

PUBLIC RECORD**Date:** 04/06/2025**Doctor:** Dr Johnathan SAUNDERS

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|--------------------------------|-------------------------------------|
| GMC reference number: | 7271623 |
| Primary medical qualification: | MB ChB 2013 University of Liverpool |
| Type of case | Outcome on impairment |
| Misconduct | Not impaired |
| Conviction | Not impaired |
| XXX | XXX |

Summary of outcome

Conditions for 12 months

Legally Qualified Chair:

| | |
|--------------------------|-------------------|
| Legally Qualified Chair: | Mrs Alison Storey |
|--------------------------|-------------------|

Review on the Papers

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

Overarching Objective

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

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Determination – 04/06/2025'

1. I have reviewed the background to Dr Saunders' case, which was first considered by a Medical Practitioners Tribunal in April 2024.
2. Dr Saunders qualified in 2013. He commenced his Foundation training in August 2017, concluding in August 2019. Dr Saunders then undertook a number of Locum positions in various hospitals. Dr Saunders was before the Tribunal because of an Allegation of impairment by reason of misconduct, convictions XXX.
3. The allegation that led to the tribunal hearing were allegations of misconduct, convictions for practising dentistry when not a registered dentist, for unlawful possession of Class B drugs x 5 and failing to provide a specimen of blood, XXX.
4. The misconduct allegation was that firstly Dr Saunders advertised cosmetic bonding treatment and then advised Patient B that he was permitted to carry out this procedure. He then carried out the procedure and his management of Patient B was inappropriate and the procedure was carried out inadequately, which then failed and caused Patient B pain. It was further alleged that inadequate records were made.
5. Following a failed procedure Dr Saunders prevented Patient B from leaving and shouted at her. A week later he made a payment to Patient B of £2500 and asked her to sign a contract to say that he had not carried out the procedure and threatened her with legal action if she did not sign it. In the following weeks Dr Saunders sent a series of abusive and threatening messages to Patient B and instructed her not to tell anyone he had carried out the procedure. This was an attempt to conceal that he had carried out the procedure. He further sent a letter to Patient B entitled 'Final Demand Letter Before Legal Action' demanding the return of the £2500. It was alleged that these actions amounted to harassment, as defined by Section 1(1) of the Protection from Harassment Act 1997.
6. The Conviction related to two separate occasions when Dr Saunders was convicted of criminal offences. On 16 December 2022 Dr Saunders was convicted of unlawfully practising dentistry on 11 and 12 December 2022. These related to the composite bonding procedure carried out on Patient B. He was fined a total of £2250.
7. On 19 December 2022 Dr Saunders was convicted of unlawful possession of Class B drugs, XXX. He was further convicted of failing to provide a specimen of blood. Dr Saunders was fined a total of £450 and disqualified from driving for one year.
8. XXX

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9. The Tribunal found Dr Saunders' fitness to practice to be impaired by reason of his misconduct, conviction XXX. At the outset Dr Saunders made admissions to the majority of the allegations. The remaining matters were not found proved by the Tribunal.
10. In relation to misconduct the Tribunal determined that Dr Saunders' conduct during the composite bonding procedure was serious misconduct. His actions had fallen short of what would be expected of a competent dentist or doctor, and he had put his own interests above that of his patient.
11. The Tribunal decided that Dr Saunders' behaviour toward Patient B after the procedure taken both separately, and collectively as an harassment allegation, was conduct that was unacceptable, and such that fellow practitioners would find it 'deplorable.' The Tribunal also considered Dr Saunders' dishonesty after the procedure had taken place.
12. The Tribunal concluded that Dr Saunders' overall conduct described in the Allegation amounted to serious misconduct. In applying Dr Saunders' conduct against the test as set out in Grant, the Tribunal was satisfied that all limbs of the test were engaged. His behaviour had put Patient B at risk of harm, his conduct had brought the medical profession into disrepute and breached a fundamental tenet of the profession. Dr Saunders had also admitted to acting dishonestly in attempting to conceal his actions. In the absence of any evidence of remediation or sufficient insight, and with the remaining risk of repetition, the Tribunal considered that these limbs remained engaged.
13. It considered that the misconduct in this case was capable of remediation. However, Dr Saunders had not provided any evidence of remediation. Dr Saunders had expressed remorse for his actions, however, at that stage, the Tribunal had not been provided with any other evidence of insight. The Tribunal noted that there was no evidence before it of a reduction of the risk of repetition at that time. The Tribunal therefore determined that Dr Saunders' fitness to practise was impaired by reason of his misconduct.
14. The Tribunal also considered that a finding of impaired fitness to practise was required to declare and uphold proper standards of behaviour and to maintain public confidence in the profession.
15. In relation to the convictions the Tribunal considered that any conviction brings the profession into disrepute. The Tribunal had noted that Dr Saunders accepted that his fitness to practise was impaired by reason of his convictions. The Tribunal agreed that this was demonstrative of insight, albeit to a very limited degree.

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- 16.** The Tribunal considered that the conduct that was the subject of the conviction was capable of remediation. However, it noted that Dr Saunders had not provided any evidence of remediation such as to demonstrate that he had developed sufficient insight into his behaviour. In the absence of evidence of insight and remediation, and the fact that Dr Saunders had received convictions for two separate incidents, the Tribunal concluded that there was no evidence of a reduction of the risk of repetition at that time.
- 17.** The Tribunal also considered that a finding of impaired fitness to practise was required to declare and uphold proper standards of behaviour and to maintain public confidence in the profession. It therefore determined that Dr Saunders' fitness to practise was impaired by reason of his convictions.
- 18.** XXX
- 19.** XXX
- 20.** XXX
- 21.** When considering sanction the Tribunal noted that there were a significant number of clinical failings in the procedure on Patient B. Dr Saunders had admitted to working outside his area of competence. XXX
- 22.** The Tribunal recognised that dishonesty was very serious and could undermine public confidence in the profession. It noted that the dishonesty in this case was within a clinical setting. Dr Saunders' had tried to cover up the fact that he had carried out the procedure on Patient B.
- 23.** It had noted that the threats that Dr Saunders made to Patient B took place over an approximate three-week period between 13 May and 9 June 2022, and that he now accepted that these actions were 'shameful' and 'disgraceful'.
- 24.** The Tribunal noted that Dr Saunders had previously been convicted in 2007 for drink driving. This had resulted in a finding of impaired fitness to practise made by the university. The Tribunal noted the similarities between the 2007 conviction and the 2022 conviction, and was concerned that Dr Saunders had not learned his lesson from the earlier conviction, despite assuring the university that he had. The Tribunal, however, accepted that this offence was committed 18 years previously, when Dr Saunders had been a student, XXX.
- 25.** The Tribunal had found at the impairment stage that Dr Saunders 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 Saunders had caused harm and upset to Patient B, and between November

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2021 and June 2022 had presented as a potential risk to other patients due to XXX and corresponding poor judgment.

26. However, the Tribunal was satisfied that there was evidence before it to show that Dr Saunders had continued to engage with remediation efforts, and that it was unlikely that further remediation would be unsuccessful. Dr Saunders had been working in a hospital with the full support of his colleagues and there had been no incidents of concern.
27. The Tribunal found at the impairment stage that Dr Saunders 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.
28. The 2024 Tribunal had acknowledged that Dr Saunders' misconduct and convictions all occurred at a time in which XXX and that this had influenced his behaviour. It had considered very carefully whether there was a risk of repetition of the misconduct or convictions. The Tribunal decided that Dr Saunders had shown compelling insight into his actions and had learned his lesson.
29. The Tribunal had decided that the risk of repetition of the misconduct and convictions was low, XXX. Therefore, the Tribunal determined that suspension would protect patients and the public.
30. The Tribunal determined to impose a period of suspension of Dr Saunders' registration of 12 months.
31. The Tribunal ordered that a review hearing should take place prior to the expiration of the order of suspension and suggested that a tribunal considering the review would be assisted by Dr Saunders providing:
 - XXX
 - Any recent testimonial(s) from paid and/or unpaid work;
 - Evidence that he has kept his knowledge and skills up to date; and
 - Anything else Dr Saunders believes will assist a reviewing Tribunal.

The 2025 Review (On the Papers)

32. Dr Saunders and the GMC have agreed that this review should be considered on the papers in accordance with Rule 21B of the General Medical Council (Fitness to Practise) Rules 2004. They have provided agreed terms of an order which I could make at this review.
33. I have read all of the evidence presented to me, and the agreed submissions made on behalf of Dr Saunders and the GMC. In the submissions, Dr Saunders and the GMC

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agree that XXX but that he is not currently impaired by his misconduct or conviction.
XXX

34. XXX

35. XXX

36. XXX

37. XXX

38. XXX

39. XXX

40. XXX

41. XXX

42. XXX

43. Dr Saunders has provided a reflective statement. In relation to his suspension by the Tribunal he said '*I thought to myself that I can look at this suspension in one of two ways; as a sanction I have received which I have to get through as best I can. Or as an opportunity for personal growth, development and further reflection of my misconduct....I decided on the latter'*.

44. He said that he had spent the first few weeks after his suspension reflecting on the last 3 and a half years, particularly focusing on the effect his actions had on the patient involved, the profession and the public. He referred to his feelings of shame, which took time for him to reconcile, but now understands that it provides accountability for his actions and satisfies the over-arching objective.

45. He said that his reflections on the literature surrounding his hearing have helped him to identify areas which he could work upon to further develop his insight. It has helped him to formulate an even more robust daily structure which he had been using effectively for the past 9 months. It had also reduced the risk of repetition of future misconduct by identifying and acting upon the root causes.

46. He said that he had actively been looking for employment with the help of a work coach at the DWP, but this had proved difficult due to his conviction. In relation to future employment, he had received positive indications that he would be considered for a role at RLI, who are aware of the previous Tribunal's findings.

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47. Dr Saunders said that he had identified areas where he needed to develop his insight further in order to remediate. This included:

Maintaining professional boundaries

Recognising and managing burnout

XXX

48. He said that he was mindful that further work was required to keep the risk of repetition negligible in the future and that was his goal.

49. He acknowledged that he had violated numerous professional boundaries in his interactions with Patient B and has attended a day long virtual course on Professional Boundaries in November 2024. This course helped him to understand the importance of professional boundaries and how they create safety and respect and build trust and protect patients.

50. He had also read the GMC 'Maintaining Personal and Professional Boundaries' guidance which explains that patients must be able to trust that medical professionals involved in their care will behave appropriately towards them during interactions and/or consultations.

51. He said that both of these had increased his knowledge and understanding of how to maintain healthy boundaries in all his future interactions with patients and colleagues.

52. He said that he now realised that he had been suffering from burnout when working throughout the pandemic. The fact that this had not been apparent to him at the time is why he considered it important to do further remedial work in this area. He read 'Spotting the signs of burnout – a guide for GPs' which he found was a useful guide to recognising the early warning signs of burnout. He found that completing this CPD has given him confidence to spot the signs he needs to look out for when returning to work in a stressful environment. He said that he has plans to attend a one day course on 3 June 2025 to consolidate his understanding.

53. XXX

54. Dr Saunders said that he takes full responsibility for his actions and the consequences thereof, for which he remains wholeheartedly sorry. He apologised to the patient that was directly and adversely affected by his poor judgement and terrible behaviour towards them. He expressed that he was sorry that he let the profession and the public down.

55. XXX

56. XXX

57. Dr Saunders stated that he had tried to keep his knowledge and skills up to date despite not being able to work as a doctor. He has been spending 10 hours each week in preparing for the MRCP part 1 over the last 8 months. He said that he has kept up to date with the NICE guidance and Good Medical Practice 2024. He said that he does not believe that his medical knowledge had regressed significantly over the nine months of his suspension, and that his professional performance had never been in question.
58. He was not in a financial position to fund expensive CPD at this stage but with his limited funds he had subscribed to BMJ learning and was working through their collections. He has access to e-LFH, a free CPD source and has managed to complete his mandatory training through this. Dr Saunders has provided numerous certificates evidencing his CPD learning.
59. In conclusion Dr Saunders said that he has utilised his suspension to learn and develop as efficiently as possible.
60. Dr Saunders has provided a testimonial from his DWP work coach, who speaks highly of him. He said that Dr Saunders has shown an unwavering commitment in his efforts to re-establish himself professionally and has shown exceptional work ethic and proactive approach. He said that in his experience few individuals display the level of resilience and determination that Dr Saunders had shown. He described him as a person of integrity who was working hard to rebuild his professional life.
61. I have determined that Dr Saunders' fitness to practise is no longer impaired due to his misconduct and conviction. He has provided the evidence requested by the Tribunal.
62. He has provided impressive reflections and has demonstrated that he has good insight into the issues which caused his misconduct and conviction. He has undertaken reflective thinking and completed appropriate courses, in particular the one day course on professional boundaries and the research he has done XXX

63. XXX

64. I consider that his insight and remediation make it very unlikely that there will be any repetition of the misconduct or the conduct which led to his conviction.

XXX