

PUBLIC RECORD**Dates:** 20/10/2025 - 22/10/2025**Doctor:** Dr Paul GRANT**GMC reference number:** 6057253**Primary medical qualification:** MB BS 2002 University of London**Type of case**Restoration following
disciplinary erasure**Summary of outcome**

Restoration application granted. Restore to Medical Register.

Tribunal:

Legally Qualified Chair	Ms Christina Moller
Registrant Tribunal Member:	Dr Alison Calver
Registrant Tribunal Member:	Dr Suzanne Joels
Tribunal Clerk:	Mrs Olivia Gamble

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Catherine Stock, Counsel
GMC Representative:	Mr Tom Phillips, Counsel

Attendance of Press / PublicIn accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004
the hearing was held partly in public and partly 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 Restoration - 22/10/2025

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules), to sit in private when the matters under consideration were confidential.
2. The Tribunal has convened to consider Dr Grant's application for his name to be restored to the Medical Register following his erasure in 2018.
3. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended ('the Act') and Rule 24 of the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules').
4. This is Dr Grant's second application to be restored to the Medical Register.

Background

5. Dr Grant qualified in 2002 from the University of London with an MBBS. He also obtained a BSc in Psychology. Dr Grant passed the membership examination for the Royal College of Physicians (RCP) in 2006 and commenced his training in General Internal Medicine, Endocrinology and Diabetes Mellitus in September 2008. Dr Grant's name was entered onto the GMC's Specialist Register in June 2013.
6. The events leading to Dr Grant's erasure took place over several years. His misconduct started when he was a junior doctor and continued when he was a newly appointed consultant. Dr Grant had held locum consultant posts for around three years. He was then appointed as a Consultant Physician in Endocrinology and Diabetes at the Sussex Community NHS Foundation Trust ('the Trust').

7. Dr Grant's first Medical Practitioners Tribunal (MPT) hearing was in 2017. A subsequent MPT Review hearing considered the matters for which he was suspended in 2017, as well as new allegations.

The 2017 Tribunal hearing

8. Dr Grant's first MPT hearing took place from 13 March to 6 April 2017 and 25 to 26 September 2017 ('the 2017 Tribunal'). He attended with counsel and made admissions to most paragraphs of the Allegation relating to his academic research and publications.

9. The 2017 Tribunal found that Dr Grant's actions had been misleading and/or dishonest in several ways. Allegations found proved by the Tribunal included:

- Dr Grant had used the name of a fictitious co-author in journal papers on four occasions;
- He had failed to obtain permission from the Research Ethics Committee for a control group study;
- Dr Grant had submitted papers to journals knowing that he had not made the changes required by his co-authors;
- He had forged the signatures of two co-authors;
- Dr Grant failed to notify co-authors that he had submitted previous versions of a paper to a journal.

10. His dishonest misconduct occurred between 2008 and 2017.

11. The 2017 Tribunal found that Dr Grant had breached established guidance on academic authorship. He was found to have breached patient confidentiality and also fabricated the mean age of patients taking part in his study. The 2017 Tribunal was concerned that Dr Grant had repeated his dishonest misconduct, despite the fact that colleagues had given him several warnings. The 2017 Tribunal found that Dr Grant had not demonstrated sufficient insight or remediation to enable it to conclude that any risk of repetition had been minimised.

12. The 2017 Tribunal concluded that Dr Grant's dishonest misconduct, which was repeated and sustained over time, had brought the profession into disrepute and that he had breached the fundamental tenet of probity. The Tribunal found that Dr Grant's fitness to practise was impaired by his misconduct and suspended him from practice for four months.

The 2017 Tribunal directed that a review hearing should take place shortly before the expiry of the Suspension Order.

The 2018 Tribunal Hearing

13. A further MPT, listed as a Review hearing, had to consider new allegations against Dr Grant. This hearing took place on 5 to 7 February 2018 and 15 to 17 May 2018 ('the 2018 Tribunal'). Dr Grant was present and represented. This Tribunal first considered the new allegations and then proceeded to review the original matters for which Dr Grant was suspended in 2017.

14. The 2018 Tribunal found that Dr Grant had inappropriately used the title Fellow of the Royal College of Physicians ('FRCP') on his college and NHS email signatures, his profile page on the Nuffield Health website and in his signature on letters whilst working at the Trust, knowing that he was not entitled to do so, as he had not (yet) been awarded the Fellowship FRCP.

15. The 2018 Tribunal found that Dr Grant's improper use of the initials 'FRCP' was dishonest, because his intention was to mislead people into believing that he was a Fellow of the RCP when he was not.

16. The 2018 Tribunal found that the RCP had not informed Dr Grant that he had been awarded Fellowship status at relevant times. Thus, there was no reasonable explanation for Dr Grant to add the initials 'FRCP' after his name. The 2018 Tribunal described Dr Grant's evidence as not 'credible or persuasive'. The 2018 Tribunal found that Dr Grant's actions were dishonest, inferring that his motive had been to secure an editorial role at the RCP by presenting himself as an FRCP when he was not.

17. The 2018 Tribunal did not accept Dr Grant's 'incredible' assertion that he had not checked his profile on the Nuffield website. The fact that 'Fellowship of the RCP' remained on the Nuffield website for several months, after Dr Grant told a colleague that he would remove it, compounded his dishonesty.

18. After the new allegations were found proved, the 2018 Tribunal conducted a review of the 2017 matters. Taking account of its findings in relation to use of the initials FRCP, the Tribunal then considered whether Dr Grant's fitness to practise was impaired by reason of his dishonest misconduct from 2008 to 2017.

19. The 2018 Tribunal was aware that the 2017 Tribunal had not known of Dr Grant's dishonest use of the initials FRCP in 2016 and 2017. The 2018 Tribunal determined that Dr Grant's dishonest misconduct – considered by both Tribunals – had misled his colleagues and undermined public confidence in the profession.

20. The 2018 Tribunal had evidence suggesting that Dr Grant was, otherwise, a good clinician who had not harmed any patient. He had set up a new service to treat and assist patients with diabetes, a positive contribution to medicine. Dr Grant had made a significant effort to ensure that his clinical knowledge was up to date. He kept a diary of his continuing professional development (CPD) and had undertaken volunteer work with the Samaritans.

21. In May 2018, Dr Grant accepted that he had not been open and honest in all his answers to the Tribunal at an earlier stage of the hearing in February 2018.

22. The 2018 Tribunal was aware that Dr Grant had expressed remorse and said he had insight after the 2017 Tribunal found allegations (initially denied) had been proved against him.

23. The 2018 Tribunal did not accept that Dr Grant had put his 'propensity for dishonesty' behind him. Dr Grant had not admitted dishonesty until the sanction stage, but had then apologised to the RCP for his wrongful use of the initials FRCP. The 2018 Tribunal did not regard his dishonesty as an isolated incident or episode, nor did it accept that he was a changed character.

24. The 2018 Tribunal considered that Dr Grant had betrayed the trust of his professional colleagues, the Trust, the RCP and the GMC. It concluded that there was a significant risk of repetition of such misconduct.

25. The 2018 Tribunal also concluded that Dr Grant's dishonest misconduct was, at that time, fundamentally incompatible with continued registration and ordered that his name be erased from the Medical Register.

The 2024 Tribunal

26. Dr Grant's first application for his name to be restored to the Medical Register was considered at a MPT hearing which concluded on 29 January 2024 ('the 2024 Tribunal').

27. At that hearing, the GMC presented new allegations against Dr Grant arising from historical investigations from 2017, by his Trust, into his 2016 actions.

28. The 2024 Tribunal considered a Statement of Case into these matters, along with Dr Grant's application for restoration.

29. The following allegations were admitted by Dr Grant and found proved:

- In May 2016 at his interview for the post of Consultant Endocrinologist at Sussex Community NHS Trust (the 'Trust') Dr Grant did not disclose the scope or seriousness of the GMC investigation against him, nor in a post- appointment declaration form, despite being notified (in writing) of the GMC investigation in March 2016.
- On 14 December 2017, Dr Grant gave false information to an internal Trust disciplinary meeting. He had claimed, dishonestly, to be unaware of relevant details in GMC correspondence (about its investigation) dated March 2016 when he was interviewed, and then appointed, by the Trust.

30. Having considered the new Allegation, the 2024 Tribunal went on to consider Dr Grant's application for restoration.

31. The 2024 Tribunal was not required to consider whether Dr Grant's actions, in failing to disclose the extent of the GMC investigation to the Trust, amounted to misconduct. However, the 2024 Tribunal took account of these serious matters.

32. The 2024 Tribunal took account of the dishonesty found at two previous MPT hearings in 2017 and 2018. The 2024 Tribunal considered that, overall, Dr Grant had been dishonest for at least six years, with the aim of career advancement.

33. The 2024 Tribunal considered whether Dr Grant's insight had evolved since his Tribunals in 2017 and 2018, taking account of his up-to-date reflective statement and other evidence. Dr Grant admitted dishonesty in relation to his assertions at the Trust disciplinary hearing.

34. However, the 2024 Tribunal found that Dr Grant seemed to blame the Trust for not asking him more direct questions at his interview or subsequently. He described the interview as '*fast paced*', by way of explanation, or mitigation. The 2024 Tribunal did not

accept that Dr Grant's repeated failure to make the requisite disclosures to the Trust was inadvertent.

35. The 2024 Tribunal found that Dr Grant's omissions meant that the Trust interview panel was unable to make an informed decision as to whom to appoint. If he had disclosed that he was being investigated by the GMC, he was far less likely to be appointed. The 2024 Tribunal considered that he been appointed by the Trust after Dr Grant had provided them with misleading information. The 2018 Tribunal had found that this dishonesty was linked to career advancement and the 2024 Tribunal considered that there was a risk of repetition of similar misconduct.

36. The 2024 Tribunal considered Dr Grant to have been frank in his evidence, open, contrite and self-deprecating. Dr Grant had not sought to avoid awkward questions and accepted that he had repeatedly acted dishonestly.

37. The 2024 Tribunal found that Dr Grant had sought to address the character traits underlying his lack of probity, but he claimed to have done so previously. The 2024 Tribunal concluded that Dr Grant's insight was evolving, but was not yet sufficient for restoration to practice.

38. The 2024 Tribunal recognised that Dr Grant had made significant efforts to remediate, including providing peer support for Doctors in Distress and volunteering with the Samaritans. Dr Grant had been employed by Medefer in a non-clinical role, facilitating the provision of medical services to patients. Dr Grant had consistently engaged with coaching/mentoring sessions to develop insight into his misconduct. Techniques to manage stress included meditation. Dr Grant was awarded an LLM in Medical Law & Ethics by Edinburgh University. The 2024 Tribunal was provided with evidence of extensive CPD and observer-ships. Dr Grant had declined opportunities to edit or publish and explained why, in an open and honest way. Overall, the 2024 Tribunal was impressed with the remedial steps taken by Dr Grant.

39. The 2024 Tribunal noted that it had been over five years since Dr Grant practised. It took account of his previous experience and later efforts to maintain his medical knowledge. He had developed his academic and communication skills in the past few years.

40. The 2024 Tribunal took account of information that Dr Grant had been a competent doctor previously. The 2024 Tribunal found that Dr Grant had done what he could, in the circumstances, to keep his medical knowledge and skills up to date.

41. But his dishonesty had been repeated and sustained over several years and in different contexts.

42. The 2024 Tribunal found the change in Dr Grant's attitude shown in his oral evidence to be positive. However, it was too soon for the 2024 Tribunal to conclude that Dr Grant had shown full insight or remediation, indicating that there remained a risk of repetition.

43. The 2024 Tribunal considered that colleagues and other members of the public would condemn Dr Grant's repeated dishonesty and view it as incompatible with restoration in 2024.

44. The 2024 Tribunal found that Dr Grant's fitness to practice was still impaired by reason of his dishonest misconduct. A finding of impairment was required in the wider public interest, to uphold standards and maintain public confidence in doctors. The 2024 Tribunal refused Dr Grant's application for restoration.

This Restoration Hearing

The Evidence

45. The Tribunal has taken account of all evidence provided by the GMC and Dr Grant, in the context of submissions by both counsel. It has considered previous Tribunal decisions.

Witness Evidence

46. Dr Grant gave oral evidence at the hearing.

Documentary Evidence

47. The Tribunal received documents from the GMC and Dr Grant including:

- Dr Grant's reflective statements, dated August 2024, June 2025 and July 2025;
- Mentor's report by Dr A, dated September 2025;
- Details of CPD undertaken by Dr Grant;
- Testimonials from professional colleagues;
- 360-degree multi-source feedback, dated November 2022 and August 2025;
- Dr Grant's return to practice plan.

Submissions on behalf of the GMC

48. Counsel for the GMC, Mr Tom Phillips, said that the GMC opposed Dr Grant's application for restoration.

49. Mr Phillips said that Dr Grant had repeatedly been dishonest over about a decade, to advance his career. Mr Phillips emphasised that Dr Grant had sought to deceive professional colleagues and members of the public.

50. Mr Phillips submitted that a previous MPT considered that Dr Grant had given dishonest evidence, on oath. Mr Phillips said that Dr Grant's more recent dishonesty, occurred when he was a Consultant doctor, a senior position.

51. Mr Phillips said that Dr Grant's dishonesty was very hard to remediate.

52. Mr Phillips acknowledged that Dr Grant had shown some insight but asked the Tribunal to consider whether his remediation was genuine, or was Dr Grant simply telling the Tribunal '*what suits him*'. Even if his remediation was thought to be sincere the Tribunal should consider whether it is sufficient, in view of the breadth and length of his dishonesty.

53. Mr Phillips said that the Tribunal must take account of the wider public interest reflected in the statutory over-arching objective. Restoration would not uphold standards; instead it would undermine public confidence in the medical profession, because honesty is fundamental to clinical practice.

54. Mr Phillips submitted that the Tribunal should decline to restore Dr Grant's name to the medical register, taking account of the wider public interest.

Submissions on behalf of Dr Grant

55. Counsel for Dr Grant, Ms Catherine Stock, provided detailed written submissions and said that the Tribunal should now allow Dr Grant to return to practice as a doctor, by allowing his application for restoration.

56. Ms Stock said that, after the 2024 Tribunal, Dr Grant had reflected at length on the reasons for its decision. He had spent time with his professional mentor, Dr A, analysing the determination and deciding how best to develop his insight. Ms Stock added that Dr Grant

had reflected on the aggravating factors in relation to his previous misconduct and now accepted that his dishonesty had been repeated and prolonged.

57. Ms Stock said that Dr Grant had participated in further courses on probity and ethics, which he found useful. He had continued his work with the Samaritans as a listening volunteer. Ms Stock said that, although his clinical competence was never in doubt, Dr Grant has undertaken significant CPD and clinical observerships. He continues as a tutor in diabetes and endocrinology for the University of South Wales and is employed by Medefer Ltd, a CQC-registered virtual healthcare provider.

58. Ms Stock submitted that, since 2024, Dr Grant has continued to develop his insight, which is now complete. His detailed plan for restoration includes deep and continuing reflection, wider reading and research on professionalism, probity and ethics, targeted CPD and further mentorship. Ms Stock said that Dr Grant has kept his skills and knowledge up to date with relevant CPD, observer-ships and continued work in the medical field.

59. Ms Stock submitted that Dr Grant has further reviewed Good Medical Practice (GMP) and is fully conversant with its principles and importance.

60. Ms Stock said that Dr Grant had provided three detailed, sincere reflective statements, adding that these were not easy to write, as Dr Grant had to look back to a time that he is not proud of, to understand and explain why he acted as he did. Ms Stock submitted that Dr Grant had identified and detailed specific vulnerabilities and factors that had contributed to his misconduct. Ms Stock said that this process of analysis of past events was crucial to gaining full insight, to ensure no repetition of similar misconduct.

61. Ms Stock submitted that Dr Grant has demonstrated full remediation of his past dishonest conduct. He had sustained a long-term reflective approach with additional relevant CPD and further mentorship. Ms Stock said that Dr Grant's evidence showed humility and no small amount of tenacity during the last seven years; Dr Grant was committed to remediation of his past wrongdoing at great cost both financially and personally.

62. In terms of risk of repetition, Ms Stock submitted that, although Dr Grant has been unable to practise as a doctor, he has continued to work in the medical industry and as a tutor in posts which require professionalism and responsibility. He has carefully considered re-entry to the profession and has supportive mechanisms in place should he be restored. Ms Stock submitted that there is no risk of repetition.

63. Although it has been seven years since Dr Grant was last registered with the GMC, this should not be the determinative factor as to whether he is now fit to practise. Ms Stock said that the Tribunal must consider if he has demonstrated insight into his misconduct and whether he has remediated, in the context of his remorse and insight, adding that the Tribunal should also consider whether he has kept his clinical knowledge (and skills) up to date.

64. Ms Stock submitted that Dr Grant is now a humble and mature individual who has clearly demonstrated, through his written and oral evidence, how he has gained insight and remediated his past misconduct.

65. Ms Stock said that Dr Grant had worked tirelessly to make amends for his past and to return to his chosen profession. Dr Grant wanted the Tribunal to know that he had taken on board every comment from the Tribunal in 2024.

66. Ms Stock submitted that Dr Grant has remediated his past misconduct to the extent that there is no risk of repetition; he can do no more than he has done over the last seven years. Ms Stock reiterated that Dr Grant has demonstrated full insight and remediation, providing cogent evidence from his mentor and supervisor. Ms Stock submitted that Dr Grant had continued to practise in the medical field without any issue or questions about his integrity, in positions of trust and responsibility, working to a high standard. Ms Stock concluded that, in all the circumstances, Dr Grant's application for restoration should be granted.

Advice from the LQC

67. The Tribunal accepted advice from the Legally Qualified Chair (LQC) on which there was no comment by counsel. The power to restore a doctor to the Medical Register in accordance with Section 41 of the Medical Act 1983 is a discretionary power, to be exercised in the context of the need to protect the public and wider public interest.

68. The LQC advised that the Tribunal has a broad discretion to restore, but must take account of the background to past concerns, reasons for erasure and previous level of any insight or remediation. The Tribunal must also consider the extent of any current insight and remediation, as well as the weight to be given to reflective statements and testimonials.

69. It is crucial that Dr Grant has genuine insight into what went wrong at the time of his dishonest misconduct, appreciates what should have been done instead and how to act in

future, as well as developing strategies for responding to stressors. Before any restoration, Dr Grant must demonstrate full appreciation of the impact of his actions on others and express genuine remorse, with appropriate apologies and admissions. Remediation should focus on activities that minimise any risk of repetition. The Tribunal should consider his LLM in Medical Law & Ethics and other CPD, as well as the extent to which Dr Grant applies principles of integrity in his current approach.

70. Testimonials from credible sources should be considered, as well as the likely response of the public to any restoration. The Tribunal should ignore references from any authors of questionable integrity. Fitness to practise must be considered in the context of the need to protect the public, uphold standards and maintain confidence in the medical profession.

71. The Tribunal must take account of principles in *Chandra v GMC [2018] EWCA Civ 1898*. There is no test of ‘exceptional circumstances’ which must be satisfied before an applicant can be restored to the register and no ‘bright line’ between sanction and restoration. Although certain features may carry different weight at the date of erasure from that on an application to be restored to the register, the balancing act itself is the same in respect of each application. The question is not whether the over-arching objective is ‘compromised’. The Tribunal is required, by statute, to have regard to the over-arching objective and to address adequately, the issue of whether public confidence in doctors or professional standards would be damaged by restoring the applicant to the register, an applicant who had fundamentally fallen short of the necessary standards of probity and good conduct by past dishonesty.

72. The Tribunal must consider and apply principles in the MPTS *Guidance for medical practitioners tribunals on restoration following disciplinary erasure* (the *Guidance*). Reasons for any deviation from the *Guidance* must be explained.

The Tribunal’s Approach

73. The Tribunal has taken account of all evidence, in the context of submissions by counsel for the GMC and Dr Grant. The Tribunal is aware that restoration to the Medical Register cannot be restricted.

74. The Tribunal considered the criteria for restoration in the MPTS *Guidance* and was aware that the onus is on Dr Grant to show that he is fit to return to unrestricted practice. The Tribunal has not gone behind the decisions of previous Tribunals as to facts, impairment, sanction or restoration.

75. The *Guidance* sets out the test for a Tribunal considering restoration:
B2 'Having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective?'
76. The Tribunal considered the following factors in the context of the Guidance:
- a. the circumstances which led to Dr Grant's erasure;
 - b. whether Dr Grant has demonstrated insight into the matters that led to his erasure, taken responsibility for his actions and actively addressed the findings about his behaviour or skills;
 - c. what Dr Grant has done since his name was erased from the register;
 - d. the steps Dr Grant has taken to keep his skills and knowledge up to date;
 - e. the lapse of time since erasure.

The Tribunal's Decision

77. The Tribunal has evaluated the evidence, in the context of submissions and *Guidance* to determine whether Dr Grant is fit to practise without restriction.

The circumstances which led to Dr Grant's erasure

78. The Tribunal took account of Dr Grant's repeated, sustained dishonesty, to advance his career, as found by Tribunals in 2017 and 2018.

79. The Tribunal also took account of his further actions discussed at Dr Grant's restoration hearing in 2024.

80. In reaching its determination on Dr Grant's restoration application, the Tribunal took account of all relevant circumstances.

81. The Tribunal considered reasons for the 2024 Tribunal's decision:

'The Tribunal was of the view that, at this juncture, the degree of dishonesty was so wide and long lived that Dr Grant's fitness to practice is currently impaired. The Tribunal did not negate the various steps and endeavours undertaken by Dr Grant, and found the change in his oral evidence to be positive too, but the Tribunal was conscious of the ten-year period during which Dr Grant had acted dishonestly. His actions had been persistent, repeated and prolonged. In conclusion, the Tribunal determined that progress had been made but that it was too soon for it to be able to say that Dr Grant had shown full insight or remediation and there remained a risk of repetition...'

The Tribunal found that there had been calculated and intended deception to gain a job, or the associated kudos or money, for self-advancement. The Tribunal also considered that a reasonable and well-informed member of the public would still have concerns taking into account the circumstances as a whole. The Tribunal also considered that a finding of current impairment was necessary to promote and maintain proper professional standards and conduct and that colleagues and professionals would regard his prolonged conduct as deplorable and incompatible with restoration at this time.'

82. The Tribunal was aware of Dr Grant's sustained, persistent dishonesty over several years. This dishonest misconduct started when he was a junior doctor and continued after his appointment as a Consultant.

83. The Tribunal considered Dr Grant's reflective statement, dated June 2025:

'TS Eliot said that 'most of the problems in the world are caused by people wanting to be important'. It has been painful for me to reflect on this. I am still disturbed and distressed by the harm I have caused to so many. I still have difficulty sleeping and frequently think about the impact of my misconduct on others and my failure as a doctor. I know that I failed my colleagues, I betrayed their trust. I caused anger and frustration and made them reconsider academic collaborations, impeding their own research and their trust in other doctors and researchers. I have apologised to and spoken with many of them in the years since. I have heard and felt the pain of how my dishonesty hurt them, damaged their credibility and reputations. I can see how what I did was toxic. It has been very difficult to make amends. Some have not since spoken to me. This has been a painful loss of personal and professional friendships for me. Colleagues must rely on each other for accurate and honest communication. Dishonesty can lead to mistrust within teams, reducing collaboration and the effectiveness of patient care....

My actions adversely impacted patients in several ways. Firstly, by eroding their trust, if patients cannot trust doctors, it can lead significant problems. They may not seek help, they may not disclose their problems, they may not follow advice, they may lose confidence. The more I have thought about this, the more concerned and upset I am. I would not want to be treated by someone on whom could not entirely rely. I've recently read the book by Daniel Sokol – 'From Error to Ethics: Five Essential Lessons from Teaching Clinicians in Trouble' – about doctors who get into disciplinary trouble and it

reinforced what I've learnt about trust in doctors – that it is critical – that people need to trust doctors so that they can see that they are not alone in their healthcare journey.'

84. The Tribunal took account of Dr Grant's reflections on erasure:

'I believe that I have significantly changed my behaviour and attitude over time because of my damaging actions. I recognise that a behaviour is unlikely to be

repeated if the consequences of performing it were disastrous. Being erased from the medical register caused my life to unravel and then to implode. It was a painful lesson that forced me to look at myself in all its painful detail. The shame, regret, rawness and despair that I have been through has left me all but broken. I am resolute in never wanting to do anything improper or dishonest again. I believe that I now can be and have repeatedly been honest in hard situations.

85. The Tribunal considered Dr Grant's 2025 reflective statement to be genuine, taking account of remarks by Dr A and others. The Tribunal concluded that Dr Grant now has full insight into the catalysts for his dishonest misconduct, its actual and potential consequences and how public trust was undermined by his deceptive actions in a clinical context, as well as that of colleagues, employers and patients.

86. Dr Grant's oral evidence was consistent with his written reflections. He did not seek to deflect responsibility or minimise his dishonesty or the impact of his actions on others.

87. The Tribunal considered whether Dr Grant had strategies to respond to future stressors, to minimise the risk of repetition. His reflective statement said:

'To keep my head clear, I have started regular exercise, weekend walks and swimming [XXX] and have made time for maintaining my relationship with friends and family. I always try to be considerate and I place the patient at the centre of my practice and the welfare of others in my domestic life.'

88. All the evidence provided to the Tribunal indicated that Dr Grant's answers in cross-examination were authentic and sincere. The Tribunal concluded that his remorse and shame were genuine, his remediation as full as could be expected and that he has finally developed full insight into the impact of his dishonest actions on others and understood why his name was rightly erased from the medical register.

89. The Tribunal also considered what Dr Grant has done since his erasure and the steps he has taken to keep his medical skills and knowledge up to date, taking account of CPD certificates and other documents.

90. While he has been unable to practise as a doctor, Dr Grant has been a tutor in medical education, with positive feedback from students. Dr Grant was employed by Medefer, a national healthcare provider. Dr Grant has undertaken five clinical attachments and has also volunteered with the Samaritans for many years.

91. Ms B, Dr Grant's mentor at the Samaritans said:

'In my direct experience, Paul is an honest, trustworthy and hard-working individual. During our time at the Samaritans, I observed him to be calm, empathetic and professional when supporting highly vulnerable callers. He consistently demonstrated excellent listening skills, sensitivity and reliability and was also active in training others.'

92. The Tribunal took account of Dr Grant's CPD since his name was erased from the medical register. His reflective statement said:

'My CPD record is extensive. I have been fortunate to have supportive medical colleagues who have welcomed me into their hospitals, their clinics and their wards across London and the south-east, to allow me to pursue some really interesting and useful clinical observerships over the last few years, in order to maintain up to date clinical exposure. It has been inspiring seeing patients face to face in out-patient clinics and on the wards and has reinforced my desire to return to work. My knowledge and skills have been tested through challenging case discussions, and I kept a case log so that I could do further reading. I really enjoy clinical work and believe that I was a good clinician. These experiences have made me really miss medicine, doing the work that I love and knowing this means that I do not wish to risk any repetition of past errors without being able to help patients, again.'

93. The Tribunal noted that Dr Grant's CPD was regular and focused on a wide range of medical topics, with an emphasis on probity and ethics in a clinical context. The Tribunal considered that Dr Grant's work for Medefer and voluntary work for the Samaritans indicate a continuing ability to function professionally in a clinical environment, albeit not as a registered doctor.

94. The Tribunal took account of good professional testimonials, attesting to Dr Grant's professionalism. These provided evidence of insight and remediation. References from doctors whose names had been erased were given little weight.

95. The Tribunal was satisfied that Dr Grant had provided sufficient evidence to show that he has kept his medical knowledge up to date, so that he is safe to return to practice without restriction.

96. The Tribunal took account of paragraph B33 of the Guidance:

'The length of time that has elapsed since the doctor was erased will be relevant although will not necessarily equate to them no longer posing a risk to patients or to public confidence in the profession.'

97. It has been around seven years since Dr Grant's name was erased from the medical register in 2018. The lapse of time since Dr Grant's dishonest misconduct is also significant. The Tribunal accepted that he has changed his attitude fundamentally, demonstrating a respect for honesty and probity which was previously lacking.

Will restoration meet the overarching objective?

98. The Tribunal has taken full account of 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 profession; and
- To promote and maintain proper professional standards and conduct for members of that profession.

99. The Tribunal accepted Ms Stock's submission that:

'Dr Grant has taken such steps as is necessary to ensure that he is now of sufficient character to return to practise. He had demonstrated in his reflections that he fully appreciates that he breached a fundamental tenet of the profession. He further accepts the impact and potential impact that his past misconduct had or could have had on patients, his colleagues, his profession and the wider public.'

100. The Tribunal concluded that Dr Grant has demonstrated significant insight and remediation, indicating that any risk of repetition has been minimised. The Tribunal found that Dr Grant had provided sufficient evidence to show that he has kept his medical knowledge and skills sufficiently up to date, indicating that Dr Grant may safely resume unrestricted practice.

101. The Tribunal determined that Dr Grant's name be restored to the Medical Register.