

PUBLIC RECORD

Date: 30 May 2025

**Doctor:** Dr David ADAMS

GMC reference number: 6145745

**Primary medical qualification:** MB ChB 2006 University of Bristol

Type of case	Outcome on impairment
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XXX XXX

## Misconduct Impaired

## Summary of outcome

## Conditions for 12 months

### **Legally Qualified Chair:**

Legally Qualified Chair:	Mrs Alison Storey
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## Review on the Papers

This case was reviewed on the papers, with the agreement of both parties, by a Legally Qualified Chair.

## Overarching Objective

Throughout the decision making process the chair 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.

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**Determination – 30/05/2025**

1. I have reviewed the background to Dr Adams' case, which was first considered by a Medical Practitioners Tribunal in March 2022 in regard to a conviction for drink driving, dishonest answers on an application for restoration, failure to disclose the conviction to the GMC, XXX.
2. Dr Adams qualified in 2006 from the University of Bristol. He worked from 2006 to 2012 at Bristol Royal Infirmary, and in 2012 was working as a Senior Registrar in the Emergency Department. In 2014 he worked as CEO of Ranvier Health Ltd (a start-up company developing a diagnostic tool to assist in the diagnosis and management of depression). On 25 March 2015 Dr Adams was erased from the medical register due to non-payment of the annual retention fee but was restored to the medical register on 17 December 2019.
3. The 2022 Tribunal found that Dr Adams had been convicted of a criminal offence on 10 October 2019. It also determined that Dr Adams had acted dishonestly by failing to declare his criminal conviction during his application to the GMC to restore his name to the medical register. It also found that he had failed to inform the GMC of his conviction after being restored to the medical register on 17 December 2019.
4. XXX
5. The 2022 Tribunal accepted that Dr Adams had shown genuine remorse for his drink driving, had served his sentence and shown insight, such that he was not impaired by his conviction.
6. The 2022 Tribunal found that his dishonesty and failure to declare or otherwise notify the GMC of his conviction amounted to serious misconduct. Having found that Dr Adams had shown only partial insight into his dishonesty, a finding was made that his fitness to practise was impaired by misconduct.
7. XXX
8. The 2022 Tribunal determined to suspend Dr Adams' registration for a period of 12 months and directed a review. It determined that this was necessary to allow Dr Adams time to XXX, and to give him the best opportunity both to demonstrate insight and remediate his misconduct. Further, 12 months suspension would mark the gravity of his misconduct. It also imposed an immediate order of suspension.

**The 2023 Review on the Papers ('RoP')**

9. On 1 June 2023, a review of Dr Adams' case took place as a ROP. A joint proposal had been provided to the Legally Qualified Chair ('LQC') by both Dr Adams and the GMC.

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10. Dr Adams and the GMC agreed that his fitness to practise remained impaired due to his misconduct XXX but that he was fit to practise with restrictions. It was proposed that the order of suspension should be revoked and replaced with an order of conditions.

11. The LQC considered the proposal made by the parties, alongside the evidence presented XXX, a reflective statement and Continuing Professional Development ('CPD') certificates relating to courses on insight, reflection and remediation.

12. The LQC determined to revoke the suspension in place, reflecting the progress in Dr Adams' developing insight XXX. The LQC determined to impose an order of conditions for a period of 12 months to provide a framework in which to establish stability and to allow Dr Adams to progress towards a return to unrestricted practice. XXX.

The 2024 Review Hearing

13. On 25/06/24 a review hearing took place before the MPT which reviewed the evidence before it, which included Dr Adams reflections, dated 25/04/24. Dr Adams also addressed that Tribunal at length about his personal circumstances XXX.

14. XXX

15. The 2024 Tribunal determined that Dr Adams' fitness to practise remained impaired by reason of his misconduct XXX. It considered that there was some evidence of insight and remediation, but that this had not yet progressed sufficiently. Whilst Dr Adams had acknowledged XXX and expressed regret and apology, the 2024 Tribunal was not entirely persuaded that Dr Adams had taken all the necessary steps to understand and address the root causes of his behaviour.

16. XXX

17. The 2024 Tribunal considered that since the last review hearing, there had been some progress in terms of insight and remediation, but there was still further work to be done. It determined that a further period of restricted practise was appropriate and extended the conditions on the same terms as previously, for a further 12 months.

**The 2025 Review (On the Papers)**

18. In order to provide assistance at this review the tribunal at the previous review recommended that Dr Adams provide:

- XXX
- Further reflective evidence on the impact his actions had on the medical profession, his colleagues, the public confidence in the medical profession;

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- XXX;
- XXX;
- Evidence of CPD undertaken and steps he has taken to ensure his medical knowledge and skills are kept up to date, this should include efforts in respect of clinical practice; and
- Any other evidence which Dr Adams considers may assist the reviewing Tribunal such as testimonials from his former and/or current colleagues.

19. Dr Adams and the GMC have agreed that this review should be considered on the papers in accordance with Rule 21B of the General Medical Council (Fitness to Practise) Rules 2004. They have provided agreed terms of an order which I could make at this review.

20. I have read all of the evidence presented to me, and the agreed submissions made on behalf of Dr Adams and the GMC. In the submissions, Dr Adams and the GMC agree that Dr Adams' fitness to practise remains impaired due to his misconduct XXX but that he would be fit to practise with restrictions. They propose that Dr Adams' registration should be subject to a further period of conditions for 12 months.

21. XXX

22. XXX

23. XXX

24. Dr B also noted that Dr Adams had engaged with supervision consistently and she considered that he had made progress, developing authenticity, insight and accountability.

25. She has concluded that Dr Adams is fit to practise with conditions. She suggested that he would need at least 18 months of restricted practise to build on his progress. XXX.

26. XXX

27. XXX

28. He considered that Dr Adams was fit to practise with conditions. XXX.

29. Dr Adams has not provided the evidence suggested by the previous review Tribunal. He continues to work in a non-clinical setting, as CEO of his own research company.

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30. I have determined that Dr Adams' fitness to practise remains impaired due to his misconduct XXX. There is no reflective statement from Dr Adams, XXX. The supervision reports from Dr B do suggest that progress is being made in relation Dr Adams' insight, XXX.

31. I have borne in mind the statutory overarching objective which is 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 the medical profession.

32. In reaching my decision, I have taken account of the Sanctions Guidance. I have borne in mind that the purpose of the sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

33. I have applied the principle of proportionality, weighing Dr Adams' own interests with the public interest. The public interest includes amongst other things, the protection of patients, the maintenance of public confidence in the profession, and declaring and upholding of proper standards of conduct and behaviour.

34. I am satisfied that the proposed conditions would be proportionate and sufficient to protect the public and the public interest. I have therefore determined that Dr Adam's registration be made subject to the following conditions for a period of 12 months:

**Details of public conditions**

1. He must personally ensure that the GMC is notified of the following information within 7 calendar days of the date these conditions become effective:
  - (a) The details of his current post, including:
    - (i) His job title;
    - (ii) His job location;
    - (iii) His responsible officer (or their nominated deputy)
  - (b) The contact details of his employer and any contracting body, including his direct line manager
  - (c) Any organisation where he has practising privileges and/or admitting rights
  - (d) Any training programmes he is in
  - (e) Of the contact details of any locum agency or out of hours service he is registered with
2. He must personally ensure that the GMC is notified:

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- (a) Of any post he accepts, before starting it
  - (b) That all relevant people have been notified of his conditions in accordance with condition 8
  - (c) If any formal disciplinary proceedings against him are started by his employer and/or contracting body, within 7 calendar days of being formally notified of such proceedings
  - (d) If any of his posts, practising privileges or admitting rights have been suspended or terminated by his employer before the agreed date within 7 calendar days of being notified of the termination.
  - (e) If he applies for a post outside the UK
3. He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions
4. (a) He must have a work place reporter appointed by his responsible officer (or their nominated deputy);
- (b) He must not work until:
    - (i) His responsible officer (or their nominated deputy) has appointed his workplace reporter;
    - (ii) He has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter
5. (a) He must get the approval of his GMC adviser before accepting any post
- (b) He must keep his professional commitments under review and limit his work if his GMC Adviser tells him to
  - (c) He must stop work immediately if his GMC Adviser tells him to and must get the approval of his GMC Adviser before returning to work.
6. He must get the approval of the GMC before starting work in a non-NHS post or setting.
7. (a) He must get the approval of his responsible officer (or their nominated deputy) and the GMC Adviser, before working as:
- (i) A locum/in a fixed term contract

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- (ii) Out-of-hours
- (iii) On-call

(b) He must not work until:

- (i) His responsible officer (or their nominated deputy) and the GMC Adviser have confirmed approval
- (ii) He has personally ensured that the GMC have been notified of the approval of his responsible officer (or their nominated deputy) and the GMC Adviser

8. He must personally ensure that the following persons are notified of the conditions listed at 1 to 7:

(a) His responsible officer (or their nominated deputy)

(b) The responsible officer of the following organisations:

- (i) His place(s) of work, and any prospective place of work (at the time of application)
- (ii) All his contracting bodies and any prospective contracting body (prior to entering a contract)
- (iii) Any organisation where he has or has applied for, practising privileges and/or admitting rights (at the time of application)
- (iv) Any locum agency or out of hours service he is registered with.
- (v) If any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify this person, he must contact the GMC for advice before working for that organisation.

c. His immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

XXX

35. The effect of this direction is that, unless Dr Adams exercises his right of appeal, the conditions will take effect 28 days from when written notification of this determination has been served upon him. The current order of conditions will remain in place until the appeal

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period has ended, or in the event that he does appeal, until that appeal is decided. A note explaining Dr Adams' right of appeal will be provided to him.

36. Notification of this decision will be served on Dr Adams in accordance with the Medical Act 1983, as amended.