

PUBLIC RECORD**Dates:** 21/07/2025 - 23/07/2025**Doctor:** Dr Kee PEI**GMC reference number:** 3505807**Primary medical qualification:** MB ChB 1990 University of Glasgow

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

Summary of outcome

Suspension, 12 months
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Sean Ell
Registrant Tribunal Member:	Dr John Alcolado
Registrant Tribunal Member:	Dr Alison Calver

Tribunal Clerk:	Miss Maria Khan
-----------------	-----------------

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Ms Emma Gilsenan, 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 and Impairment - 22/07/2025

Background

1. Dr Pei qualified in 1990 with a MB ChB from the University of Glasgow. He obtained full registration with the General Medical Council ('GMC') on 3 February 1992 and remained registered but without a licence to practise from 16 September 2009. Prior to the events which are the subject of the hearing Dr Pei practised as a General Practitioner at various medical centres and clinics in Hong Kong from 2000 until January 2025. At the time of the events, Dr Pei was working at the SPK Medical Centre in Kowloon.
2. The allegation that has led to Dr Pei's hearing can be summarised as that, on 28 May 2024, the Hong Kong Medical Council ('HKMC') determined that between July 2018 and June 2020, Dr Pei failed to provide appropriate care and treatment to 14 patients. It is also alleged that Dr Pei's name was removed from the Hong Kong General Register for a period of 20 months. It is further alleged that Dr Pei failed to disclose the determination without delay to the General Medical Council ('GMC').
3. The initial concerns were raised with the GMC on 25 November 2024 via an email from Dr Pei. He informed the GMC that he had been found guilty of a '*breach of the Practice Directions for the Use of Dangerous Drugs*', and that a penalty had been imposed upon him by the HKMC. Dr Pei stated he had been removed from the Hong Kong General Register for a period of 20 months. Dr Pei explained that he was planning to relocate permanently to the United Kingdom in May 2025 and asked whether he would be eligible for a licence to practise, given he would be unable to provide a Certificate of Good Standing from the HKMC. A formal determination from the HKMC, dated 28 May 2024, was attached to this email. This was the first time that Dr Pei had notified the GMC of his overseas determination.
4. On 21 January 2025 the GMC responded to this email, advising Dr Pei that as a result of the determination he received in Hong Kong, the GMC was unable to consider any application for a licence to practise at this time. Further, Dr Pei was informed that the GMC had opened an investigation of its own in relation to the determination and Dr Pei's failure to notify the GMC of it in a timely manner.
5. Dr Pei responded on 21 January 2025, explaining that he had informed the GMC as soon as he had received '*clear instruction from the lawyer*'. The hearing in Hong Kong had taken place in May 2024 and an appeal was lodged immediately. Dr Pei further explained that

it was only a few weeks before contacting the GMC that the appeal had been abandoned on the instruction of his medical insurer. He stated that he had informed the GMC as soon as he was able to do so. On 23 January 2025, Dr Pei provided the GMC with a court document confirming that the legal proceedings were ongoing until 2 January 2025.

The Allegation and the Doctor's Response

6. The Allegation made against Dr Pei is as follows:

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

1. On 28 May 2024, the Medical Council of Hong Kong determined that:
 - a. you were guilty of misconduct in a professional respect in relation to the matters set out in Schedule 1;
Admitted and found proved
 - b. your name be removed from the General Register for a period of 20 month
Admitted and found proved
2. You failed to disclose the determination without delay to the General Medical Council.
Admitted and found proved

And that by reason of the matters set out above your fitness to practise is impaired because of:

- a. the determination by an overseas body that your fitness to practise is impaired, in relation to paragraph 1;
To be determined
- b. your misconduct, in relation to paragraph 2.
To be determined

The Admitted Facts

7. At the outset of these proceedings, Dr Pei made admissions to all the paragraphs and sub-paragraphs 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 these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

Determination on Impairment

8. The Tribunal went on 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 above, Dr Pei's fitness

to practise is impaired by reason of the determination by an overseas body that his fitness to practise is impaired, and misconduct.

Witness Evidence

9. The Tribunal received evidence on behalf of the GMC in the form of a witness statement, dated 30 May 2025, from Ms A, Investigations Manager, GMC National Investigations Team. The role of Ms A's team is to investigate doctors when concerns are raised about their fitness to practise.

10. Dr Pei provided his own witness statement, dated 14 April 2025. Dr Pei did not give oral evidence at this stage.

Documentary Evidence

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

- Email from Dr Pei to GMC notifying of overseas determination, copy of the formal disciplinary inquiry document attached, dated 25 November 2024;
- Email from GMC to Dr Pei re delay in informing GMC of overseas determination, and Dr Pei's response, dated 21 January 2025;
- Email from Dr Pei to GMC enclosing court documents, dated 23 January 2025;
- Dr Pei's up-to-date CV;
- Postgraduate Diploma in Clinical Psychiatry from University of South Wales, dated 9 April 2021;
- Evidence that Dr Pei is currently enrolled in a Master's course at the University of South Wales, due to be completed in August 2025;
- Dr Pei's Professional Project: Clinical Psychiatry, University of South Wales – *'Narrative Systemised Review of Ethical Management of Benzodiazepine Dependence'*, dated 10 April 2025.

12. During the Tribunal's deliberations on impairment, Dr Pei provided a written document giving further responses to the submissions made to the GMC. There was no objection from the GMC to the Tribunal seeing the document and the Tribunal took it into account in reaching its decision on impairment.

Submissions

On behalf of the GMC

13. On behalf of the GMC, Ms Emma Gilsean, Counsel, submitted that Dr Pei's fitness to practise is currently impaired by reasons of a determination by an overseas body that his

fitness to practise is impaired, and by misconduct in failing to notify the GMC without delay of that determination.

14. Ms Gilsenan referred the Tribunal to the legal framework that she submitted was relevant to this case. She cited general principles relating to impairment and misconduct from the cases of: *Council for the Regulation of Health Care Professionals v GMC and Biswas* [2006] EWHC 464 (Admin); *Meadow v GMC* [2006] EWCA Civ 1390; *Cohen v GMC* [2008] EWHC 581 (Admin); *Zygmunt v GMC* [2008] EWHC 2643 (Admin); *Cheatle v GMC* [2009] EWHC 645 (Admin) and; *GMC v Stone* [2017] EWHC 2534 (Admin).

15. Ms Gilsenan also referred the Tribunal to 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, namely:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness is impaired in the sense that s/he:

- a. Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. Has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

Ms Gilsenan submitted that in this case, limbs a and c were engaged, but that the Tribunal may also wish to consider whether limb b was also engaged.

16. Ms Gilsenan drew the Tribunal's attention to paragraph 99 of *Good medical practice* (February 2024) ('GMP') which she submitted applied. Ms Gilsenan also referred the Tribunal to the '*Reporting criminal and regulatory proceedings*' guidance referenced in paragraph 99 of GMP which reiterated the requirements around disclosure in circumstances where a doctor has had their '*registration restricted, or have been found guilty of an offence, by another medical or other professional regulatory body*'. She submitted it advises that if a doctor is unsure whether they need to report a matter, they should seek advice from a defence body or medical association or from the GMC.

17. Ms Gilsenan submitted that in determining whether Dr Pei's fitness to practise was currently impaired, the Tribunal may wish to place appropriate weight on some factors. First, Dr Pei had a duty as a GMC registrant to be familiar with GMP. He had disclosed the existence

of the HKMC determination to the GMC six months after it was issued and once he decided to withdraw his appeal. GMP and other GMC guidance was clear about the requirement to tell the GMC if any regulatory body has made a finding restricting the doctor's registration. There was no suggestion within the guidance that a regulatory determination need not be reported until the outcome of any appeal is known and Dr Pei had not indicated he sought advice about whether or not the requirement to disclose the HKMC determination was affected by the fact that he had lodged an appeal against it.

18. Ms Gilsenan told the Tribunal that the HKMC determination related to Dr Pei's prescribing of a particular formulation of benzodiazepine with high risk of abuse and dependence, at high doses and for long durations, without relevant testing, monitoring or referral for other appropriate treatments. Ms Gilsenan submitted that Dr Pei's approach was described in the HKMC determination as being in '*blatant disregard*' of guidelines, resulting in a 20-month removal of his registration. The seriousness of the subject matter and the severity of the '*sentence*' which was imposed by the HKMC meant that there was a risk to public protection (in terms of the maintenance of public confidence in the medical profession) in the UK. That risk arose as a result of the GMC being unsighted for several months about the action which the HKMC had taken to restrict Dr Pei's registration on the basis of the findings set out in its determination. During the period when the GMC was unaware of the HKMC's action it was not able to initiate its own fitness to practise investigation.

19. Turning to the matter of insight, Ms Gilsenan submitted that Dr Pei had demonstrated limited insight into the delay in notifying the GMC of the HKMC restriction on his registration. This included not acknowledging the breach of paragraph 99 of GMP, the impact on patients in the UK and public trust in the medical profession, or whether he accepted that his actions showed a disregard for the GMC and its processes. Ms Gilsenan further submitted that Dr Pei had not provided evidence of training in respect of his reporting requirements as a UK medical professional or any checks and balances to prevent repetition.

20. Ms Gilsenan told the Tribunal that there was little reflective and remediation material, notably in respect of the clinical concerns found by the HKMC. Dr Pei had limited insight into the impact of his prescribing of a controlled medicine outside of prescribing guidelines on UK patients and there had been no information from him on how his actions could impact the public's trust in the medical profession if he were allowed to return to unrestricted practice. Ms Gilsenan submitted that Dr Pei had not provided any insight into whether his actions that led to his removal from the Hong Kong General Register showed a blatant disregard for Hong Kong guidelines.

21. Ms Gilsenan submitted that although Dr Pei had undertaken a diploma course in Clinical Psychiatry and was attending a Master's Degree program in the same, he had not completed any training or accredited CPD in respect of prescribing controlled medications in the UK. Ms Gilsenan put to the Tribunal that there was no evidence before it of how Dr Pei would act differently in the future if faced with a similar situation, or of any steps Dr Pei had implemented to avoid repetition of the prescribing issues.

22. Ms Gilsenan urged the Tribunal to consider remediation in the context of the allegations and the seriousness of the HKMC's findings against Dr Pei. On the face of the material provided, he had not demonstrated any steps to address the GMC allegations by way of remediation in respect of coaching, mentoring and training, or taken any proactive steps to engage in the same. Ms Gilsenan submitted that the Tribunal may form the view that failure to take remedial steps justified action on Dr Pei's registration.

23. Ms Gilsenan said that whilst there have been no further incidents since 2024, the Tribunal may consider that in the absence of any objective evidence to demonstrate remedial steps to address the risks identified, a risk of repetition, even if low, remained.

24. Ms Gilsenan outlined to the Tribunal some mitigating and aggravating factors it may wish to consider in the context of its determination on impairment.

25. Ms Gilsenan referred the Tribunal to the statutory overarching objective 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 the profession.

26. Ms Gilsenan submitted that a reasonable and properly informed member of the public would be surprised to learn that Dr Pei had been allowed to practise unrestricted in light of the findings of this Tribunal, which had further been informed by the findings of the HKMC. Dr Pei's actions had fallen short of expected standards and this was not an exceptional case which would justify a finding of no impairment. To the contrary, a finding that Dr Pei's fitness to practise is impaired by reasons of the determination by the HKMC and his misconduct in not notifying the GMC was required so that confidence in the profession was not undermined. Moreover, proper professional standards would not be maintained if a finding of impairment was not made.

27. In response to the written document submitted by Dr Pei during the Tribunal's deliberations, Ms Gilsenan submitted it did not change the GMC's submissions and, rather, it perhaps exacerbated Dr Pei's position in that the 20 months removal order only began in January 2025 and therefore in its relative infancy. It will therefore potentially not expire until at least August 2026 rather than any time sooner, further reinforcing a finding of impairment on public interest and patient safety grounds.

Dr Pei

28. Dr Pei submitted that he did not think his fitness to practise was impaired, he told the Tribunal that he done ongoing academic revision and preparation and had reflected on what he had done in Hong Kong. Dr Pei submitted that he had had to adjust the balance between his competence, his experience, and the clinical responsibilities that he had been given. These were the ongoing considerations in relation to seeing patients.

29. In relation to the delay in notifying the GMC of the HKMC determination, Dr Pei submitted that at that time he was practising and there were no restrictions on his practice until he submitted his withdrawal from appeal process. Until then, he thought he was a practitioner seeing patients without any restrictions and this was why he had not notified the GMC earlier, although he now knew he should have done so.

30. Dr Pei submitted that after revising the good practise guidelines and going through this process, he had a much clearer understanding of the requirements. Dr Pei concluded by submitting that he believed that the risk of repetition of the previous mistakes he had made in Hong Kong was low.

31. In respect of his written document, Dr Pei informed the Tribunal he had nothing further to add.

The Relevant Legal Principles

32. 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.

33. In approaching the decision, the Tribunal was mindful of the two stage process to be adopted: first, do the proven facts amount to the grounds cited by the GMC (in this case misconduct and an impairment finding by an overseas regulator); secondly, do those grounds result in the doctor's fitness to practise being impaired.

34. The Tribunal must determine whether Dr Pei's fitness to practise is impaired today, taking into account Dr Pei's 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.

35. 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 approved by the *High Court in CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*, with regard to the features which are likely to be present when impairment is found.

36. The Legally Qualified Chair ('LQC') gave legal advice with specific reference to the approach that the Tribunal should take.

The Tribunal's Determination on Impairment

37. The Tribunal took into account the documentary evidence presented before it, as well as the submissions from both parties.

Determination by an overseas body

38. Dr Pei admitted that he was found guilty of misconduct in a professional respect by the HKMC on 28 May 2024. That decision related to Dr Pei's disregard for his professional responsibilities to 14 of his patients between July 2018 and June 2020 concerning the prescription of Dormicum (Midazolam). His failings included prescribing Dormicum without justification, outside the range of appropriate dosage and duration, failing to monitor the outcome of treatment, continuing to prescribe Dormicum when its use was ineffective, inappropriate or unnecessary and failing to refer his patients to specialists, substance abuse clinics, drug addiction counselling centres, or other available services or facilities in the community with resources and support for a comprehensive care.

39. The HKMC accepted the expert evidence before it that Dr Pei had not provided sufficient assessment and management of the patients' psychiatric disorders. It noted that Dr Pei had not received proper training in psychiatry. The HKMC also noted the lack of insight that Dr Pei had into his limitations and considered that he had a '*blatant disregard*' to the *Guidelines on Proper Prescription and Dispensing Dangerous Drugs* and in particular the *Practice Directions for the Use of Dangerous Drugs*.

40. The expert evidence before the HKMC, which was accepted, criticised Dr Pei's failure to notice that his patients had active drug abuse problems and that his prescription of Dormicum was likely being used for abuse or in a dangerous manner that could result in serious harm or death. The HKMC accepted that Dr Pei was not providing any treatments to his patients but had taken up the management of drug abuse.

41. Dr Pei's management of the 14 patients was found to fall below the standard of a reasonably competent general practitioner. The HKMC considered the nature and gravity of the disciplinary charges against Dr Pei required his removal from the General Register for a period of 20 months.

42. The Tribunal was satisfied that the determination made against Dr Pei by the HKMC on 28 May 2024 removing his name from the General Register in Hong Kong for a period of 20 months amounted to a determination by an overseas body that Dr Pei's fitness to practise is impaired.

Misconduct

43. The Tribunal had regard to the edition of GMP published in 2024, which was in force during the relevant period. It noted paragraph:

'99. You must tell us without delay if, anywhere in the world:

....

....

....

d. you have been criticised by an official inquiry

e. another professional body has made a finding against your registration as a result of fitness to practise process.'

44. The Tribunal also had regard to the supplemental guidance '*Reporting criminal and regulatory proceedings within and outside the UK*' which reiterates the requirements around disclosure to the GMC where a doctor has had their '*registration restricted, or have been found guilty of an offence, by another medical or other professional regulatory body*' (paragraph 4.g). The guidance advises that if a doctor is unsure whether they need to report a matter, they should seek advice from a defence body or medical association or from the GMC.

45. The guidance is clear and unequivocal about the requirement to notify the GMC if any regulatory body has made a finding restricting a doctor's registration. Notification to the GMC ensures that if necessary it can initiate its own fitness to practise investigation or where there is a potential risk to the public seek to put appropriate measures in place to protect the public.

46. Although the hearing before the HKMC related to Dr Pei's treatment of patients in Hong Kong, Dr Pei was granted provisional registration with the GMC on 12 December 1990 and full registration on 3 February 1992 and has both academic and practical working experience within the UK. As a GMC registrant, Dr Pei is required to be familiar with GMP and the professional standards it contains.

47. The Tribunal noted the serious nature of the findings made against Dr Pei by the HKMC, relating to the prescription of a particular formulation of benzodiazepine. The drug has a high risk of abuse and dependence. Dr Pei prescribed this at high dosage and over lengthy periods of time for a group of patients who were physically dependent on it and did so in the absence of relevant testing, monitoring or referral for other appropriate treatments. The HKMC accepted the expert evidence before it that Dr Pei '*took up the management of drug abuse, but did not provide any treatments to his patients*'. Dr Pei's approach was described by the HKMC as being in '*blatant disregard*' of the relevant guidelines. The HKMC accepted that his treatment of the patients fell below the standard of a reasonably competent GP, and his registration was removed for a period of 20 months as a result.

48. Dr Pei only disclosed the existence of the HKMC determination to the GMC some six months after it had been issued, and he says after he decided to withdraw his appeal against it. The Tribunal noted that in his email to the GMC on 25 November 2024 the disclosure of the HKMC determination and sanction is made in the context of seeking to reacquire his licence to practise in the absence of a Certificate of Good Standing. There was a clear duty on Dr Pei to have informed the GMC without delay of the findings made against him. That Dr Pei had chosen to pursue an appeal against the determination was not a reason for him not to inform the GMC of the findings made against him.

49. The Tribunal was satisfied that the failure to report the findings made by the HKMC against him without delay, constituted misconduct and that the misconduct was serious. The

Tribunal therefore concluded that Dr Pei's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

Impairment

50. The Tribunal, having found that the facts found proved amounted to misconduct and an impairment finding by an overseas body, went on to consider whether, as a result of those, Dr Pei's fitness to practise is currently impaired. It considered whether the doctor's conduct is easily remediable, whether it has been remedied, and whether the conduct is likely to be repeated.

51. In considering Dr Pei's insight, the Tribunal noted that Dr Pei had admitted all of the allegations he faced before the HKMC. At the outset of this hearing he also admitted the Allegation in its entirety. Dr Pei had also indicated in an email of 14 April 2025 that he '*accept[s] the facts of the charges as set out in the notification of decision that I have received on 24 February 2025, I would like to confirm that I will not contest whether the facts amount to professional misconduct*'. Dr Pei also offered an apology in the email. Dr Pei is of previous good character in the UK and there have been no further incidents.

52. The Tribunal considered the limited evidence before it to ascertain Dr Pei's insight into his misconduct and the overseas finding of impairment. It noted the concerns raised by the HKMC about the lack of insight Dr Pei had into his limitations. Having not heard directly from Dr Pei, the Tribunal did not know Dr Pei's view and understanding of matters such as how his actions, in failing to inform the GMC of the HKMC's findings, could have impacted patients in the UK, or how the HKMC's findings could have impacted the public's trust in the UK medical profession. There was no evidence before the Tribunal of Dr Pei identifying relevant training courses and CPD to address the criticisms made by the HKMC against him in the determination. Although Dr Pei undertook a Postgraduate Diploma in Clinical Psychiatry from University of South Wales in April 2021, which postdated the concerns about the 14 patients, the HKMC stated in its determination:

'We are particularly concerned that despite the clear and thorough expert opinion of [Dr B], whose expert reports had been provided to the Defendant by the Secretary, the Defendant did not accept his failings until today.'

53. The Tribunal noted the similarity in both the failure to follow guidance and Practice Directions in the treatment of patients and the failure to follow GMP. Having been criticised by the HKMC for not following Guidance, the Tribunal would have expected Dr Pei to be clear on the necessity of following the expected standards and if unsure to have sought clarification from the GMC. Apart from his submission that he should have informed the GMC without delay, Dr Pei provided no evidence as to his understanding of why it was important to adhere to GMP or that he had taken any steps to keep up to date with relevant guidance.

54. The Tribunal concluded that Dr Pei's insight into both his misconduct and the overseas finding of impairment against him was limited.

55. The Tribunal looked for evidence of any meaningful remediation that would satisfy it that if Dr Pei were to return to unrestricted practice in the UK, he would do so safely, and would mitigate the risk of repetition. The Tribunal noted there was a lack of evidence of reflections or remediation, notably in respect of the clinical concerns found proved by the HKMC. The Tribunal took into account that Dr Pei remained in practice until January 2025 when he withdrew his appeal, and there have been no further incidents reported. However, the Tribunal had no evidence as to the nature of his work during that time nor any reflections on the changes, if any, to his practice in light of learnings from the HKMC determination. The Tribunal had no evidence of any checks and balances Dr Pei had put in place in his practice to prevent repetition of his prescribing issues in the future or indeed how they would work.

56. Dr Pei provided no real insight to the Tribunal as to how he has changed his practice given the issues identified with his prescribing of controlled medicine, Dormicum. Nor had he provided reflection or evidence of remediation undertaken to address the concerns about his failure to recognise his limitations or to follow Guidance, particularly around the use of ‘Dangerous Drugs’.

57. The Tribunal was not provided with any evidence by Dr Pei of any training he has undertaken in respect of prescribing benzodiazepines and opioids. The Tribunal had also not seen any evidence of any accredited CPD training in respect of prescribing controlled medications in the UK. Although Dr Pei says he has reflected, the Tribunal saw no evidence of this.

58. The Tribunal considered the thesis that Dr Pei had submitted and found it did not assist the Tribunal in discerning how he may treat patients differently in the future, especially given the criticisms levelled against Dr Pei by the HKMC that he had merely been managing drug addictions rather than treating them and had been acting outside of his competency.

59. The Tribunal concluded that whilst his misconduct and the findings made by the HKMC were remediable, there was an absence of evidence of any real steps taken by Dr Pei thus far to remediate.

60. The Tribunal took into account the written document provided by Dr Pei during its deliberations. The Tribunal noted the document reiterated his reason for the delay in reporting the matter to the GMC was the appeal which he subsequently abandoned. The document further commented that Dr Pei was not necessarily in agreement with all aspects of the HKMC determination, despite having made admissions to the allegations. Having carefully considered the document, the Tribunal determined that it did not add further to the reflections and insight of Dr Pei on the matters under consideration.

61. In light of its findings regarding the limited insight, remediation and reflection the Tribunal was of the view there remains a real risk of repetition and that Dr Pei had not demonstrated he could return to unrestricted practice safely.

62. The Tribunal had regard to the HKMC determination in conjunction with the documentary evidence placed before it. It concluded that owing to the limited nature of his reflections into his actions, and risk of repetition, there was a risk to patient safety should Dr Pei's fitness to practise be found not impaired. He had brought the profession into disrepute, and a member of the public would be shocked to learn that a doctor whose fitness to practise was found to be impaired by an overseas regulator for such serious matters that he remains removed from the General Register in Hong Kong, would be allowed to practise unrestricted in the UK. This would be especially so when the doctor had delayed making the GMC aware of the decision, as in this case. The Tribunal considered that public confidence would be undermined, and patients could be put at risk, if a finding of impairment was not made.

63. The Tribunal therefore considered that limbs a, b, and c of *Grant* were engaged.

64. The Tribunal concluded that in respect of both Dr Pei's misconduct and the finding of impairment made by the HKMC against him a finding of impairment was necessary to uphold all three limbs of the overarching objective.

65. The Tribunal has therefore determined that Dr Pei's fitness to practise is currently impaired by reason of a determination by an overseas body and misconduct.

Determination on Sanction - 23/07/2025

66. Having determined that Dr Pei's fitness to practise is impaired by reason of determination by an overseas body and 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

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

Submissions

68. On behalf of the GMC, Ms Gilsenan reminded the Tribunal that the main reason for imposing a sanction is to uphold the statutory overarching objective and she emphasised to the Tribunal the need for proportionality. She referred the Tribunal to the Sanctions Guidance (February 2024 edition) ('the SG') throughout her submissions.

69. Ms Gilsenan submitted that in this case, a period of suspension was the necessary and proportionate sanction.

70. Ms Gilsenan highlighted Dr Pei's previous good character, noting it had already been recognised by the Tribunal at the impairment stage. She reminded the Tribunal that Dr Pei

had no relevant or current UK regulatory history. She stated that there had been a lapse of time since the clinical concerns in Hong Kong which occurred between 2018 and 2020. She reminded the Tribunal that there had been no reported incidents since. Ms Gilsenan submitted that Dr Pei's failures were serious and as found by the HKMC could have resulted in serious harm or death to his patients. She acknowledged Dr Pei's stage of career, referring to his CV she reminded the Tribunal that Dr Pei has both academic and practical work history in the UK from 1985 to 2000. On the face of it, she submitted, Dr Pei was an experienced Doctor and not just one who was starting out. Further, Dr Pei was aware of GMP and its purpose, and should understand the fundamental requirements expected of a doctor.

71. Ms Gilsenan submitted that the Tribunal should have regard to its findings at the impairment stage in respect of its concerns about Dr Pei's remediation thus far. Ms Gilsenan reminded the Tribunal that there had been no reported clinical concerns since 2020, and no further incidents of misconduct since 2024. However, she noted the Tribunal's finding that there was an absence of evidence of remediation undertaken by Dr Pei. Ms Gilsenan submitted that the corollary was that the concerns identified by the HKMC relating to recognising limitations and following guidance had not been properly addressed by Dr Pei.

72. Ms Gilsenan submitted that Dr Pei had, in his written comments, expressed regret and apology. However, there was no evidence, either oral or documentary, that he recognised the impact on potential patients and public perception of the medical profession.

73. Ms Gilsenan acknowledged that Dr Pei had made admissions at the outset of proceedings. However, she submitted, when weighing all the evidence as a whole, there remained limited insight into the actions giving rise to the misconduct and the concerns expressed in the HKMC determination. Ms Gilsenan therefore submitted there remained a real risk of repetition.

74. Ms Gilsenan submitted that in considering what sanction to impose the Tribunal should have regard to the active 20-month removal order imposed by the HKMC against Dr Pei's registration in Hong Kong, Dr Pei had breached both GMP and appropriate guidance in Hong Kong. She also submitted that Dr Pei had demonstrated limited insight, and there was a lack of cogent remediation in relation to the concerns before the Tribunal.

75. Moving on to the various sanctions that the Tribunal could impose, Ms Gilsenan submitted that taking no action would not be appropriate, and that conditions would be wholly inappropriate and disproportionate in light of the findings on impairment. She referred the Tribunal to the relevant paragraphs of the SG, noting that in light of limited insight into the clinical concerns and misconduct, conditions were not workable at this stage. She submitted that conditions were not appropriate in this case when viewed in the round.

76. Ms Gilsenan submitted that the Tribunal's concerns could only be mitigated by way of a period of suspension, which would send a message to the profession regarding appropriate standards. With reference to paragraphs of the SG, she submitted that the case fell short of

being fundamentally incompatible with continued registration and therefore erasure would not be appropriate.

77. While acknowledging that no real steps had yet been taken by Dr Pei, Ms Gilsenan submitted that there was the potential for remediation and retraining. She told the Tribunal that some steps had been taken through education courses, although not directly relevant ones. She submitted that this demonstrated that Dr Pei had shown he was willing to engage in educational learning. Ms Gilsenan submitted that although there had been no further clinical concerns since 2020, the Tribunal had noted the correlation between Dr Pei's willingness to breach both HKMC guidelines and GMP. Ms Gilsenan concluded that Dr Pei had limited insight, and the Tribunal should consider whether there remained a significant risk of repetition.

78. Ms Gilsenan submitted that, balancing the evidence in light of the guidance, the Tribunal had "*numerous hooks it can hang its hat on*" in terms of factors which point towards a period of suspension being the only appropriate sanction in this case. She further submitted that a review hearing should follow.

79. Dr Pei did not make any submissions at this stage.

The Relevant Legal Principles

80. The decision as to the appropriate sanction, if any, to impose in this case is a matter for the Tribunal exercising its own judgement. In reaching its decision the Tribunal should take into account any mitigating and aggravating features in the case and consider these in conjunction with the SG and the statutory overarching objective.

81. The Tribunal reminded itself that the main reason for imposing any sanction is to protect the public and that sanctions are not imposed to punish or discipline doctors, even though they may have a punitive effect. In making its determination the Tribunal considered the least restrictive sanction first, before moving on to consider the other available sanctions in ascending order of severity. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Pei's interests with the public interest.

The Tribunal's Determination on Sanction

82. Before considering what action, if any, to take in respect of Dr Pei's registration, the Tribunal considered the aggravating and mitigating factors in this case.

Aggravating factors

83. The Tribunal considered the following to be aggravating factors:

- Dr Pei remains subject to a determination by the HKMC to remove his name from the Register for a period of 20 months, which only commenced in January 2025;

- Despite concerns expressed by the HKMC that Dr Pei had failed to follow appropriate guidance in Hong Kong, Dr Pei proceeded to breach GMP by failing to report the determination;
- Dr Pei had limited insight into the findings of the HKMC and now appears not to accept all of its conclusions;
- Dr Pei had not evidenced any relevant remediation to the concerns identified by the HKMC in its determination;
- Dr Pei's misconduct in Hong Kong had not been a single incident but consisted of the treatment of multiple patients over a two-year period.

Mitigating factors

84. The Tribunal considered the following to be mitigating factors:

- Dr Pei is an experienced doctor with a previously unblemished record with the GMC; the clinical concerns recognised by the HKMC occurred over 5 years ago between 2018 and 2020, he continued to work until January 2025 and there have been no subsequent concerns raised about his clinical care;
- Dr Pei made admissions in full to the GMC Allegation at the outset;
- Dr Pei expressed regret and made an apology;
- Dr Pei has developing insight into the misconduct element of the Allegation and acknowledged he should have notified GMC earlier.

No action

85. In reaching its decision as to the appropriate sanction, if any, to impose in Dr Pei's case, the Tribunal first considered whether to conclude the case by taking no action. Taking into account the nature of the concerns in this case, and that there were no exceptional circumstances to justify taking no action, the Tribunal determined that taking no action would be inappropriate and not in the interests of either Dr Pei or the public.

Conditions

86. The Tribunal took into account the following paragraphs of the SG:

'81 Conditions might be most appropriate in cases:

a involving the doctor's health

b involving issues around the doctor's performance

c where there is evidence of shortcomings in a specific area or areas of the doctor's practice

d where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.

82 Conditions are likely to be workable where:

a the doctor has insight

b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings

c the tribunal is satisfied the doctor will comply with them

d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.

85 Conditions should be appropriate, proportionate, workable and measurable.'

87. The Tribunal noted the concerns expressed in the HKMC determination about Dr Pei's failure to recognise his limitations and to follow appropriate guidance. Given the Tribunal's findings in respect of Dr Pei's limited insight and the absence of evidence of remediation of the concerns within the HKMC determination, the Tribunal was of the view that conditions would not be appropriate nor workable.

88. The Tribunal also considered that conditions would not be sufficient to mark the gravity of its findings, in particular that Dr Pei is currently subject to an overseas determination removing his name from the Register for a period of 20 months and Dr Pei's misconduct in failing to notify the GMC of this in a timely manner. The Tribunal therefore concluded that an order of conditions would not be appropriate, workable or proportionate, nor would it be in the public interest.

Suspension

89. The Tribunal next considered imposing a period of suspension on Dr Pei's registration. It had regard to the following paragraphs of the SG:

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

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

a *A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.*

...

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.'*

90. In reaching its determination, the Tribunal carefully considered the SG, submissions from Ms Gilsenan and the aggravating and mitigating factors in this case. The Tribunal bore in mind the need to act proportionately and to impose the least restrictive sanction necessary to uphold the public interest. It concluded that that Dr Pei's conduct, while serious, did not reach the threshold of being fundamentally incompatible with continued registration, and erasure would therefore be a disproportionate response.

91. Both the findings which led to the HKMC determination and the misconduct are remediable. Although Dr Pei has demonstrated only limited insight and no relevant remediation thus far, the Tribunal noted the admissions and apology given by Dr Pei as well as his willingness to undertake educational learning. The Tribunal was of the view that a period of suspension would allow Dr Pei to develop his insight into the failings identified in the HKMC determination and his misconduct and demonstrate his remediation of his failings, such as to alleviate the risks that would arise if he were to return to unrestricted practice.

92. Having considered all of the circumstances, the Tribunal determined that a period of suspension would appropriately reflect the seriousness of Dr Pei's misconduct and maintain

public confidence in the profession. The Tribunal also determined that suspension would send a clear message to the medical profession that such conduct is wholly unacceptable and reinforce the need to follow GMP. Furthermore, the Tribunal was satisfied that a period of suspension would serve to demonstrate to Dr Pei the extent to which his behaviour had fallen below the standards expected of a registered doctor.

93. In determining the appropriate length of suspension, the Tribunal had regard to the table set out in paragraph 102 of the SG. It determined that a period of suspension for 12 months was appropriate and proportionate in all of the circumstances.

94. In reaching its conclusion the Tribunal considered that a shorter period would not adequately reflect the seriousness of the findings made by the Tribunal in light of the HKMC determination, nor would a shorter period uphold the second and third limbs of the overarching objective, namely to ‘promote and maintain public confidence in the medical profession’ and ‘promote and maintain proper professional standards and conduct for the members of the profession’.

95. The Tribunal considered that a period of 12 months would also provide Dr Pei with adequate time to engage meaningfully in reflection, undertake appropriate CPD, and begin to remediate the concerns identified by the HKMC. Given Dr Pei’s limited evidence of insight and remediation, the Tribunal was satisfied that a 12-month period was necessary to allow Dr Pei the opportunity to develop his understanding and provide assurance to a future reviewing Tribunal that he is safe to return to practise.

Review Hearing

96. The Tribunal determined to direct a review of Dr Pei’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 Pei to demonstrate how he has addressed any concerns identified. It therefore may assist the reviewing Tribunal if Dr Pei could provide:

- A reflective statement on the findings made against him by the HKMC and the necessity to follow GMC guidelines;
- Evidence of relevant CPD activities, specifically those related to the prescription and supply of controlled drugs, the management of drug dependency, guidelines for specialist referral and the risks of long-term benzodiazepine use;
- Testimonials;
- Learnings and testimonials from any clinical observership;
- Supportive statements from any mentors.

Dr Pei will also be able to provide any other information that he considers will assist.

Determination on Immediate Order - 23/07/2025

97. Having determined to impose a period of suspension of 12 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Pei's registration should be subject to an immediate order.

Submissions

98. On behalf of the GMC, Ms Gilsenan referred the Tribunal to paragraphs 172-178 of the SG. She submitted an immediate order was necessary to protect members of the public and was in the public interest, particularly in light of the clinical concerns underpinning the HKMC determination coupled with the failings to notify the GMC.

99. Ms Gilsenan submitted that in its sanction determination, the Tribunal determined that Dr Pei had not yet taken steps towards remediating, albeit the Tribunal had set out a road map as to how Dr Pei could undertake steps to commence reflections, remediation and insight. However, as things stood today, an immediate order was necessary.

100. Dr Pei chose to make no submissions.

The Tribunal's Determination

101. In reaching its decision, the Tribunal exercised its own discretion. It took into account the submissions from both parties as well as the facts of this case and its findings at the previous stages of this hearing. It had regard to the following paragraphs of the SG:

'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. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.'

'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.'

'177... Where the tribunal has directed suspension or erasure as the substantive outcome of the case, it may impose an immediate order to suspend registration.'

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.'

102. The Tribunal took into account that Dr Pei does not currently hold a licence to practise. However, given the Tribunal's findings, and in particular the serious concerns in the HKMC determination, the Tribunal considered it necessary to impose an immediate order to protect members of the public and was otherwise in the public interest.

103. This means that Dr Pei's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

104. There is no interim order to revoke

105. That concludes this case.

SCHEDULE 1

'That he, being a registered medical practitioner, disregarded his professional responsibility to his patients with the following patient reference numbers in his record:

- (i) *the patient with patient reference number [XXX];*
- (ii) *the patient with patient reference number [XXX];*
- (iii) *the patient with patient reference number [XXX];*
- (iv) *the patient with patient reference number [XXX];*
- (v) *the patient with patient reference number [XXX];*
- (vi) *the patient with patient reference number [XXX];*
- (vii) *the patient with patient reference number [XXX];*
- (viii) *the patient with patient reference number [XXX];*
- (ix) *the patient with patient reference number [XXX];*
- (x) *the patient with patient reference number [XXX];*
- (xi) *the patient with patient reference number [XXX];*
- (xii) *the patient with patient reference number [XXX];*
- (xiii) *the patient with patient reference number [XXX];*
- (xiv) *the patient with patient reference number [XXX].*

(hereinafter collectively, "his Patients") [between July 2018 and June 2020] he:

- (a) prescribed "Dormicum" to his Patients without justification;*
- (b) prescribed "Dormicum" to his Patients outside the range of appropriate dosage and duration;*
- (c) failed to monitor the outcome of the treatment of his Patients with "Dormicum";*
- (d) failed to discontinue the prescription of "Dormicum" when its use was ineffective, inappropriate or unnecessary;*
- (e) failed to refer his Patients to specialists, substance abuse clinics, drug addiction counselling centres, or other available services or facilities in the community with resources and support for a comprehensive care.'*