exceptional circumstances in this case.

224. Also, given its findings on impairment, it determined it would be neither sufficient, proportionate nor in the public interest, to conclude this case by taking no action.

Undertakings

225. No undertakings were considered.

Conditions

226. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Booth's registration and took into account paragraphs 80 - 84 of the SG.

227. The Tribunal bore in mind that conditions might be appropriate in cases involving a doctor's health, performance, or lack of knowledge of English. Because the misconduct related to acts of dishonesty, the Tribunal concluded therefore that this was not a case in which conditions are ordinarily appropriate.

228. The Tribunal also bore in mind that any conditions imposed should be appropriate, proportionate, workable, and measurable. It noted that conditions may be workable where a doctor has insight into their misconduct, is likely to comply with conditions, and where a doctor is likely to respond positively to remediation or retraining.

229. The Tribunal accepted that Dr Booth had stated in her email to the Tribunal that she hoped to remediate the misconduct, but it remained concerned about lack of remediation to date, and the very limited insight that Dr Booth had demonstrated. The Tribunal was not satisfied that conditions in these circumstances would be workable or measurable and would not sufficiently address the issues of the case.

230. The Tribunal also decided that conditions would not reflect the seriousness of Dr Booth's misconduct and would be insufficient to maintain public confidence in the profession and to promote and maintain proper standards of conduct.

Suspension

231. The Tribunal then went on to consider whether imposing a period of suspension on Dr Booth's registration would be sufficient to satisfy the statutory overarching objective.

232. The Tribunal took into account paragraphs 91-98 of the SG, which assists the Tribunal in deciding if a period of suspension is the appropriate sanction. It acknowledged that suspension has a deterrent effect and can be used as a signal to the doctor, the profession, and to the public about what is regarded as behaviour unbefitting a registered doctor.

233. The Tribunal considered the factors listed at paragraphs 97(a)-(g) of the SG, where suspension may be deemed appropriate. It accepted that there was no evidence of repetition of similar behaviour since the incidents, which is listed as one such factor at paragraph 97(f). The Tribunal could not find any other factors in favour of suspension.

234. The Tribunal found at the impairment stage that Dr Booth had breached a number of the paragraphs of GMP and that the four features of the *Grant* case were engaged. Dr Booth's misconduct brought the profession into disrepute and breached the fundamental tenets of the profession. Dr Booth had acted dishonestly on two occasions and her actions had the potential to put patients at risk of harm. Due to the very limited insight demonstrated, the Tribunal remained concerned that there was a significant risk of repetition.

235. The Tribunal was of the view that a fellow professional would consider Dr Booth's behaviour to be wholly unacceptable. It also concluded that given the seriousness of the misconduct, a member of the public, aware of the full facts of the case, would be concerned if Dr Booth were allowed to remain on the medical register.

236. The Tribunal determined therefore that a period of suspension would not be sufficient to maintain the health and safety of patients, to promote and maintain public confidence in the profession, nor promote and maintain proper professional standards and conduct for members of the profession. It decided therefore, that suspension was not

sufficient to protect the public and to send a message to the profession and the wider public about the gravity of Dr Booth's misconduct.

237. The Tribunal concluded that in such circumstances, to impose a period of suspension, would not uphold the three limbs of the overarching objective.

Erasure

238. The Tribunal therefore went on to consider whether the sanction of erasure was appropriate and proportionate in this case and took into account the guidance at paragraphs 107-111 in the SG. The Tribunal reminded itself again of its findings of fact and the aggravating and mitigating factors it had identified.

239. The Tribunal concluded that Dr Booth had deliberately departed from a number of the paragraphs of GMP. She had acted dishonestly on two occasions, and these represented a course of conduct between August and October 2023 when she had a number of opportunities to give the Trust information about her regulatory history and performance issues. By doing so, Dr Booth had prioritised her own interest and disregarded patient safety. The Tribunal concluded that Dr Booth had demonstrated very little insight into her behaviour.

240. The Tribunal considered the factors listed at paragraphs 109(a)-(j), of the SG, where erasure may be deemed appropriate. It decided that the following factors were present in Dr Booth's case:

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.

b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.

...

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

i putting their own interest before those of their patients.

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

241. The Tribunal decided that Dr Booth's actions affected confidence in the medical profession. It determined that she had not directly caused harm to any patients, but that her dishonesty had represented a risk to patient safety. The Tribunal had not been assured that she would not do so again. The Tribunal therefore took into account paragraph 108 of the SG which states:

'108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.'

242. In summary, the Tribunal determined that Dr Booth, by her dishonesty, had brought the profession into disrepute and undermined public confidence in the profession. She had recklessly breached a number of the paragraphs in GMP. Given the very limited insight and remediation, the Tribunal decided that there was a significant risk of repetition.

243. The Tribunal decided that erasure is necessary in Dr Booth's case to maintain public confidence in the profession and to uphold proper professional standards and conduct for members of the profession. It concluded that a member of the public would be concerned if a sanction of erasure were not imposed in the particular circumstances of Dr Booth's misconduct.

244. The Tribunal took into account the impact that this sanction will have upon Dr Booth, and noted in her email dated 30 July 2025, that she wants to continue to practise medicine. However, in all the circumstances, the Tribunal concluded that Dr Booth's interests are outweighed by the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and behaviour.

245. The Tribunal concluded that Dr Booth's misconduct is fundamentally incompatible with continued registration and that removal from the register is in the public interest.

246. The Tribunal therefore determined to erase Dr Booth's name from the Medical Register.

Determination on Immediate Order - 31/07/2025

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

Submissions

On behalf of the GMC

248. Ms Bucklow reminded the Tribunal that Dr Booth is actively looking for work and submitted that an immediate order of suspension is necessary to protect members of the public and protect public confidence in the profession. She also submitted that there is no interim order in place.

249. Ms Bucklow stated that Dr Booth's actions posed a risk to patient safety, public confidence and the maintenance of standards in the profession. She submitted that it was in the interest of the public that an immediate order was imposed to prevent Dr Booth from practising unrestricted during the appeal notice period.

The Tribunal's Determination

250. The Tribunal had regard to the submissions made by Ms Bucklow and to the guidance contained within the SG, in particular, paragraphs 172, 173 and 178 which state:

"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. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order."

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.”

251. The Tribunal bore in mind the above paragraphs of the SG and took account of its findings at earlier stages. It reminded itself that as Dr Booth is actively seeking employment, she presents an ongoing risk to patient safety. The Tribunal considered the seriousness of the matter that led to Dr Booth's erasure and determined that an immediate order of suspension is necessary to protect members of the public, to uphold confidence in the medical profession and is in the wider public interest.

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

253. That concludes this case.

ANNEX A – 21/07/2025

Application for Dr Amanda Booth to be supported by Dr A

254. Dr Booth was unrepresented. She made an application for Dr A, XXX, to support her during the hearing. She had filled out the form '*M1- bringing a Mackenzie friend*' to assist the Tribunal. She confirmed that Dr A was not a witness in the proceedings.

255. Dr Booth said that she would like Dr A to sit with her in the room making notes. She said that he does not intend to speak to the Tribunal, but she would like him to be able to speak to her to assist her in case she makes a mistake or misses a point. She stated that she understands that when giving evidence under oath, there can be no communication from Dr A by way of interruption or passing a note.

256. On behalf of the GMC, Ms Jade Bucklow, Counsel did not oppose this application. She submitted that the GMC does not oppose Dr A attending in a supportive capacity but made it clear that it had concerns about him interacting with the Dr Booth during the course of her giving evidence on oath, and that he must not pass notes to her during this part of the proceedings.

Tribunal's Decision

257. The Tribunal understood that Dr Booth was unrepresented and in order to assist her during this case, it exercised its discretion and determined to allow Dr A to support Dr Booth.

258. The Tribunal determined to keep this decision under review during the proceedings, and to speak to Dr A directly to ensure that he understands the parameters of his role and the conduct expected of him. The Tribunal decided that there must be no interruption of Dr Booth if she gives evidence at any time.

ANNEX B – 21/07/2025

Application to proceed in Private under Rule 41

259. At the outset of the hearing, Dr Booth made an application under Rule 41 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules') for the public to be excluded from the proceedings.

Submissions

260. Dr Booth submitted that the hearing should be in private as there is a conflict between herself and Dr B. She stated that it was in nobody's best interest that this conflict be advertised to the general public because of the differences of opinion.

261. Dr Booth also submitted that XXX.

262. On behalf of the GMC, Ms Jade Bucklow opposed the application. She submitted that it is generally in the public interest that these matters are heard in the public domain, and this is the usual course of action. Ms Bucklow stated that the reason provided by Dr Booth that there may be issues of conflict is not a reason to hold a hearing in private. She stated that all proceedings that have reached a hearing stage have a conflict of evidence, and the hearing is where these disputes can be aired.

263. In relation to the matters concerning XXX, Ms Bucklow submitted that this case concerns probity and conduct allegations, XXX

264. XXX

265. XXX

Tribunal's Decision

266. The Tribunal had regard to Rule 41XXX

267. The Tribunal determined that any discussion of XXX be heard in private, according to Rule 41XXX.

268. The Tribunal found that while the Allegation in this case was somewhat linked to XXX, the Tribunal can compartmentalise these matters and move between private and public session where necessary. The Tribunal considered the conflict between Dr Booth and Dr B and concluded that this reason was not sufficient to justify the hearing to be held entirely in private.

269. The Tribunal found that it would be disproportionate and unfair to the public interest to hold the entirety of proceedings in private.

270. The Tribunal therefore determined that XXX be heard in private, but that other matters relating to the facts of the Allegation can be heard in public.

ANNEX C – 31/07/2025

Determination on Proceeding in absence

271. This determination will be handed down in private. However, as this case concerns Dr Booth's misconduct, a redacted version will be published at the close of the hearing.

272. On 31 July 2025, prior to the Tribunal handing down its determination on sanction, Dr Booth was neither present nor represented at the hearing. The Tribunal therefore considered whether to continue the hearing in her absence.

273. On 31 July 2025, at 10:01am, Dr Booth sent the following email to the MPTS:

*'Dear Tribunal
I am sorry I will not be attending at 12.00.
[XXX]
Please proceed without me.
Please could the Chair phone me at the end of the proceedings to let me know the outcome.
...
Yours sincerely
Amanda Booth'*

Submissions on behalf of the GMC

274. Ms Bucklow submitted that Dr Booth has been present throughout this hearing, and she is aware of the proceedings. She submitted that Dr Booth has waived her right to attend today and has asked for the Tribunal to continue in her absence XXX. Ms Bucklow submitted that to continue at this stage would not be prejudicial to Dr Booth as the Tribunal is ready to hand down their sanction determination that the only outstanding matter would be whether or not to impose an immediate order.

275. Ms Bucklow submitted that Dr Booth has not requested an adjournment and has not provided details about whether an adjournment would secure her attendance in the near future. She stated that the public interest lies in the matter proceeding. She submitted that there are serious allegations, and the Tribunal is at the stage where it has made an important decision about what restriction, if any, is required. Ms Bucklow submitted that it is in the interest of patient safety and public confidence that this matter is brought swiftly to a conclusion. She submitted that this is also in line with Dr Booth's wishes and she has indicated that she wants this matter to be dealt with and she wants to be informed of the conclusion at the end.

276. Ms Bucklow submitted that there appears to be no real interest in delaying these matters further, neither in the interest of the public, the regulator or the doctor. She submitted that, for those reasons, the Tribunal should proceed in Dr Booth's absence.

The Tribunal's Approach

277. The LQC gave legal advice about the approach it should now take. She pointed out that in order to proceed in absence, the Tribunal must be satisfied that the doctor is aware of the hearing in accordance with Rule 40 of the FTP Rules. If the Tribunal is satisfied of service, then, it is entitled to proceed under Rule 31, but it has the discretion in deciding whether it would be appropriate to proceed in the doctor's absence. The alternative is to adjourn the case. The Tribunal must be conscious that the discretion to proceed should be exercised with care and caution, balancing the objective to be fair and just to the doctor with the wider public interest.

278. When deciding this the Tribunal must consider all material circumstances including for example:

1. The need to deal with cases expeditiously on behalf of the public;

2. why the doctor is absent, and whether her absence is voluntary, ie whether she has waived her right to be present;
3. whether any adjournment would resolve the issue anyway and the likely length of it;
4. the stage the proceedings are at and whether there is a risk of the Tribunal reaching an improper conclusion, and the extent of the disadvantage to the doctor.

The Tribunal's Decision

279. The Tribunal noted that Dr Booth was aware of the hearing and the stage that it was at. It decided to continue the hearing in Dr Booth's absence. It felt that there would be no injustice caused because it had already reached its decision on sanction. It noted that Dr Booth had been given every opportunity to give evidence and make submissions during each stage of the case. It determined that proceeding with the case was in the public interest bearing in mind the serious allegations that Dr Booth was facing and the risk to patient safety.

280. The Tribunal noted that Dr Booth had not provided any XXX evidence or requested that the hearing adjourn so that she can attend. She had asked that it continue without her.

281. The Tribunal decided that it was appropriate and fair to proceed in her absence in accordance with Rule 31 of the Rules.

SCHEDULE 1

An interim order of conditions imposed by an Interim Orders Panel ('IOP') from 1 September 2010 to 28 July 2011

An interim order of suspension imposed by an IOP from 28 July 2011 to 12 December 2012

An order for immediate suspension imposed by a Fitness to Practise Panel ('FTPP') from 19 December 2012 to 17 Jan 2013

An order of suspension imposed by a FTPP from 17 Jan 2013 to 29 July 2015

SCHEDULE 2

'I was suspended by the GMC between 2009 & 2015 for [XXX].'