

**PUBLIC RECORD****Date:** 03/11/2025

**Doctor:** Dr Richard BOWLEY

**GMC reference number:** 4008923

**Primary medical qualification:** MB ChB 1993 University of Bristol

Type of case	Outcome on impairment
Review - Misconduct	Impaired

**Summary of outcome**  
Suspension, 7 months  
Review hearing directed

**Tribunal:**

Legally Qualified Chair:	Ms Christina Moller
Lay Tribunal Member:	Ms Kate Annand
Registrant Tribunal Member:	Dr Jill Belch

Tribunal Clerk:	Miss Emma Saunders
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**Attendance and Representation:**

Doctor:	Not present, not represented
GMC Representative:	Mr Henry Blackshaw, Counsel

**Attendance of Press / Public**

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

**Overarching Objective**

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

### **Determination on Impairment - 03/11/2025**

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

### **The Outcome of Application made during the Impairment Stage**

2. The Tribunal determined that service of the notice of this hearing had been effected in accordance with Rule 40 of the Rules, and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended. The Tribunal determined to proceed with the hearing in Dr Bowley's absence in accordance with Rule 31 of the Rules. The Tribunal's full decision on this matter is included at Annex A.

### **Background**

3. Dr Bowley qualified in 1993 from the University of Bristol. At the time of the events, Dr Bowley was practising as a locum General Practitioner (GP) at the Brent Area Medical Centre as well as doing locum shifts at the Cheddar Medical Centre.

4. The facts found proved at Dr Bowley's hearing from 17-20 March 2025 (the March 2025 Tribunal) related to his accessing confidential medical records on 3 July 2023 of a patient (Ms A), XXX, without consent or legitimate reason.

5. The original concerns arose in September 2023 when Ms A asked for an investigation into the security of her electronic medical records. Ms A gave evidence to the March 2025 Tribunal that XXX she suspected that he had accessed her confidential medical records. His unauthorised access was identified and the breach of data protection was reported to the Performance Advisory Group and the Information Commissioner's Office. Dr Bowley referred himself to the GMC in November 2023.

6. The March 2025 Tribunal found that Dr Bowley was not, and had never been, Ms A's doctor and had no consent or legitimate reason to access her medical records. Dr Bowley provided no explanation for this breach of confidentiality and did not give evidence to the Tribunal.

7. The March 2025 Tribunal concluded that Dr Bowley's actions amounted to an intentional abuse of trust and were more likely than not to have been malicious.

The March 2025 Tribunal accepted Ms A's evidence that she was so distressed by the breach that this had caused '*psychological harm*'.

8. The March 2025 Tribunal found that Dr Bowley had breached the principle of confidentiality, a fundamental tenet of the medical profession. His actions had undermined public confidence in doctors.

9. Dr Bowley did not provide the March 2025 Tribunal with evidence of insight into the impact of his actions or any steps taken to remediate his misconduct. The March 2025 Tribunal concluded that there was a risk of repetition and concluded that Dr Bowley's fitness to practise was impaired by reason of his misconduct.

10. The March 2025 Tribunal suspended Dr Bowley's name from the medical register for seven months. This would provide time to develop insight and to reflect on the impact of his behaviour on Ms A.

11. The March 2025 Tribunal said that a Review Tribunal may be assisted by evidence of insight, remediation or steps to minimise any risk of repetition.

12. This is the first review of Dr Bowley's case.

### **The Evidence**

13. The Tribunal took account of evidence provided by the GMC.

14. Dr Bowley did not provide a reflective statement or any other information.

### **Submissions**

15. Dr Bowley did not make submissions.

### Submissions on behalf of the GMC

16. Counsel for the GMC, Henry Blackshaw, submitted that Dr Bowley's fitness to practise remains impaired by reason of his misconduct in 2023.

17. Mr Blackshaw submitted that the Tribunal should consider questions (a)(b) and (c) in *Grant* [2011] EWHC 927:

*‘Do our findings of fact in respect of the doctor's misconduct... show that his fitness to practise is impaired in the sense that he:*

- 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’...*

18. Mr Blackshaw submitted that all three limbs of the statutory overarching objective were engaged in this case.

### The Relevant Legal Principles

19. The LQC advised that, at the impairment stage, there is no burden or standard of proof. It is a question of judgment for the Tribunal. Impairment may be based on past events or a continuing situation, but it is to be decided at the time of the hearing. The onus is on Dr Bowley to satisfy the Tribunal that he is fit to return to unrestricted practice.

20. The Tribunal must determine whether Dr Bowley's fitness to practise is currently impaired, taking account of his conduct in 2023 and subsequent changes in attitude or conduct. The Tribunal must consider whether there remains any risk of harm, breach of a fundamental tenet of the medical profession or bringing it into disrepute: ***CHRE v Grant [2011] EWHC 927***.

### The Tribunal's Determination on Impairment

21. The Tribunal had taken account of the decision by the March 2025 Tribunal, which concluded that Dr Bowley's actions in 2023 amounted to misconduct.

22. Dr Bowley did not provide the Tribunal with evidence of apology, regret, remorse, insight or remediation. The Tribunal had no evidence of changes in Dr Bowley's attitude or behaviour since the March 2025 Tribunal hearing.

23. The Tribunal considered that any breach of patient confidentiality to access medical records without consent or justification was, and is, liable to create an unwarranted risk of harm, whether that be anxiety, distress or some other form of (psychological) harm.

24. The Tribunal considered that patients need to be able to trust doctors with private information. Any perception that confidential medical information is not safe may discourage people from going to their doctor or disclosing private details to enable them to be assessed and treated for health conditions.

25. The Tribunal considered that Dr Bowley's misconduct had breached the principle of confidentiality, which is a fundamental tenet of the medical profession. He had brought the medical profession into disrepute by breaching data protection and accessing a patient's confidential medical details.

26. The Tribunal considered that there was a risk of repetition because Dr Bowley had not provided any evidence of remorse, insight or remediation. There was no indication that Dr Bowley's attitude or behaviour had changed since the time of his misconduct.

27. The Tribunal has found that Dr Bowley's fitness to practise remains impaired by reason of misconduct. A finding of impairment is required in order to protect, promote and maintain the health, safety and wellbeing of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

#### **Determination on Sanction - 03/11/2025**

28. Having determined that Dr Bowley's fitness to practise is impaired by reason of misconduct, the Tribunal had to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

#### **The Evidence**

29. The Tribunal has taken account of evidence received during the earlier stages of the hearing, where relevant, to reaching a decision on sanction. It received no further evidence at this stage.

#### **Submissions**

30. Dr Bowley did not make submissions.

#### Submissions on behalf of the GMC

31. Mr Blackshaw said that little had changed since the March 2025 Tribunal hearing. Dr Bowley had still not provided evidence of insight or remediation.

32. Mr Blackshaw referred to the *Sanctions Guidance (SG)* and said there were no exceptional circumstances that would justify taking no action, given Dr Bowley's breach of confidentiality. No further action would not be in the public interest. Mr Blackshaw added that it would not be possible to formulate appropriate and workable conditions to address Dr Bowley's misconduct.

33. Mr Blackshaw submitted that another suspension order was necessary to protect the public and wider public interest. He referred to Dr Bowley's abuse of his position as a doctor and lack of evidence of insight or remediation. Dr Bowley has not demonstrated he had taken any steps to minimise the risk of repetition. A 6-12 month suspension would provide another opportunity for him to do so.

### The Tribunal's Determination

34. The LQC gave advice to the Tribunal as to the approach to be adopted at the Sanction stage. There was no comment on the advice.

At the Sanction stage of proceedings there is no burden or standard of proof and the decision on sanction is a matter for the Tribunal's judgement alone. Good Medical Practice (GMP) sets out principles of good practice and the standards expected of doctors. Although a Tribunal need not adhere to the SG, it should have proper regard to and apply it: *Bramhall* [2021] EWHC 2109. If departing from the SG, a Tribunal has a duty to state clear, substantial and specific reasons for the departure.

As before, the Tribunal must take account of the statutory overarching objective, including the need to maintain public confidence in doctors. The Tribunal must also apply the principle of proportionality, imposing the least restrictive option consistent with upholding standards and maintaining trust in the medical profession.

### Approach of Tribunal

35. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Bowley's case, the Tribunal took account of the fact that his misconduct was an isolated act, with no evidence of having been repeated. However, the Tribunal also took account of the lack of evidence of insight or remediation, in the context of paragraphs 51 and 52 of the SG:

*'Lack of insight*

*51 It is important for tribunals to consider insight, or lack of, when determining sanction. It is particularly important in cases where the doctor and the GMC agree undertakings or the tribunal imposes conditions. The tribunal must be assured that this approach adequately protects patients, in that the doctor has recognised the steps they need to take to limit their practice to remediate.*

*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...*
- c. do not demonstrate the timely development of insight.'*

36. The Tribunal considered each option in ascending order of restrictiveness.

## No Action

37. The Tribunal first considered whether to conclude the case by taking no action. Taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances. The Tribunal considered that there were no exceptional circumstances to justify taking no action.

## Conditions

38. The Tribunal next considered whether it would be appropriate and feasible to impose conditions on Dr Bowley's registration. Any conditions imposed must be workable. Dr Bowley has not demonstrated that he would be able to comply with any conditions of practice.

39. In any event, the Tribunal was unable to identify conditions that would be appropriate or sufficient to minimise risk of repetition, uphold standards or to maintain public confidence in the profession.

## Suspension

40. The Tribunal then considered whether a suspension order would be appropriate to manage any risks, sufficient to maintain public confidence in doctors and uphold professional standards.

41. The Tribunal took account of paragraphs 91, 92, 93 and 97 of the SG:

*'91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising...*

*92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration.*

*93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated...*

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

*a. A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public...*

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

*f No evidence of repetition of similar behaviour since incident.*

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

42. The Tribunal considered that there had been a serious departure from GMP, but did not consider Dr Bowley's behaviour to be so difficult to remediate that complete removal from the register would be in the public interest. However, his breach of confidentiality was sufficiently serious that a sanction less restrictive than a suspension order would not be sufficient to maintain confidence in doctors. The Tribunal was not satisfied that Dr Bowley had insight so could not conclude that any risk of further repetition had been minimised.

43. The Tribunal considered that a suspension order would have a deterrent effect and would be a signal to Dr Bowley, other doctors and members of the public about the standards expected of a registered doctor in the UK. The Tribunal took account of the principle of proportionality and the fact that there is no evidence of repetition of misconduct. The Tribunal was aware that it should facilitate the safe return to work of an otherwise



competent doctor, where appropriate. Erasure would be disproportionate and was not suggested by the GMC.

44. The Tribunal concluded that a suspension order for seven months, with a review, was necessary, appropriate and proportionate. A further suspension order would mark the seriousness of the misconduct, protect the public, uphold standards and maintain public confidence in doctors. This would provide time for Dr Bowley to re-engage, develop insight and remediate, as well as to undertake relevant continuing professional development (CPD) to update his medical skills and knowledge.

45. The Tribunal imposed a suspension order to protect, promote and maintain the health, safety and wellbeing of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

#### Review hearing directed

46. At a Review hearing, the onus will be on Dr Bowley to provide any evidence of insight and remediation. A Review Tribunal would be greatly assisted by Dr Bowley attending the next hearing and/or providing the following:

- Written or oral evidence from Dr Bowley to demonstrate insight into catalysts for his breach of confidentiality, potential consequences, impact on Ms A and how to avoid similar breaches.
- Evidence of relevant CPD on ethics or data protection and evidence of other steps to remediate.
- Evidence of keeping knowledge and skills up to date.
- Any other evidence of current fitness to practise.

47. The Tribunal decided to suspend Dr Bowley's registration for seven months. The MPTS will send Dr Bowley a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period.

ANNEX A - 03/11/2025

Service and Proceeding in Absence

Service

48. Dr Bowley was neither present nor represented at this hearing. He did not provide written submissions. There was no evidence of engagement with these proceedings and there was no request for an adjournment.

49. Counsel for the GMC applied for the Tribunal to proceed in the absence of Dr Bowley under Rule 31 of the General Medical Council ('GMC') ('Fitness to Practise') Rules 2004 ('the Rules') the Medical Act 1983, as amended. Dr Bowley had not engaged with these proceedings or expressed an intention to attend this hearing. Counsel invited the Tribunal to infer that he had voluntarily waived his right to attend: *R v Jones* [2002] C App R 9. Mr Blackshaw submitted that Dr Bowley had been notified of this hearing and was aware of it.

50. Documents from the GMC indicated that service had been made as required by the Rules. An email chain between the GMC and Dr Bowley from May 2025 was provided to the Tribunal. The GMC asked Dr Bowley on 1 May 2025 if he was content to receive confidential GMC correspondence to his registered email address. Dr Bowley emailed on 9 May 2025: *'I agree to be contacted on this email address'*.

51. The Medical Practitioners Tribunal Service (MPTS) emailed notice of hearing in a letter dated 19 September 2025. Another email was sent to Dr Bowley on 22 September 2025 but he did not respond, so the MPTS posted him a letter dated 23 September 2025. The Tribunal took account of screenshots of Dr Bowley's contact details held by the GMC.

52. The Tribunal concluded that the GMC had effected service on Dr Bowley in accordance with the Rules.

Proceeding in Absence

53. The Tribunal considered whether to proceed in Dr Bowley's absence under Rule 31 of the Rules.

54. Where a doctor is neither present nor represented at a hearing, the Tribunal may nevertheless proceed to consider the review if it is satisfied that all reasonable efforts have been made to serve the doctor with notice of the hearing in accordance with the 2004 Rules.

55. There is no requirement for the Tribunal to reconsider a decision to proceed in absence at each stage of the hearing or to adjourn at each stage to enable the doctor to be present: *GMC v Adeogba [2016] EWCA Civ 162*. The onus is on the doctor to attend the hearing and arrange representation if they wish to do so. Although attendance by a doctor is of prime importance, it is not decisive, due to the adverse impact of delays on the effective running of hearings. Fairness to Dr Bowley must be considered as well as to the GMC representing the public interest, taking account of the statutory overarching objective.

56. The Tribunal found that Dr Bowley had chosen not to attend the hearing and, accordingly, the hearing should proceed in his absence. He had voluntarily absented himself from these proceedings. The Tribunal took account of *Adeogba* which said the '*fair, economical, expeditious and efficient disposal of allegations made against medical practitioners is of very real importance.*'

57. Dr Bowley had been given adequate time and opportunity to be present at today's Review hearing and had voluntarily absented himself from the proceedings. The Tribunal took account of the public interest in proceeding with this Review.

58. The Tribunal was aware that Dr Bowley had not made any request for an adjournment, or indicated that it would be unfair to proceed. It was not suggested that an adjournment would secure the attendance of the doctor.

59. The Tribunal decided to proceed in Dr Bowley's absence because he has chosen not to attend and not applied for an adjournment. There was no information to suggest that he would come to a delayed hearing. Proceeding in absence was in the public interest and not unfair to Dr Bowley.