PUBLIC RECORD

Dates: 27/05/2025 - 04/06/2025

Doctor:	Dr Satnam LIDDER
GMC reference number:	5208314
Primary medical qualification:	MD 2001 Universita Palackeho

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

Summary of outcome

Suspension, 6 months
Review hearing directed

Tribunal:

Legally Qualified Chair	Mr Mark Scott
Lay Tribunal Member:	Mr Darren Shenton
Registrant Tribunal Member:	Dr Becky McGee

Tribunal Clerk:	Mrs Jennifer Ireland

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Fiona Horlick KC, instructed by Keystone Law
GMC Representative:	Ms Jennifer Ferrario, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts - 30/05/2025

Background

1. Dr Lidder qualified in 2001 at Universita Palackeho. At the time of the events Dr Lidder was practising as a Consultant at King's College Hospital NHS Foundation Trust ('the Trust') in Acute Medicine, and leading the Trust's Hypertension service. He left the Trust in October 2023. Dr Lidder is currently practising as a Locum Consultant Physician at the George Eliot Hospital NHS Trust in Nuneaton.

2. The allegation that has led to Dr Lidder's hearing can be summarised as follows: On 5 January 2021, Dr Lidder was working in the Emergency Department at Kings College Hospital ('the Hospital'). At around 4pm, Dr A, who at the time was working XXX at the Hospital, entered the Emergency Department to use the computers. Dr Lidder engaged Dr A in conversation about the scrubs he was wearing. It is alleged that, whilst discussing the scrubs, Dr Lidder said to Dr A *'you look bent',* or words to that effect and that Dr Lidder had pointed to Dr A's LGBTQ rainbow lanyard and said that it also looked '*bent*'. It is alleged that Dr Lidder's comments were offensive and/or homophobic. Following the conversation, Dr A discussed the incident with a colleague, Dr B, and then later, a senior colleague, Dr C, who advised him to raise a concern. The following day, he spoke to two other senior colleagues, Dr D and Dr E, and was advised to raise a complaint. Dr A raised a complaint via email to Dr F on 8 January 2021.

3. In early March 2021, Dr Lidder informed the Royal College of Physicians ('the RCP') that in December 2020, Dr A had told him that he had cheated during his MRCP examination by looking up answers online during toilet breaks, or words to that effect. It is alleged that Dr Lidder knew that the information he had provided to the RCP was untrue and that his actions were dishonest. It is further alleged that his actions were intended to discredit Dr A after he made allegations against him.

4. The initial concerns were raised with the GMC following a local investigation by the Trust.

The Allegation and the Doctor's Response

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

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

1. On 5 January 2021, whilst in the Emergency Department at Kings College Hospital, you:

    a. said to Dr A "you look bent"; To be determined

    b. pointed to Dr A's LGBTQ rainbow lanyard and said that it also looked "bent"; To be determined

    or words to that effect.

2. Your comment(s) as set out at paragraph(s) 1a and/or 1(b) were:

    a. offensive; and/or To be determined

    b. homophobic. To be determined

3. In or around March 2021, you informed the Royal College of Physicians ('RCoP') that in December 2020, Dr A had told you they had cheated in their MRCP examination by looking up answers online during toilet breaks, or words to that effect. Admitted and found proved.

4. You knew that the information you provided to the RCoP as set out at paragraph 3 was untrue, in that Dr A had not told you that they had cheated in their MRCP examination. To be determined

5. Your actions as described at paragraph 3 were:

    a. dishonest by reason of paragraph 4; and/or To be determined

    b. intended to discredit Dr A after he made the allegation(s) as described at paragraph 1 against you. 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

6. At the outset of these proceedings, through his counsel, Ms Horlick KC, Dr Lidder made admissions to paragraph 3 of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced paragraph 3 of the Allegation as admitted and found proved.

The Facts to be Determined

7. In light of Dr Lidder's response to the Allegation made against him the Tribunal is required to determine whether Dr Lidder made the comments to Dr A, and whether the allegation made to the RCP was dishonest and intended to discredit Dr A.

Witness Evidence

8. The Tribunal received oral evidence on behalf of the GMC from Dr A, who also provided a witness statement dated 22 March 2024.

9. 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:

- Dr H, Head of Assessment Quality, Policy and Committees at the RCP, dated 9 April 2024; and
- Dr B, a former colleague at the Hospital, dated 29 November 2024.

10. Dr Lidder provided his own witness statement, dated 19 April 2025, and also gave oral evidence at the hearing.

Documentary Evidence

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

- Complaint Email from Dr A to Dr F, dated 8 January 2021;
- WhatsApp messages from Dr A to Dr D, dated 6 January 2021;
- The Trust's investigation meeting notes of Dr A, dated 7 May 2021;
- The Trust's investigation meeting notes of Dr Lidder, dated 18 March 2021 and 29 April 2021;

- The Trust's investigation meeting notes of Dr B, dated 7 May 2021; and
- RCP investigation documents, including email correspondence with Dr A and Dr Lidder.

The Tribunal's Approach

12. In reaching its decision on facts, the Tribunal considered the submissions made on behalf of the GMC and Dr Lidder. The Tribunal also considered the legal advice provided by the Legally Qualified Chair (LQC) which is summarised as follows:

- There is only one standard of proof in civil and regulatory cases and that is proof that the fact in issue more probably occurred than not.
- The seriousness of an allegation does not of itself require more cogent evidence. There is no heightened civil standard of proof in particular classes of case. In particular, it is not correct that the more serious the nature of the allegation made, the higher the standard of proof required. The inherent probability of the relevant conduct is a matter which can be taken into account when weighing the probabilities and in deciding whether the event or conduct occurred; this goes to the quality of evidence. It does not follow that the more serious the allegation, the less likely it is to have occurred.
- The Tribunal may draw reasonable inferences from the facts, using common sense and from experience. The Tribunal should only draw an inference if it can safely exclude other possibilities.
- The Tribunal should make a rounded assessment of a witness's reliability, rather than approaching their reliability in respect of each charge in isolation from the others.
- The Tribunal should consider all of the evidence before it before coming to a conclusion about a witness's credibility. The Tribunal should carefully consider the significance of contemporaneous documentation having regard to whether it has been challenged or not during the proceedings. The Tribunal should not assess a witness's credibility exclusively on their demeanour when giving evidence, but their veracity should be tested by reference to objective facts proved independently in the evidence, in particular by reference to the documents in the case.
- A good character direction was given in respect of Dr Lidder.
- Paragraph 2 of the Allegation cross refers to paragraph 1. If the Tribunal finds paragraph 1 proved, then it must determine whether the relevant comments were homophobic and/or offensive. As per the case of *PSA v GPC and Ali* [2021] EWHC 1692 (Admin) the test to be applied to assessing language or comments is an objective test, entirely independent of the Dr Lidder's state of mind.

- Paragraph 5 refers to dishonest actions. The relevant test for dishonesty is that set out at Paragraph 74 of *Ivey v Genting Casinos, Ltd t/a Crockfords* [2017] UKSC 67.

The Tribunal's Analysis of the Evidence and Findings

13. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

Paragraph 1(a)

14. In making its decision, the Tribunal first took into consideration the email to Dr F, which is the first detailed and documented account of what was alleged to have happened. It was noted to be three days after Dr A and Dr Lidder's conversation on 5 January 2021.

15. The Tribunal took into account that there is acceptance between the parties that a conversation took place regarding the scrubs Dr A was wearing, centring around the colour and vibrancy of the scrubs. Further, it is agreed that the conversation took place in the Emergency Department and that other people were present, although no specific witnesses were identified by either doctor to corroborate their account of the words spoken.

16. The Tribunal did not draw an inference that the lack of an independent witness, who saw and heard the conversation between Dr Lidder and Dr A, meant that it did not happen or that it meant that either doctors account was less believable. It accepted that there are other plausible reasons for the lack of such witnesses including a potential reluctance to get involved or a presumption that the matter would otherwise be raised and dealt with. As detailed in the preceding paragraph, neither doctor identified specific witnesses who heard the conversation.

17. The Tribunal had regard to the lack of CCTV evidence. In the Tribunal's view, CCTV evidence would have undoubtedly assisted with clarifying who was present and may have heard the conversation between Dr Lidder and Dr A. Dr A gave evidence to the Tribunal that he suggested to the Trust that CCTV evidence should be obtained. There was no documentary evidence to support this, however, the Tribunal did not doubt that such a request may well have been made and was not documented in the available evidence. The Tribunal rejected the suggestion that the absence of CCTV evidence undermined Dr A's account.

18. In his evidence to the Tribunal, Dr A stated that the comments about him looking '*bent*' happened almost immediately without any conversation taking place between himself and Dr Lidder. However, in his email to Dr F in January 2021, Dr A stated that:

> *'I was in the* [XXX] *computer area (*[XXX]*) and Dr Lidder came over to say hi. During this conversation he made remarks about the colour of my scrubs which were purple. He went onto say that ' i look bent'. He then pointed at my lanyard (a rainbow themed KCL lanyard) and went onto say that my lanyard was also bent.'*

19. The Tribunal was of the view that this implied that there was a conversation, although this may have been brief.

20. The Tribunal noted that Dr A had spoken to two people about the incident on the same day, Dr B and Dr C, and then the following day he had spoken to two other senior colleagues within the Trust, Dr D and Dr E. He told the Tribunal that he was advised to report it to Dr F, which he did via email on 8 January 2021.

21. The Tribunal took into account that Dr A has never made a concession on the use of the word *'bent'*. The evidence shows that he told Dr B that Dr Lidder had said he looked '*bent*' very shortly after the incident, and Dr A has consistently said that the word '*bent*' had been used. Under cross examination, he maintained that the word *'bent'* was used in the conversation.

22. Dr Lidder stated that he used the words '*gay*' and '*rainbow*' as part of a conversation which took place in both XXX and English. He stated that he meant *'gay'* in the context of happy and not as a remark against Dr A's sexuality, although he acknowledged with hindsight that this could have been perceived as homophobic. Dr Lidder has been consistent that the conversation was a mix of the two languages, which Dr A denies.

23. The Tribunal noted that there was a fundamental disagreement between Dr Lidder and Dr A as to whether the conversation was held solely in English, or in a mixture of XXX and English. Dr A denies that the conversation had taken place in XXX, and was clear that he only spoke XXX at work when necessary to support patients. He stated that his usual practice with colleagues was to converse in English, regardless of whether that colleague spoke XXX.

24. The Tribunal was mindful that taking both accounts together, a conversation occurred and it either involved the word '*bent*' being used or the words *'gay*' and *'rainbow'*. This was not therefore a case where there was any suggestion that Dr A had invented or fabricated a conversation. It was clear to the Tribunal that the key question was whether the conversation had been accurately heard and understood by Dr A or whether he had misheard, misinterpreted, misunderstood or had misrepresented what Dr Lidder said.

25. The Tribunal gave careful consideration to paragraph 10 of Dr A's witness statement, in which he stated:

> *'My lanyard has a rainbow in it which is the 'LGBTQ' rainbow. I wore this in support of the LGBTQ community. I felt well supported at Kings College* [XXX]. *My understanding is that the word "bent" has connotations of meaning "gay.* [XXX]*'*

26. The Tribunal accepted that Dr A is XXX, as confirmed by Dr A in his oral evidence. It noted Dr A's evidence that XXX. Dr A conceded that his wording was wrong and that what he had meant was that he was a supporter of the community XXX. The Tribunal took this into consideration when considering whether this undermined his overall credibility as a witness. However, it noted that Dr A had immediately conceded that he was XXX and had accepted that the statement was badly worded. The Tribunal noted that there was no such concession, or even a hesitation, regarding his account of the relevant conversation with the use of the word '*bent'* by Dr Lidder.

27. The Tribunal also took into account that Dr A has been consistent in his evidence, that the reason the comment made him uncomfortable was that he did not '*want to be associated with members of staff who are homophobic or make such remarks'*. The Tribunal was satisfied that this was a consistent theme in the documentary evidence, his witness statements and his oral evidence to the Tribunal. Further, it is supported by the unchallenged evidence of Dr B, as she stated in her witness statement to the GMC that *'He was very disturbed by that comment and not happy with it being 'banter' and was concerned that people may think he condoned that as 'banter'.'*

28. There has never been a suggestion made by Dr A that he was upset or embarrassed because XXX (and as detailed above, he clarified to the Tribunal that, in any event, XXX), but rather he has remained consistent that it was the embarrassment and upset that he felt over potentially being associated with homophobic remarks. The Tribunal factored this into its

analysis of paragraph 10 of his witness statement. The Tribunal specifically noted that the one sentence which caused an issue was '*I felt well supported at Kings College* [XXX]*'*. The Tribunal noted that 22 March 2024 (the date of the relevant statement) would have been a highly unusual time to introduce an assertion that XXX, not least because his oral evidence was that he was XXX and indeed Dr Lidder also understood Dr A to be XXX. The Tribunal also noted the context of the sentence where it was immediately subsequent to comments about being a supporter of the LGBTQ community and immediately prior to comments detailing that he had XXX. The Tribunal considered the relevant sentence to be a clear and obvious weakness in Dr A's evidence, but it rejected the idea that it undermined his reliability as a witness or the credibility of his account of the conversation with Dr Lidder. There was clearly a casualness to Dr A. This was born out throughout his evidence, all the way from his messaging interactions with senior Trust colleagues such as Dr E and Dr Lidder through to his answers in oral evidence. In the Tribunal's view the most likely explanation for the sentence being in the statement at all was down to clumsy wording.

29. The Tribunal recognised that Dr B's account of events, which was uncontested, was an imperfect corroboration of Dr A's account. The Tribunal was mindful that it was handling hearsay evidence, and that Dr B was not a witness to the actual conversation. She had spoken with Dr A in the aftermath of the said conversation. However, her uncontested evidence was that Dr A told her that there was a conversation which referenced the purple scrubs, and the use of the word *'bent'.* It also details that Dr A looked shaken and shocked, and that he detailed the reason for his embarrassment was that people might have thought that he condoned the *'banter'*. The Tribunal noted that the witness statement did not mention the wearing of a lanyard, however, it accepted that this difference did not make the account less reliable.

30. The Tribunal also considered what if any evidence existed in respect of motive. It specifically noted that Dr A described the two doctors having a professional working relationship whereas Dr Lidder said on multiple occasions that they were friends, and in September 2021 he described Dr A as a '[XXX]'. The evidence indicated that in January 2021 Dr A had no axe to grind with Dr Lidder.

31. Set against that background, for Dr A to have misheard, misunderstood, or misinterpreted what Dr Lidder had said to him, Dr A would have had to have got it wrong and very badly wrong at that. In the Tribunal's view this was highly improbable. As a junior doctor raising a formal concern/complaint about a senior consultant colleague, the Tribunal was

satisfied that he would have had to have been very sure about what he was alleging. If Dr A had any doubt about what he heard, then there were multiple opportunities to acknowledge this but at no time has he recoiled from his clear evidence that Dr Lidder used the word *'bent'* twice. The idea that Dr A misrepresented the conversation, when he had no axe to grind is also highly improbable.

32. Dr A had given clear, consistent, unwavering evidence about the use of the word *'bent'*. It was supported by a contemporaneous report of the conversation to Dr B, as well as the accounts given to Dr F and other Trust personnel in the days immediately subsequent to the conversation.

33. Having regard to all of the evidence, the Tribunal found Dr A to be a reliable witness. It found his account of the conversation with Dr Lidder to have been an accurate one. The Tribunal rejected the account given by Dr Lidder. The Tribunal considered it much more likely that he had introduced the account of the conversation being in a mix of XXX and English to cause doubt about the exact words used. His evidence that he said something which translated as '*this is shining like a gay rainbow'* was highly unusual but of more importance, the phonetic description of the words used, let along the language used, would not have been easily mistaken for the word '*bent*'. The Tribunal therefore determined that it was more likely than not that Dr Lidder had said to Dr A that he '*looked bent'*. Accordingly, it found paragraph 1(a) of the Allegation proved.

Paragraph 1(b)

34. The Tribunal noted that Dr Lidder denies having made comment on a lanyard, which he has denied since the Hospital investigation in March 2021.

35. As detailed above, the Tribunal noted that Dr B did not mention a lanyard. However, in his email to Dr F on 8 January 2021, Dr A specifically referenced Dr Lidder saying that his lanyard looked *'bent'*. Dr A's evidence about this was consistent and clear, and at no time did he recoil from his assertion that this comment was made, and therefore the word *'bent'* was used twice by Dr Lidder. Dr Lidder said that he did not notice that Dr A wore a lanyard and did not comment on it during their conversation on 5 January 2021. For the same reasons outlined in respect of the Tribunal's reasoning for paragraph 1(a), the Tribunal determined that it was more likely than not that Dr Lidder pointed to Dr A's LGBTQ rainbow lanyard and said that it also looked *'bent'*.

36. Accordingly, it found paragraph 1(b) of the Allegation proved.

Paragraph 2 (a) and (b)

37. The Tribunal noted that it was the agreed position between the parties that if the word '*bent*' was used then this was a homophobic slur. The Tribunal also took this view and considered that by any objective test the word '*bent*' was homophobic and offensive.

38. Therefore, the Tribunal found paragraph 2 (a) and (b) of the Allegation proved.

Paragraph 4

39. Dr Lidder admits that he made an allegation to the RCP, alleging that Dr A had told him in December 2020 that he had cheated in his MRCP examination. The Tribunal considered whether Dr Lidder knew that the allegation he had made was untrue.

40. The Tribunal further noted that Dr Lidder disputed the contents of the allegation the RCP had put to Dr A, stating that he had not said that Dr A had used a mobile phone. The Tribunal noted that this was not initially disputed by Dr Lidder in his evidence to the Trust during its investigation into his conduct. The note of the meeting that occurred between Dr Lidder and the Trust on 29 April 2021 included two questions (question 3 and question 4) wherein the said questions referenced a mobile phone being used. Whilst noting that the note was expressly stated not be verbatim, its content, including the answers given by Dr Lidder, raised no dispute about a mobile phone being used. Dr Lidder's subsequent challenge regarding the Trust's presumption around the use of a mobile phone was again unusual, as this would have been the most likely means of checking answers online during a toilet break.

41. The Tribunal gave careful consideration as to the delay between the alleged conversation (mid-December 2020) and Dr Lidder reporting it (9 March 2021). It noted that multiple differing explanations for the said delay had been put forward by Dr Lidder. He had said that he adopted a strategic position of watch and wait; that he was not sure who Dr A's employer was; that he would not have known who to contact; that he was in some way limited by confidentiality concerns; and he also said that he consulted the RCP guidance and it only required a concern to be raised if there was a patient safety issue or if an exam candidate attempted to acquire information in advance of an exam. In his statement of case (dated 27 September 2021) he detailed that after deliberating on it he raised it because '*it was the right thing to do'* and he also described it as '*only sharing information with the RCP that Dr [A] had shared with me'*.

42. In his oral evidence, Dr Lidder said that he raised it because he was satisfied there was a pattern of dishonesty on the part of Dr A. The Tribunal was not convinced by any of the reasons put forward by Dr Lidder for the delay in reporting. In the Tribunal's view had he been informed by Dr A that he cheated in an exam, as inherently unlikely as that is, Dr Lidder as an experienced consultant would have been well aware of his obligation to bring that matter to the attention of an appropriate person. There would have been no shortage of such persons, he could have raised it internally in the Trust (regardless of whether they employed Dr A or not), he could have told his own Responsible Officer or Dr A's Responsible Officer. Dr Lidder's evidence was that he did not raise the matter with an appropriate person or discuss it with any colleagues until 9 March 2021. The Tribunal considered that to be implausible. The Tribunal also noted that it was suggested that Dr Lidder liked to follow rules, yet rather than simply report the matter, his evidence was that, for one or a combination of all of the aforementioned considerations, he pondered all sorts of reasons not to report the matter.

43. The Tribunal found Dr Lidder's suggestion that there were no patient safety issues to lack credibility. In the Tribunal's view, if any doctor cheats in an exam, and thereby falsely demonstrates their competence, then it follows that patients will be exposed to a doctor who may not be competent. They would also be exposed to a doctor who was a dishonest cheat and would therefore be likely to abuse the trusted position that doctors hold.

44. Dr Lidder referencing an online exam was of critical importance to the alleged cheating. If such a conversation had occurred, and if Dr Lidder genuinely believed Dr A had cheated in an exam and that he may need to act on it (even at some later date), with all the serious ramifications which would likely follow, then the means of the cheating as reported by Dr A would have been of fundamental importance. Yet it subsequently transpired that the exam was in person and that the RCP had no concerns regarding Dr A's conduct. In the Tribunal's view, the timing of the allegation to the RCP, coming after being notified of the complaint by Dr A, and the error about the exam being taken online, were fatal to the credibility of Dr Lidder's account.

45. The Tribunal considered that the timing was revealing in respect of Dr Lidder's motive. By 9 March 2021, he was aware of the allegation brought by Dr A in respect of the homophobic comments. As detailed above, the Tribunal was not convinced by any of the multiple reasons put forward by Dr Lidder for delaying his report of the alleged cheating to

the RCP. In his oral evidence, Dr Lidder referenced that, by 9 March 2021, he considered that there was a pattern of dishonesty on the part of Dr A and that persuaded him to raise the concerns. The content of the meeting, which occurred between Dr Lidder and the Trust on 18 March 2021, is remarkable when set against the context of it occurring nine days after he raised his concerns with the RCP. Faced with a serious allegation of misconduct relating to homophobic remarks, at no time did Dr Lidder convey that he considered Dr A to be a dishonest doctor. That would have clearly been material. By virtue of Dr Lidder's own evidence, the two alleged incidents were linked as they led him to the conclusion that Dr A was dishonest.

46. The Tribunal considered it highly unlikely that, set against a backdrop of a junior doctor making a serious and false allegation, and having reported him to the RCP, Dr Lidder still considered Dr A as a '*friend*' on 18 March 2021. The Tribunal had regard to the evidence that Dr Lidder struggled with reading a room and social interactions, but this context went well beyond that. The Tribunal considered that Dr Lidder was misrepresenting to the Trust how he viewed Dr A both on 18 March 2021, in his statement of case in September 2021, and in his oral evidence to the Tribunal. In the Tribunal's view, if Dr A was a dishonest cheat who had lied and thereby threatened to harm Dr Lidder's career, he would have at the very least have likely had contempt for Dr A.

47. Overall, the Tribunal found Dr Lidder's evidence in respect of the alleged cheating to be lacking in credibility. The Tribunal believed Dr A's evidence that the conversation never occurred and that he did not, at any time, tell Dr Lidder that he had cheated in an exam.

48. Therefore, the Tribunal was satisfied that Dr Lidder had known that the information he provided to the RCP was untrue.

49. Accordingly, the Tribunal found paragraph 4 of the Allegation proved.

Paragraph 5(a)

50. Having found that Dr Lidder had made an allegation to the RCP that he knew to be untrue, the Tribunal went on to consider whether Dr Lidder's actions were dishonest.

51. The Tribunal was mindful of the test in *Ivey v Genting Casinos*. Having already ascertained the actual state of Dr Lidder's mind, i.e. that he knew the information he provided to the RCP was untrue, the Tribunal considered whether this conduct was dishonest

by the standards of ordinary decent persons. The Tribunal had no doubt that by any objective test, reporting a colleague for cheating when Dr Lidder knew it to be untrue, was dishonest.

52. Therefore, the Tribunal found paragraph 5(a) of the Allegation proved.

Paragraph 5(b)

53. As detailed above, the Tribunal carefully considered the timeline of events and noted that the allegation to the RCP was made after Dr Lidder had been made aware of the complaint made against him by Dr A.

54. The Tribunal was satisfied that Dr Lidder knowingly made a false allegation to the RCP intending to discredit Dr A. This was evidenced by the timing of the report and the context in which it arose, as detailed above.

55. Accordingly, the Tribunal found paragraph 5(b) of the Allegation proved.

The Tribunal's Overall Determination on the Facts

56. The Tribunal has determined the facts as follows:

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

1. On 5 January 2021, whilst in the Emergency Department at Kings College Hospital, you:

   a. said to Dr A "you look bent"; **Determined and found proved.**

   b. pointed to Dr A's LGBTQ rainbow lanyard and said that it also looked "bent"; **Determined and found proved.**

   or words to that effect.

2. Your comment(s) as set out at paragraph(s) 1a and/or 1(b) were:

   a. offensive; and/or **Determined and found proved.**

   b. homophobic. **Determined and found proved.**

3. In or around March 2021, you informed the Royal College of Physicians ('RCoP') that in December 2020, Dr A had told you they had cheated in their

MRCP examination by looking up answers online during toilet breaks, or words to that effect. **Admitted and found proved.**

4. You knew that the information you provided to the RCoP as set out at paragraph 3 was untrue, in that Dr A had not told you that they had cheated in their MRCP examination. **Determined and found proved.**

5. Your actions as described at paragraph 3 were:

   a. dishonest by reason of paragraph 4; and/or **Determined and found proved.**

   b. intended to discredit Dr A after he made the allegation(s) as described at paragraph 1 against you. **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 - 03/06/2025

57. 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 Lidder's fitness to practise is impaired by reason of misconduct.

The Evidence

58. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal received further evidence as follows.

59. The Tribunal received in support of Dr Lidder, a number of testimonials from colleagues, all of which it has read.

60. The Tribunal also received further documentary evidence, which included, but was not limited to:

- Various Continual Professional Development ('CPD') certificates dated July 2021 to May 2025; and
- Colleague Multi-Source Feedback, dated July 2024, and April 2025.

Submissions

61. On behalf of the GMC, Ms Ferrario submitted that Dr Lidder's actions amounted to serious misconduct and that his fitness to practise is currently impaired by reason of his misconduct. She directed the Tribunal to the principles set out in Good Medical Practice (2024) but accepted that the version relevant to the Tribunal's consideration was Good Medical Practice (2013) ('GMP') and to relevant authorities on impairment.

62. Ms Ferrario submitted that there was no question about Dr Lidder's clinical practice and his competency, however, his actions had brought disgrace upon him and had prejudiced the reputation of the profession. She reminded the Tribunal of the statutory overarching objective and Dr Lidder's obligations as set out in GMP.

63. Ms Ferrario stated that Dr Lidder had not treated Dr A in a fair way, and his actions had not contributed to creating a positive working culture. Further, she stated that there was a clear responsibility on doctors to report exactly the type of behaviour that Dr Lidder himself has been involved in. She submitted that acting with honesty and integrity is not just considered in relation to a doctor's conduct towards patients, but also how they conduct themselves with colleagues. She stated that acting with honesty and integrity enables colleagues and members of the public to place trust in their medical professionals.

64. Ms Ferrario submitted that there is a requirement to be open and honest when there is a formal inquiry, investigation or a complaint procedure. She stated that, whilst there is no proven allegation insofar as Dr Lidder was dishonest during the internal investigation, it ought to form part of the Tribunal's assessment when it comes to assessing current impairment. She submitted that, during the internal investigation, Dr Lidder continued to conceal the fabricated conversation that he said he had with Dr A in the middle of December 2020, and therefore he was not open and honest during an internal formal investigation.

65. Ms Ferrario invited the Tribunal to find that there has been a serious departure from GMP, both in relation to the homophobic slur and the proven dishonesty. She submitted that Dr Lidder's actions fell seriously short of the professional standards expected of him. She stated that Dr Lidder accepted during his evidence that he should have set an example in his role as consultant, and it has been found proven that Dr Lidder used language that was homophobic in the presence of other people. Further, he fabricated a conversation which culminated in a misconduct investigation being initiated against Dr A. She stated that Dr

Lidder has had ample opportunity to withdraw his claim about that conversation but has only gone as far as to say that he must have *'misunderstood'* it in his written statement for these proceedings dated 19 April 2025.

66. Ms Ferrario stated that the Tribunal should consider the personal component and the public interest component in terms of whether there is current impairment of fitness to practise. She submitted that Dr Lidder's conduct had clearly brought the medical profession into disrepute and breached fundamental tenets of the profession. He has also been found to have acted dishonestly.

67. Ms Ferrario submitted that the documentation from Dr Lidder demonstrates that he has clearly made attempts to remediate himself in terms of the homophobic language that he used towards Dr A. She stated that he has provided a considerable number of certificates to demonstrate that he has made proper efforts to address his behaviour. She accepted that it was clear that Dr Lidder was on a journey of remediation in relation to the language that was used in January 2021. Regarding the proven dishonesty, she stated that there was no evidence of any courses that Dr Lidder has attended or certificates that he has received, or any attempts whatsoever to remediate himself. She submitted that Dr Lidder was perfectly entitled to deny the dishonesty alleged, however, he had also denied the use of homophobic language but has clearly made efforts to address that issue. She submitted that there is no evidence before this Tribunal to satisfy it that Dr Lidder has shown any insight, remorse, reflection or made any reasonable attempts to remediate himself in respect of the dishonesty matters. She submitted that, with the absence of this evidence, the Tribunal cannot be satisfied that Dr Lidder is unlikely to repeat the misconduct.

68. In terms of the public component of impairment, Ms Ferrario invited the Tribunal to consider how a reasonable and well-informed member of the public would react to both the use of language by Dr Lidder, his dishonesty, and his efforts to remediate those issues. She stated that the Tribunal may also need to be satisfied that the public component of current impairment requires a declaration that there should be a finding of current impairment in any event due to the seriousness of the misconduct.

69. Ms Ferrario invited the Tribunal to consider the Sanctions Guidance (2024) ('the SG'). She recognised that whilst the Tribunal had not yet reached the sanction stage of proceedings, it should consider the impairment criteria when it addresses mitigating and aggravating factors at paragraphs 24 to 60 of the SG, specifically where it refers to insight,

remorse, reflection and remediation. Further, she invited the Tribunal to have regard to paragraphs 120 to 132 of the SG where it specifically refers to matters of dishonesty. She reminded the Tribunal that the dishonesty in this case was persistent and was covered up because Dr Lidder had not mentioned his false allegation in his first interview with the Trust, despite it coming after he made the false report to the RCP on 9 March 2021. She stated Dr Lidder had maintained his position over a lengthy period of time, and indeed has continued to do so.

70. Ms Ferrario submitted that, having regard to the matters that have been found proven, these are breaches that have fallen short of the professional standards expected that amount to serious misconduct. She submitted that an ordinary well-informed member of the public would be shocked if there were no finding of current impairment.

71. On behalf of Dr Lidder, Ms Horlick submitted that it was accepted that the facts found proved by the Tribunal amount to misconduct, and that Dr Lidder's fitness to practise is impaired.

72. Ms Horlick stated that Dr Lidder is on a journey of remediation, and that in some respects, is a very long way along that journey. She stated that there has been a consistent application by him to appropriate courses over a four-year period. She accepted that Dr Lidder's journey is not complete but stated that there should be no criticism that there has been some kind of failure at this stage to remediate. Ms Horlick submitted that Dr Lidder has attended a number of courses to do with ethics, which relates to both aspects of this case, including a two-day gold standard course on professional ethics, which he undertook towards the end of last year.

73. Ms Horlick stated that the Tribunal should also take into consideration a number of other elements, when making its determinations. Firstly, she submitted that the Tribunal should have regard to Dr Lidder's long career, which has not involved any suggestion of dishonesty before or since the incidents, nor has it involved homophobic or offensive slurs. Secondly, she stated that, both of these matters occurred within a very short period of time, at the most a couple of months between January and March 2021, which was also a difficult time for medical professionals, given that it was the height of second wave of the COVID-19 pandemic, when the country was in lockdown. She stated that this was a highly stressful and difficult time in which many people acted uncharacteristically.

74. Thirdly, Ms Horlick stated that the Tribunal should take into account that the two aspects of the case are related to each other, as opposed to entirely separate incidents. She stated that one followed directly as a result of the other. Fourthly, she stated that there is absolutely no evidence of a fundamental character flaw, and she would provide further evidence at the next stage of proceedings. Fifthly, Ms Horlick stated that this incident was not related to clinical practice. She submitted that Dr Lidder was clearly an excellent doctor in all respects, and he has worked hard to educate and improve himself in the last four years. Finally, she directed the Tribunal to the positive testimonials placed before it from colleagues at his current and previous workplace. She stated that these testimonials show how well valued Dr Lidder is across a number of different parameters. Ms Horlick submitted that the Tribunal should reflect this context when making its determination on impairment.

The Relevant Legal Principles

75. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof, and the decision of impairment is a matter for the Tribunal's judgement alone.

76. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious ('serious misconduct') and then whether the finding of serious misconduct could lead to a finding of impairment.

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

78. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC and Paula Grant* [2011] EWHC 297 Admin. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

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

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

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

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

The Tribunal's Determination on Impairment

Misconduct

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

80. In making its decision, the Tribunal had regard to paragraphs 36, 37, 65 and 72 of GMP, which provide:

'36 You must treat colleagues fairly and with respect.

37 You must be aware of how your behaviour may influence others within and outside the team.

…

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

…

72 You must be honest and trustworthy when giving evidence to courts or tribunals. You must make sure that any evidence you give or 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.'

Paragraphs 1 and 2 of the Allegation

81. The Tribunal noted that there were two inappropriate comments, made closely together, in one short conversation with a junior colleague. The comments specifically addressed Dr A's colourful scrubs and his lanyard. The Tribunal accepted that the comments did not form part of a pattern of harassment and were not a personal attack towards a colleague XXX. Further, there was no evidence that the comments were made for the purposes of XXX.

82. The Tribunal was of the view that the comments were highly inappropriate, and the use of a homophobic slur in any context is serious misconduct. However, in the Tribunal's view it was important to distinguish from the comments made by Dr Lidder, as opposed to XXX.

Paragraphs 3, 4 and 5 of the Allegation

83. The Tribunal also had regard to the dishonest allegation Dr Lidder made against Dr A, with the intention of discrediting him. It was of the view that Dr Lidder's action in this respect was serious. As a result of Dr Lidder's dishonest allegation Dr A was subject to an investigation by the RCP and a fact-finding interview by the Trust.

84. The Tribunal was satisfied that fellow practitioners would be shocked to learn what Dr Lidder had done and would agree that his conduct was totally unacceptable. The Tribunal was satisfied that Dr Lidder's conduct was in direct breach of the paragraphs of GMP set out above, because it involved serious dishonesty and so breached the trust the public places in its doctors.

85. The Tribunal was of the view that individually and collectively, both aspects of the Allegation are serious misconduct. The Tribunal accepted that the second incident followed the first and the two aspects of the Allegation are linked as per its finding on the Facts. The dishonest complaint to the RCP was intended to discredit Dr A because Dr Lidder had been informed a short time prior that Dr A had made a complaint against him.

86. Taking all of those factors into consideration, the Tribunal concluded that Dr Lidder's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to serious misconduct.

Impairment by reason of misconduct

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

88. The Tribunal considered whether Dr Lidder's conduct was capable of being remedied, has been remediated, and any likelihood of repetition. In so doing, the Tribunal considered the available evidence in respect of insight and remediation.

89. Throughout its deliberations, the Tribunal had regard to all the three limbs of the statutory overarching objective, namely to:

- protect and promote the health, safety and wellbeing of the public;
- promote and maintain public confidence in the medical profession; and
- promote and maintain proper professional standards and conduct for the members of the profession.

90. In considering the issue of insight into his inappropriate comments, the Tribunal was of the view that Dr Lidder has demonstrated considerable insight. It considered that Dr Lidder has taken extensive action to remediate his misconduct in relation to these issues. It took into account the relevant, targeted CPD, including courses around issues involving homophobia and language. It was clear to the Tribunal that Dr Lidder had gained an understanding into the inappropriateness of offensive language and the need to ensure that all colleagues are treated fairly and with respect at all times. This understanding was evidenced by his written responses completed as part of the courses which he attended.

91. The Tribunal considered the risk of repetition. The Tribunal bore in mind its assessment of Dr Lidder's insight, and the remediation he has undertaken, and accepted that he understood the gravity of using homophobic slurs. The Tribunal was therefore of the view that the risk of repetition in respect of these actions was extremely low.

92. The Tribunal also considered impairment in relation to paragraphs 3, 4 and 5 of the Allegation. It noted that dishonesty is difficult to remediate but was of the view that the misconduct in this case was capable of remediation.

93. The Tribunal considered the submission made by Ms Ferrario, and specifically the reference to *'concealing'* and *'covering up*'. Whilst Dr Lidder acted dishonestly and fabricated an allegation, the Tribunal did not consider that his actions fell within the ordinary meaning of '*concealing*' or '*covering up*'.

94. The Tribunal noted that there was very little evidence before it at this stage that Dr Lidder had insight into his dishonest conduct but accepted that he is at the start of the journey of remediation in respect of coming to terms with the findings of dishonesty. It noted that there was some limited acknowledgement of the impact of his actions on Dr A, but this was centred around Dr Lidder's actions being correct and based on a misunderstanding, rather than intentional dishonesty with the intention of discrediting Dr A. The Tribunal was clear that Dr A would have felt like he was being accused of something very serious. Any doctor in that position would find such an allegation very difficult to deal with not least because of the potential negative impact on their own career. The Tribunal had no evidence before it that Dr Lidder had fully accepted and acknowledged the impact his actions would have had on Dr A. However, the Tribunal noted Dr Lidder has attended courses on probity and ethics. The Tribunal was therefore of the view that there is some, albeit limited and inadequate insight and remediation on the part of Dr Lidder for his dishonesty.

95. For those reasons, the Tribunal was of the view that a risk of repetition remains. The Tribunal was of the view that if Dr Lidder further develops his insight into his dishonest conduct, the risk of repetition could be further reduced.

96. In considering the test set out in *Grant*, the Tribunal concluded that three of the four limbs of the test were engaged at the time of the events. The Tribunal was satisfied that Dr Lidder's conduct brought the medical profession into disrepute and that he breached a fundamental tenet of the profession, namely honesty and integrity. As per the Tribunal's finding on facts, Dr Lidder had been found to have acted dishonestly. The Tribunal was of the view that none of these limbs are likely to be repeated in respect of the use of homophobic slurs, because of Dr Lidder's considerable insight, and extensive targeted and meaningful remediation that he has demonstrated. However, in respect of the dishonesty, the Tribunal was of the view that Dr Lidder does not have adequate insight into his actions so as to enable the Tribunal to be satisfied that there was no future risk at this stage. There remains a risk that he could in the future bring the profession into disrepute, breach a fundamental tenet of the profession, or act dishonestly.

97. The Tribunal considered and had regard to the statutory overarching objective. It was satisfied that Dr Lidder's conduct had the potential to damage public confidence in the medical profession and undermine proper professional standards and conduct for the members of the profession. The Tribunal gave careful consideration to whether the homophobic slurs would in and of themselves require a finding of impaired fitness to practise as a matter of public policy. Having regard to the specific circumstances in which the homophobic slurs were made, the Tribunal did not think that the public policy requirement was engaged. However, Dr Lidder, in fabricating an allegation of cheating against Dr A with the intention to discredit him, put his own interests ahead of his professional obligations and the reputation of Dr A. It further considered that a member of the public in full knowledge of the facts of the case would be concerned about a doctor, particularly an experienced teaching consultant, acting in the way Dr Lidder did. The Tribunal was of the view that Dr Lidder's dishonest actions require a finding of impaired fitness to practise as a matter of public policy. Any other conclusion in the circumstances of this case would not uphold public confidence in the profession.

98. The Tribunal also considered that a finding of impaired fitness to practise as a result of Dr Lidder's dishonest actions, was required to declare and uphold proper standards of behaviour and to maintain public confidence in the profession.

99. The Tribunal has therefore determined that Dr Lidder's fitness to practise is impaired by reason of his misconduct.

Determination on Sanction - 04/06/2025

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

The Evidence

101. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

102. The Tribunal received further evidence in terms of Dr Lidder's insight and remediation. This included a comprehensive reflective statement, dated 3 June 2025 and certificates of further development.

Submissions

103. On behalf of the GMC, Ms Ferrario submitted that nothing short of a suspension period would reflect the gravity of the misconduct in this case. She directed the Tribunal to relevant sections of the Sanctions Guidance (2024) ('the SG') throughout her submissions.

104. Ms Ferrario submitted that an order of a suspension would properly reflect the gravity of the misconduct and protect the public interest and the public confidence element of the overarching objective. She stated that this was not a case where Dr Lidder had shown himself to be fundamentally incompatible with continued registration.

105. Ms Ferrario stated that, whilst serious, Dr Lidder's actions did not necessarily fall towards the high end of seriousness. Further, she submitted that Dr Lidder has demonstrated that he is on a journey of insight, reflection and remediation. She submitted that a period of suspension would send out a message to members of the profession and members of the public that this type of behaviour will not be tolerated.

106. Ms Ferrario submitted that the Tribunal should have regard to the nature of the misconduct and stated that an order of suspension was appropriate. She stated that this should be towards the upper end of length of any suspension, although accepted that this was a matter for the Tribunal.

107. On behalf of Dr Lidder, Ms Horlick submitted that a sanction of suspension was appropriate in this case. She submitted that, in the particular circumstances of the case, the period of suspension should be relatively short. Throughout her submissions she referred the Tribunal to relevant paragraphs of the SG.

108. Ms Horlick directed the Tribunal to Dr Lidder's reflective statement, dated 3 June 2025. She stated that Dr Lidder has undertaken a number of relevant CPD courses and remediation work including a professional ethics course which is a very rigorous, well-respected course. She stated that Dr Lidder has reflected on his learning and his actions, which he has set out in his reflective statement, and this has helped to inform Dr Lidder how his conduct should be framed going forward, and his identified deficiencies.

109. Ms Horlick submitted that Dr Lidder has recently XXX, and that has helped him to remediate further and monitor his own conduct. She stated that Dr Lidder has advanced along his journey of remediation, and this should be considered by the Tribunal.

110. Ms Horlick submitted that the Tribunal should balance the negative impact of suspending Dr Lidder for a lengthy period, as it would deprive patients of a doctor's excellent clinical care. She stated that Dr Lidder is otherwise an excellent clinician, and there have been no further concerns raised in the more than four years since the misconduct occurred in 2021. Ms Horlick submitted that Dr Lidder is well respected by his peers and those line managing him, as demonstrated by the positive testimonials he has provided to the Tribunal. She submitted that a long suspension would have an impact on the profession, as his duties would fall on his fellow clinicians, and this would have an effect on patients. Further, she stated that Dr Lidder is financially responsible for his young family and an elderly parent, although he is not the sole financial provider.

111. Ms Horlick submitted that none of the aggravating factors set out in the SG were applicable in this case. She stated that there had obviously been a departure from principles of GMP, but the Tribunal has already factored this into its decision making.

112. Ms Horlick submitted that a short period of suspension is more than sufficient in this particular case. She stated that this would allow Dr Lidder to continue his remediation, which had progressed since the outset of this hearing, such that a long period of suspension was not necessary. She submitted that a period of suspension would have a deterrent effect and uphold the public interest the duration does not have to be particularly long to achieve that. She stated that the Tribunal should also consider whether a review was appropriate to allow Dr Lidder to demonstrate his insight.

The Relevant Legal Principles

113. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, was a matter for it alone, exercising its own judgment. In reaching its decision on sanction, the Tribunal had regard to the SG.

114. The Tribunal bore in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it noted that any sanction imposed may have a punitive effect. It reminded itself that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive.

115. Throughout its deliberations, the Tribunal had regard to the overarching objective, which includes the protection of the public, the maintenance of public confidence in the profession, and the promotion and maintenance of proper professional standards and conduct for members of the profession. It applied the principle of proportionality, balancing Dr Lidder's interests with the public interest, but on the basis that the reputation of the profession as a whole is more important than the interests of an individual doctor.

The Tribunal's Determination on Sanction

116. In the light of the new evidence received since its impairment determination, the Tribunal was of the view that it was appropriate to further assess its finding on insight and remediation. In its determination on impairment, the Tribunal determined, based on the information available to it at the time, that Dr Lidder was at the start of his journey of remediation. The Tribunal had regard to Dr Lidder's reflective statement, which includes the following salient excerpts:

> *'I am extremely embarrassed that the Tribunal has considered my actions to have been dishonest. I will ensure that I abide by the domains of Good Medical Practice in the future, seek the assistance of colleagues and senior clinicians as well as, where needed, advice from the BMA and even the GMC. I have found this to be an extremely humbling experience and can assure the Tribunal that my actions will never be repeated.*
>
> *…*
>
> *I take responsibility for my actions and how they impacted upon first and foremost Dr [A], but also others. I fully realise the sad fact that my actions occurred over the space of a few minutes, but I will have to live the rest of my life knowing the impact this has had, not only on myself, but also on Dr [A].*
>
> *…*
>
> *I regret that I put him in this position at the beginning of his career and I appreciate the power imbalance he will have felt. I also appreciate that these matters will have had an effect on his family, friends and colleagues. I wholeheartedly apologise.*
>
> *…*

I have been proud to be recognised by my peers as being a good clinician. I now realise that clinical skills alone are not sufficient to be a successful doctor, and what matters to a greater extent is conduct. I have always striven to be a great clinician, but I now recognise that I must also focus on self-development and excellent conduct. I appreciate that this is a different, yet complimentary skillset, and that it takes effort and diligence to achieve.

…

I accept the findings of the Tribunal and fully understand the need to reflect on these as part of my ongoing remediation. I have learned a great deal from the remediation I have undertaken so far but am truly ashamed that the Tribunal has considered me to have been dishonest. I am ashamed that the reputation of the profession that I am so proud to be part of and that trust in me and other doctors will be negatively affected. I let emotions and reactivity get the better of me. I regret making the report to the Royal College.

…

I acknowledge that I am not yet out of the woods and that I still have more work to do.'

117. The Tribunal accepted that the hearing has had a salutary impact on Dr Lidder, particularly since the Tribunal handed down its determination on the facts. It was evident to the Tribunal that he has reflected further since that determination was announced and has recognised that being a good doctor does not mean solely being a good clinician.

118. The Tribunal also had regard to Dr Lidder's clear acknowledgement of the impact of his dishonest conduct on Dr A and the wider profession. It also noted that Dr Lidder has now documented his unequivocal apology to Dr A.

119. The Tribunal was of the view that Dr Lidder has made some positive progress regarding developing full insight and remediating for his misconduct, and he is further along the journey than the Tribunal initially determined. It was of the view that Dr Lidder's insight was developing, however, further reflection and remediation is required to embed this very recent progress.

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

Aggravating factors

121. The Tribunal has already made findings in respect of Dr Lidder's misconduct. It found that his misconduct was a serious departure from the principles set out in GMP. Further, the Tribunal found that his dishonesty was motivated by an intention to discredit Dr A, a junior colleague, for his own gain and self-interest, following the complaint made against him. However, there were no additional aggravating factors.

Mitigating factors

122. The Tribunal was of the view that Dr Lidder has demonstrated insight. It noted that this was an ongoing development of insight, and it was satisfied that efforts are being made by Dr Lidder to remediate for his dishonest conduct. The Tribunal has also been provided with evidence of ongoing CPD, which was focused on the relevant issues. There was no evidence before the Tribunal to suggest that these matters had arisen as part of a deep-seated attitudinal issue on the part of Dr Lidder.

123. The Tribunal also took into account that Dr Lidder had no previous fitness to practise history and there was no evidence before it to suggest there had been further misconduct in the four years since the initial misconduct. The Tribunal noted that Dr Lidder has continued to work throughout that time.

124. The Tribunal was provided with a number of testimonials in support of Dr Lidder, which indicated he was a very knowledgeable and otherwise competent clinician. It was clear to the Tribunal that Dr Lidder is well regarded by the colleagues who provided the testimonials.

125. The Tribunal noted that mention was made of XXX, but it has not received any independent expert evidence on this point. The Tribunal determined to place little weight on this as a mitigating factor and noted that there was no contention that Dr Lidder's misconduct was caused by behaviour linked to XXX.

126. The Tribunal also took into consideration that this took place during the COVID-19 pandemic, and Dr Lidder faced a pressurised situation as a doctor working in acute medicine and therefore at the coal face of the NHS response to the unprecedented circumstances.

127. The Tribunal balanced the aggravating and mitigating factors throughout its deliberations and went on to consider each sanction in order of ascending severity, starting with the least restrictive.

No action

128. The Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

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

Conditions

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

> *'81 Conditions might be most appropriate in cases:*
>
> *a involving the doctor's health*
>
> *b involving issues around the doctor's performance*
>
> *c willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout their working life, improving the quality of their work and promoting patient safety*
>
> …
>
> *85 Conditions should be appropriate, proportionate, workable and measurable.'*

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

132. The Tribunal considered that no conditions could be formulated which would be appropriate, workable or measurable. Further, the Tribunal determined that the imposition of conditions would not be sufficient to mark the seriousness of Dr Lidder's actions or to address the Tribunal's findings of impairment.

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

Suspension

134. The Tribunal then went on to consider whether a period of suspension would adequately protect the public, maintain public confidence in the profession and uphold proper standards for its members. In considering whether to impose a period of suspension on Dr Lidder's registration, the Tribunal had regard to paragraphs 91, 92 and 93 of the SG which provide:

> *'91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.*
>
> *92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*
>
> *93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see*

evidence that the doctor has taken steps to mitigate their actions (see paragraphs 24–49)'

135. The Tribunal also considered the SG at paragraphs 97(a), (e), (f) and (g), which it considered to be of particular relevance in this case:

> *'97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*
>
> *a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.*
>
> *…*
>
> *e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.*
>
> *f No evidence of repetition of similar behaviour since incident.*
>
> *g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.'*

136. The Tribunal found at the impairment stage that Dr Lidder had breached a number of the paragraphs of GMP. It determined that those breaches were serious enough to warrant a suspension, and that no lesser sanction would suffice. It noted that Dr Lidder had sought to discredit a junior colleague, and that his actions could have had serious consequences for Dr A.

137. The Tribunal considered that while his misconduct was serious, it was remediable. Dr Lidder had already taken some steps to develop insight and remediate. This has involved completing a number of targeted CPD courses, including several on communication and probity and ethics. Whilst the Tribunal was of the view that Dr Lidder had not yet gained

sufficient insight or yet fully remediated his dishonesty, the steps he has taken to date demonstrate that he is willing to engage with the process.

138. Given the developing nature of his insight, the Tribunal considered that there remained a limited risk of Dr Lidder repeating his dishonesty. The Tribunal did not believe that this risk was significant, due to his remediation and reflections to date, including his reflective statement dated 3 June 2025. However, the Tribunal did consider that there was more work required to demonstrate that Dr Lidder has developed full insight and remediated his misconduct.

139. The Tribunal decided that this case was not one where Dr Lidder's misconduct is '*fundamentally incompatible with continued registration*' at this time. While his actions were unacceptable, he has demonstrated to the Tribunal that he is capable of developing insight and remediating for his actions. It considered that erasure would not be appropriate or proportionate, nor would it be in the public interest. In weighing the balance between Dr Lidder's interests and the public interest, it noted that erasure would deny the public an otherwise competent and compassionate doctor.

140. The Tribunal thus determined that a period of suspension would be an appropriate and proportionate sanction. The Tribunal considered the impact that this sanction may have upon Dr Lidder. However, in all the circumstances the Tribunal concluded that his interests are outweighed by the need to maintain public confidence in the profession and to declare and uphold proper standards of conduct and behaviour.

Length of Suspension

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

142. The Tribunal considered the aggravating factors in this case and acknowledged that this was a serious departure from the principles set out in GMP, and that Dr Lidder had put his own interests above those of Dr A.

143. The Tribunal also had regard to the mitigating factors of the case in considering the length of the suspension, including Dr Lidder's previous good character and the positive steps he has taken so far to gain insight and remediate.

144. Taking all these elements into account, and in particular to mark appropriately the seriousness of the misconduct, the Tribunal was satisfied that imposing a period of six months' suspension was appropriate and proportionate. This reflected the serious nature of his dishonest conduct and the potentially serious consequences that conduct could have had on Dr A. In the Tribunal's view, a six-month suspension was sufficient to satisfy the need to promote and maintain public confidence and to send out a clear message to the profession that this type of conduct is unacceptable.

145. This period of suspension will also give Dr Lidder sufficient time to further develop his insight in relation to the dishonesty findings and to continue to take action to remediate. The Tribunal was satisfied that a reasonable and well-informed member of the public or the profession would be satisfied that this was a proportionate response to Dr Lidder's dishonest conduct.

146. Accordingly, the Tribunal determined to suspend Dr Lidder's registration for a period of six months.

Review

147. The Tribunal determined to direct a review of Dr Lidder's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Lidder to demonstrate how he has further developed his insight, taken further steps to remediate and continued to reflect on his dishonest conduct. It therefore may assist the reviewing Tribunal if Dr Lidder provides:

- Evidence of any courses and other activities he has undertaken in order to demonstrate remediation of his dishonesty;
- Evidence that he has developed further insight;
- Evidence that he has maintained his clinical knowledge and skills, including any CPD; and
- Any other information that he considers will assist a future Tribunal.

Determination on Immediate Order - 04/06/2025

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

Submissions

149. On behalf of the GMC, Ms Ferrario submitted that the position of the GMC was one of neutrality. She stated that there was no interim order in place.

150. On behalf of Dr Lidder, Ms Horlick submitted that an immediate order was not necessary. She stated that matters in this case were a long time ago, and there had been no suggestion of repetition since. She submitted that there is no danger to the public, to patients and there is no public interest to justify the necessity of an immediate order. She confirmed that there was no interim order in place.

The Tribunal's Determination

151. In reaching its decision, the Tribunal considered the relevant paragraphs of the SG and exercised its own independent judgment. In particular, it took account of paragraphs 172, 173 and 178:

> '*172* *The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. …*
>
> *173* *An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.*
>
> …
>
> *178* *Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'*

152. The Tribunal determined that there were no clinical concerns in this case, nor was an immediate order otherwise necessary to protect members of the public. There was no significant risk of repetition in this case. Therefore, the Tribunal was not satisfied that an

order was necessary to protect public confidence in the profession, or that it was otherwise in the public interest or Dr Lidder's best interests.

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

154. There was no interim order to revoke.

155. That concludes this case.