

PUBLIC RECORD**Date:** 28/11/2025

Doctor: Dr Paul Desmond DUNNE
GMC reference number: 6079074
Primary medical qualification: MB ChB 2003 University of Manchester

Type of case	Outcome on impairment
Review - Conviction	Not Impaired
Review - Misconduct	Impaired
XXX	XXX

Summary of outcome
Conditions, 12 months
Review hearing directed

Tribunal:

Legally Qualified Chair:	Mr Tanveer Rakhim
Lay Tribunal Member:	Ms Kerry Smith
Registrant Tribunal Member:	Dr Susan Ellerby
Tribunal Clerk:	Miss Emma Saunders

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Philip Stott, Counsel, instructed by the MDU
GMC Representative:	Mr Jonathan Lally, 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 private.

Overarching Objective

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

Determination on Impairment - 28/11/2025

1. This hearing was heard in private in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004 as amended ('the Rules'). This determination will be handed down in private due to the confidential nature of matters under consideration. However, as this case concerns Dr Dunne's misconduct and conviction, a redacted version will be published at the close of the hearing.
2. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the Rules whether Dr Dunne's fitness to practise is impaired by reason of misconduct, a conviction for a criminal offence XXX.

The Outcome of Application made during the Impairment Stage

3. The Tribunal granted Dr Dunne's application, made pursuant to Rule 41 of the Rules, that this hearing be heard in private. Mr Stott, Counsel on behalf of Dr Dunne, stated XXX. Mr Lally, Counsel on behalf of the GMC, stated that an argument could be made that the whole of these proceedings should be heard in private as the 2024 Tribunal found XXX
4. The Legally Qualified Chair referred to Rule 41 of the Rules, including that the starting point is that hearings are held in public in keeping with the principle of open justice. XXX. Whilst mindful of the public interest of a hearing being heard in public, the Tribunal was clear that the misconduct and conviction were inextricably linked to XXX. To avoid any unfair distortion of the case and also to ensure the workability of the hearing, the Tribunal determined that this hearing should be heard fully in private.

Background

5. Dr Dunne qualified in 2003 from the University of Manchester. In 2008 Dr Dunne became a Member of the Royal College of Physicians (MRCP) and went on to complete his

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specialist cardiology training at various hospitals in the Northeast of England between 2008 and 2014. Dr Dunne initially worked as a locum cardiologist at Hillingdon Hospital NHS Foundation Trust before taking up a substantive position as a consultant cardiologist at Bolton NHS Foundation Trust ('the Trust') in 2015, where he worked until his dismissal in August 2022.

6. Dr Dunne's Medical Practitioners Tribunal hearing took place 7 to 10 May 2024 ('the 2024 Tribunal'). He admitted the entirety of the Allegation and that it related to misconduct, conviction XXX.

7. Dr Dunne was convicted on 2 September 2022 of driving a motor vehicle after consuming so much alcohol that the proportion in his breath exceeded the prescribed limit. He was sentenced to a fine of £120, disqualified from driving for 26 months (later reduced by 26 weeks due to completion of a course), and made subject to a Community Order XXX. The requirements were completed and the Community Order was terminated on 29 September 2023.

8. In terms of misconduct, Dr Dunne admitted that he had failed to notify the GMC without delay that he had been charged with the above criminal offence. In relation to his employment, Dr Dunne admitted that he had misappropriated one or more tablets of XXX for his personal use. Further, Dr Dunne approached Nurse A and enquired as to whether any XXX was available, said it was for patient use, and misappropriated one or more tablets for his personal use within a tub that he removed from the medicine cabinet and stored in a non-controlled drug cabinet until the following day. Dr Dunne admitted that the information he provided to Nurse A was untrue, he knew it to be untrue, and that his conduct was dishonest. The conduct concerns had been raised with the GMC further to a Trust investigation, where Dr Dunne was dismissed with immediate effect following a conduct hearing on 8 August 2022. The 2024 Tribunal found that, apart from the storage within a non-controlled drug cabinet matter, Dr Dunne's actions amounted to misconduct which was serious.

9. XXX

10. The 2024 Tribunal determined that Dr Dunne's fitness to practise was impaired by reason of misconduct, conviction XXX.

11. The 2024 Tribunal reached the view that Dr Dunne's case could only be properly understood by reference to XXX

12. XXX. It found that Dr Dunne had shown remorse XXX. The 2024 Tribunal also found that the drink driving and misappropriation of medication were XXX.

13. The 2024 Tribunal determined to impose conditions on Dr Dunne's registration for 18 months and directed this review hearing. It was of the view that Dr Dunne was ready to embark upon retraining as a GP and that a period of suspension would be counterproductive. The 2024 Tribunal determined that the conditions would enable the MPTS to keep a watch on Dr Dunne's progress in training and monitor XXX. The 2024 Tribunal was of the view that it might assist this Tribunal if Dr Dunne attends this hearing and provides an account of the progress he has made.

14. This is the first review of Dr Dunne's case.

The Evidence

15. The Tribunal has taken into account all of the evidence received.

Documentary Evidence

16. Dr Dunne provided a witness statement dated 5 November 2025. He stated that, following the 2024 Tribunal hearing, he applied for the GP training scheme and started the programme in February 2025. Dr Dunne stated that, all being well, his intention was to complete his training in February 2028 and thereafter start a substantive role as a GP. For the final year of the training scheme he will be based in a GP practice. Dr Dunne completed his first placement in psychiatry and provided a letter from Dr P, his workplace reporter at that time. He is currently on his second placement in paediatrics and a letter from his current workplace reporter is detailed below.

17. XXX

18. Dr Dunne stated that he continued to reflect upon XXX and provided a reflection document dated October 2025. Within the reflections, Dr Dunne stated that the conditions had helped to ensure a reliable and structured approach when transitioning from placement to placement. He stated that they provided an opportunity for him to discuss his past and allow colleagues to ask questions and broach the topic more easily. Dr Dunne stated that another positive aspect of the conditions was getting feedback in terms of XXX. He stated

that his thoughts for the future are focused toward XXX, continuing to address the issues of probity that were in his professional and personal life, and towards building a future that would make him happy and proud. Dr Dunne stated XXX. He stated that he would hope, and will work hard towards, having the conditions removed by February 2027 which would be the start of his final year of his GP ST training. Dr Dunne stated that this was a positive and hopefully achievable goal to aim for. He stated that he will continue to be open and honest about the past and own the decision he made for better or worse.

19. XXX

20. XXX

21. XXX

22. XXX

23. The Tribunal also had regard to a workplace report from Dr R, Consultant Paediatrician at North Manchester General Hospital, dated 1 September 2025, in which he confirmed that Dr Dunne had complied with all practice restrictions. In a letter dated 19 October 2025, Dr R confirmed that he had been Dr Dunne's clinical supervisor and workplace reporter since the start of his six-month paediatrics training rotation on 6 August 2025, which is expected to run until 3 February 2026. Dr R stated that Dr Dunne had been an effective and professional member of their team and was progressing well with his training.

Submissions

Submissions on behalf of the GMC

24. Mr Lally, Counsel on behalf of the GMC, stated that the GMC remained neutral in respect of whether or not Dr Dunne's fitness to practise is impaired in relation to the misconduct and conviction matters. Mr Lally stated that Dr Dunne has produced a reflection statement, much of which is focused on XXX. Whilst there was nothing within that statement that overtly dealt with any reflection on the actual conviction, however he acknowledged the interaction between those matters and XXX.

25. XXX

26. Mr Lally referred the Tribunal to the new Guidance for MPTS Tribunals (24 November 2025). He stated that this guidance made clear that the Tribunal should consider the current and ongoing risk and be clear which parts of public protection may be engaged. Mr Lally stated that pre-November 2025 Tribunals would not have specifically considered low, medium or high risk and this Tribunal will be making that assessment for the first time. Mr Lally stated that, when considering the current level of risk by Dr Dunne, the GMC takes the view that he falls within the low level of risk and that a further period of conditions for 12 months would be appropriate.

Submissions on behalf of Dr Dunne

27. Mr Stott, Counsel on behalf of Dr Dunne, stated that the GMC and Dr Dunne were in agreement as to the appropriate way forward and also as to the appropriate classification of the Dr Dunne's position in respect of the new guidelines, namely that Dr Dunne poses a low risk and for further conditions to be imposed for a period of up to 12 months.

28. XXX

29. Mr Stott referred to the GP training scheme work that Dr Dunne has been undertaking and to the various positive workplace reports. He submitted that there were no concerns about Dr Dunne's clinical practice.

30. XXX

31. Mr Stott referred to the statement and reflection produced by Dr Dunne. He stated that the comments showed good insight on the part of Dr Dunne and clearly set out that Dr Dunne is content with the conditions as they stand and the support they provide. Mr Stott stated that Dr Dunne has a realistic goal to aim for in terms of aiming to be able to start to apply for GP positions at the beginning of his final year of the specialist GP training in February 2027 without conditions on his practice.

32. In terms of the conviction and misconduct matters, and whether Dr Dunne's fitness to practise is impaired by reason of the same, Mr Stott stated that Dr Dunne's position was effectively the same as the GMC in that he was neutral. Mr Stott stated that the Tribunal might consider that the 18-month period of time that had been spent under conditions may be sufficient already. He stated that he recognised that the matter was heavily interlinked with XXX.

The Relevant Legal Principles

33. Throughout the decision-making process, the Tribunal will bear in mind the overarching objective of the GMC and MPTS as set out in Section 1 of the Medical Act 1983 to protect the public, which is split into three distinct parts. It means that a Tribunal must act in way that: protects, promotes and maintains the health, safety and well-being of the public ('patient safety'); promotes and maintains public confidence in the medical profession ('public confidence'); and promotes and maintains proper professional standards and conduct for members of that profession ('uphold professional standards').

34. To decide if a doctor's fitness to practise remains impaired, the Tribunal must assess whether Dr Dunne poses any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response. This assessment is made with reference to the findings of the 2024 Tribunal and any relevant new evidence.

35. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone and it will have regard to the new Guidance for MPTS Tribunals.

36. The Tribunal must determine whether Dr Dunne's fitness to practise is impaired today, taking into account Dr Dunne's conduct XXX 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. This Tribunal is aware that it is for Dr Dunne to satisfy it that he would be safe to return to unrestricted practice.

The Tribunal's Determination on Impairment

37. The Tribunal has to consider whether Dr Dunne's fitness to practise is currently impaired by reason of misconduct, a conviction for a criminal offence XXX.

38. The Tribunal used the following questions set out below to help inform its assessment of whether Dr Dunne poses any current and ongoing risk to public protection requiring restrictive action in response, and if so, what level of risk (low, medium or high).

What was the last assessment of current and ongoing risk to public protection resulting in Dr Dunne's fitness to practise being found impaired?

39. The Tribunal noted that the 2024 Tribunal hearing took place before the imposition of the new Guidance for MPTS Tribunals. It is understood that generally original hearings may not specifically state the level of risk the Tribunal considered the doctor posed to one or more or the three parts of public protection. However, this Tribunal is clear that this does not preclude it from considering whether the level of risk posed by Dr Dunne has changed and, if so, deciding whether it has decreased or increased.

40. The Tribunal had regard to the findings and conclusions of the 2024 Tribunal, as set out above. This included that the 2024 Tribunal was of the view that Dr Dunne's case could only be properly understood by reference to XXX. It found that Dr Dunne had shown remorse XXX. The 2024 Tribunal also found that the drink driving conviction and misappropriation of medication were XXX.

41. Having regard to the determination of the 2024 Tribunal and the sanction banding within the new guidance, doing the best it can, the Tribunal is of the view that the 2024 Tribunal may have found the level of risk to be medium. Ultimately though, this Tribunal does consider that the level of risk has changed and has decreased.

What has happened since the last assessment of risk and what impact does this have? How has the doctor responded to the 2024 Tribunal's findings?

42. The Tribunal has set out above a summary of XXX in respect of Dr Dunne's progress since May 2024. Dr Dunne appears to have worked well under conditions. XXX

43. Dr Dunne has also started on a GP training scheme and is on his second six-month placement. The Tribunal has been provided with reports from the workplace supervisors and it is clear that Dr Dunne has kept his medical skills and knowledge up to date. The Tribunal was of the view that Dr Dunne had been able to demonstrate, in real terms, that he can work under pressure and has continued on a positive trajectory upon returning to work.

44. The Tribunal was of the view that Dr Dunne has responded well to the 2024 Tribunal's findings and progressed positively since then in terms of XXX, his insight and remediation undertaken. The Tribunal determined that the progress made has a positive impact on the assessment of risk.

Has the risk to public protection requiring restrictive action in response changed and if so, how?

45. The Tribunal had regard to XXX and was conscious of the links between this and the misconduct and conviction in this case. XXX.

46. The Tribunal noted that Dr Dunne still identifies for himself the benefit that conditions on his practice bring and implicit in this is an acceptance that XXX. The Tribunal was of the view that it was important that Dr Dunne has recognised that he is on that road to unrestricted practice but intuitive to the fact that he has not yet reached the end.

47. XXX

48. XXX

49. In relation to the conviction, the Tribunal had regard to the conclusions of the 2024 Tribunal who considered that Dr Dunne's conviction would have damaged public confidence in the medical profession. It stated that the public expects members of the profession to acquit themselves responsibly and that driving a motor vehicle while over three times the prescribed limit of alcohol would have been dangerous. The 2024 Tribunal set out that Dr Dunne's actions engaged all three parts of the protection of the public. This Tribunal had regard to the considerable progress made by Dr Dunne since May 2024. It has determined that Dr Dunne does not pose a current or ongoing risk to one or more parts of public protection by reason of his conviction such that restrictive action is required. The Tribunal was of the view that the risks have been addressed by the last 18 months that Dr Dunne has been under conditions when he has been addressing XXX linked to his conviction; he has adequately addressed the conviction matter. The Tribunal has therefore determined that Dr Dunne's fitness to practise is not impaired by reason of his conviction.

50. In terms of misconduct, the Tribunal determined that in respect of the failure by Dr Dunne to disclose to the GMC that he had been charged the risks have been addressed by the last 18 months that Dr Dunne has been under conditions when he has been addressing XXX. Dr Dunne's fitness to practise was no longer impaired by reason of misconduct in this specific regard.

51. However, the Tribunal was of the view that, in terms of paragraphs 4 to 6 of the Allegation, this related to the misappropriation of drugs and conditions are in place to ensure appropriate restriction and safeguards remain in place until Dr Dunne is fit to practise without restrictions. The Tribunal appreciated that the misconduct is interconnected with XXX and was reassured as to the positive progress he has made since May 2024. Ultimately, the Tribunal determined that a risk does remain. The Tribunal would classify this as a low level of current and ongoing risk. On this basis, the Tribunal has therefore determined that Dr Dunne's fitness to practise is impaired by reason of misconduct. It concluded that all three parts of public protection requiring restrictive action were engaged.

Determination on Sanction - 28/11/2025

52. This hearing was heard in private in accordance with Rule 41 of the Rules. This determination will be handed down in private due to the confidential nature of matters under consideration. However, as this case concerns Dr Dunne's misconduct and conviction, a redacted version will be published at the close of the hearing.

53. Having determined that Dr Dunne's fitness to practise is impaired by reason of misconduct XXX, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to Dr Dunne's registration.

The Evidence

54. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Dr Dunne's registration.

Submissions

Submissions on behalf of the GMC

55. Mr Lally submitted that, in view of the low level of risk, it was the position of the GMC that a further period of conditions would be appropriate. He stated that it seemed from Dr Dunne's witness statement that the conditions are felt by him to be beneficial and this aligns with the view of the GMC. Whilst acknowledging that it was a matter for the Tribunal, Mr Lally suggested on behalf of the GMC the imposition of a further period of conditions for

12 months would be the appropriate sanction at this stage. Mr Lally referred to Dr Dunne's statement, in which Dr Dunne says that he is working towards working unrestricted practice from February 2027, and stated that the Tribunal might find that this is a sensible approach. Mr Lally reiterated that this fitted with the view of the GMC in how the Tribunal should deal with matters today.

Submissions on behalf of Dr Dunne

56. Mr Stott submitted that a further period of conditions for 12 months, with a review hearing, was appropriate and would continue to provide a supportive framework for Dr Dunne. Mr Stott stated that Dr Dunne has worked extremely hard on himself to get to a position where he can discharge his impairment of fitness to practise and face the future clear of the conditions and XXX. Mr Stott stated that Dr Dunne can demonstrate to a further Tribunal that it will be right for him to return to unrestricted practice and so Dr Dunne can complete his goal of becoming a GP.

57. Mr Stott invited the Tribunal to continue the conditions imposed on Dr Dunne's registration. He stated that the conditions encourage Dr Dunne to work on himself and his new career towards the goal he has expressed of working without restriction from February 2027. Mr Stott submitted that a 12-month period would be appropriate for Dr Dunne to be able to demonstrate that he has rehabilitated himself and is able to face the future in a positive way.

The Tribunal's Determination

58. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement.

59. In reaching its decision, the Tribunal has taken account of the Guidance for MPTS Tribunals and of the overarching objective. It has borne in mind that the purpose of the sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

No action

60. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Dunne's case, the Tribunal first considered whether to conclude the case by taking no action.

61. The Tribunal had regard to its findings on impairment including XXX.

62. In all the circumstances, the Tribunal determined that it would be neither sufficient nor proportionate to conclude this case by taking no action.

Conditions

63. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Dunne's registration. It has borne in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

64. The Tribunal noted that Dr Dunne has been working under the substantive conditions for 18 months now and has complied with them. The conditions appear to be workable and no party proposed that the current conditions be amended. The Tribunal noted that Dr Dunne has said he was content to continue with the conditions imposed at this time with a view to working hard towards having the conditions removed by February 2027 which would be the start of his final year of his GP training.

65. The Tribunal had regard to its conclusions set out within its Impairment determination including XXX. The Tribunal has noted the positive progress that Dr Dunne has made since May 2024 and has found that the level of risk is now low.

66. In the light of the above and XXX, the Tribunal concluded that it was appropriate, necessary and proportionate to continue the imposition of conditions on Dr Dunne's registration. The conditions will ensure the necessary safeguards are in place to adequately uphold and maintain all three parts of the protection of the public.

67. The Tribunal determined that the conditions should be imposed for a period of 12 months. The Tribunal was conscious of the conclusions of the 2024 Tribunal as to why conditions were appropriate and that conditions would enable the GMC to keep a watch on Dr Dunne's progress in training and monitor XXX. This Tribunal is of the view that the level of

risk has decreased and so a shorter period of conditions is now appropriate. The Tribunal noted that this is also consistent with the sanction banding set out within the Guidance for MPTS Tribunals. The Tribunal also considered that, given Dr Dunne's goals, an additional year under conditions would be useful to him and ensure he has the appropriate support around him to continue the positive progress made so far. The Tribunal was of the view that a period of 12 months of conditions would afford Dr Dunne sufficient opportunity to demonstrate that he is no longer impaired and safe to return to unrestricted practice.

68. As such, the Tribunal determined to direct a review of Dr Dunne's case. A review hearing will convene shortly before the end of the period of conditional registration. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Dunne to demonstrate how he has complied with the conditions imposed. It therefore may assist the reviewing Tribunal if Dr Dunne were to attend the review hearing and provide an account of the progress he has made since this hearing.

69. The following conditions relate to Dr Dunne's employment and will be published:

1 He must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:

a the details of his current post, including:

i his job title

ii his job location

iii his responsible officer (or their nominated deputy)

b the contact details of his employer and any contracting body, including his direct line manager

c any organisation where he has practising privileges and/or admitting rights

d any training programmes he is in

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- e of the contact details of any locum agency or out of hours service he is registered with.
- 2 He must personally ensure the GMC is notified:
- a of any post he accepts, before starting it
 - b that all relevant people have been notified of his conditions, in accordance with condition 9
 - c if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
 - d if any of his posts, practising privileges or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination
 - e if he applies for a post outside the UK.
- 3 He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
- 4 a He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).
- b He must not work until:
- i his responsible officer (or their nominated deputy) has appointed his workplace reporter
 - ii he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.
- 5 a He must get the approval of his GMC Adviser before accepting any post.

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- b He must keep his professional commitments under review and limit his work if his GMC Adviser tells him to.
- c He must stop work immediately if his GMC Adviser tells him to and must get the approval of his GMC Adviser before returning to work.
- 6 a He must only prescribe, administer, and have primary responsibility for drugs under arrangements which have been agreed by his GMC adviser and approved by his responsible officer (or their nominated deputy)
- b He must not work until:
- i his GMC adviser has agreed these arrangements
- ii His responsible officer (or their nominated deputy) has approved these arrangements
- iii He has personally ensured that the GMC has been notified of these arrangements.
- 7 He must not prescribe any drugs for himself, or anyone with whom he has a close personal relationship.
- 8 a He must get the approval of his responsible officer (or their nominated deputy) and the GMC Adviser, before working as:
- i a locum / in a fixed term contract
- ii out-of-hours
- iii on-call.
- b He must not work until:
- i his responsible officer (or their nominated deputy) and the GMC Adviser has confirmed approval

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ii he has personally ensured that the GMC has been notified of the approval of his responsible officer (or their nominated deputy) and the GMC Adviser.

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

- a his responsible officer (or their nominated deputy)
- b the responsible officer of the following organisations:
 - i his place(s) of work, and any prospective place of work (at the time of application)
 - ii all his contracting bodies and any prospective contracting body (prior to entering a contract)
 - iii any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
 - iv any locum agency or out of hours service he is registered with.
 - v If any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify this person, he must contact the GMC for advice before working for that organisation.
- c his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

70. XXX

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71. The Tribunal have directed to impose conditions on Dr Dunne's registration for a period of 12 months. The MPTS will send Dr Dunne a letter informing Dr Dunne of his right of appeal and when the direction and the new sanction will come into effect. The current order of conditions will remain in place during the appeal period.