

PUBLIC RECORD

Dates: 04/11/2025

Doctor: Dr Thabo MILLER

GMC reference number: 7042977

Primary medical qualification: MB BS 2010 University of Newcastle upon Tyne

Type of caseReview - Conviction
Review - Misconduct**Outcome on impairment**Not Impaired
Not Impaired**Summary of outcome**

Suspension to expire

Tribunal:

Legally Qualified Chair	Ms Alison Storey
Registrant Tribunal Member:	Dr Jill Belch
Registrant Tribunal Member:	Dr John Baxendale
Tribunal Clerk:	Mr Larry Millea

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Lee Gledhill, Counsel, of Doctors Defence Service
GMC Representative:	Ms Fiona Clancy, Counsel

Attendance of Press / Public

In 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 Impairment - 04/11/2025

1. Parts of this hearing were heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules). This determination will be handed down in private due to the confidential nature of matters heard as evidence. However, as this case concerns Dr Miller's misconduct and conviction a redacted version will be published at the close of the hearing.

Background ('the March 2025 Tribunal')

2. Dr Miller qualified with an MBBS degree from the University of Newcastle-Upon-Tyne in 2010. Prior to the events which are the subject of the hearing, Dr Miller undertook training in Paediatrics and Neonatology in Wales and the North of England. At the time of the events Dr Miller was working as a locum registrar for Locum's Nest locum agency providing predominantly out of hours middle grade paediatric cover.

3. The facts found admitted and found provided at Dr Miller's hearing which took place in March 2025 were that he had an altercation with XXX, Ms A, during which he used offensive language. Further, he attempted to damage Ms A's car, rocked her car back and forth and prevented her from closing the car window, following which he punched her. This resulted in him being convicted of assault. He was sentenced to a Community Order with a requirement to participate in the XXX accredited programme.

4. The March 2025 Tribunal was satisfied that Dr Miller's conduct that had been found proved undermined a fundamental tenet of the medical profession, namely to ensure that conduct always justifies the trust that comes with being a member of the medical profession. Dr Miller's actions brought the medical profession into disrepute. It took the view that a

member of the public would be shocked by Dr Miller's actions XXX. The March 2025 determined that Dr Miller's fitness to practise was impaired by reason of his misconduct and the conviction.

5. That Tribunal was concerned that Dr Miller had minimised his behaviour and the effects of his conduct on Ms A and had not acknowledged that his previous aggressive behaviour towards Ms A would have caused emotional harm. It was also concerned that there was no independent evidence of insight. A probation report dealing with Dr Miller's attendance on a XXX course was still awaited at that time.

6. That Tribunal found that Dr Miller had taken steps towards remediation, but that his insight had not fully developed and that there was a moderate risk of repetition.

7. The March 2025 Tribunal determined to suspend Dr Miller's name from the Medical Register for a period of 7 months. It considered that suspension for this period would send out a signal to the doctor, the profession and to the public. It considered that a suspension for a period of seven months would allow Dr Miller time to satisfy the requirements of his sentence, allow him to develop further insight and to fully remediate his misconduct and conviction.

8. The March 2025 Tribunal considered that a reviewing Tribunal may be assisted by the following:

- A report following the final meeting between Dr Miller, the XXX Course facilitator and Dr Miller's probation officer confirming that he has satisfactorily completed the requirements of his sentence;
- A reflective statement addressing the concerns about insight that this Tribunal expressed at the impairment stage, particularly in relation to the impact of his actions on others and the link between solving disputes with violence and the exercising of control;
- Report(s) from any other objective source, for example a mentor or counsellor, with whom he has discussed the Tribunal's determinations and his attempts to develop further insight in order to remediate his misconduct and conviction and thereby reduce the risk of repetition;
- Evidence that he has kept his medical skills and knowledge up to date.

9. Dr Miller could provide any other information that he considered would assist.

Today's hearing

10. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Miller's fitness to practise is impaired by reason of misconduct and his conviction.

The Evidence

11. The Tribunal has taken into account all the evidence received, both oral and documentary.

12. Dr Miller gave oral evidence at the hearing. Dr Miller's evidence was focused on explaining to the Tribunal the work he had undertaken to develop insight into his behaviour and the strategies he has put in place to prevent any future repetition. He also provided evidence as to the CPD (Continuous Professional Development) he has undertaken to ensure that his medical knowledge and skills have remained up to date.

13. In cross examination by Ms Clancy for the GMC, he conceded that he could not say that the risk of him acting irrationally in the future was zero, but the risk was low following the intense work he has done in the last two years, and the tools he now has to deal with situations. He said that he was a different person now and had experienced high stress situations since but had not reacted in that way.

14. The Tribunal received documentary evidence, including but not limited to:

- Record of determinations of the March 2025 Tribunal;
- Court Extract of Newport Magistrates Court dated 13 August 2024;
- Copies of correspondence between the GMC and Dr Miller dated between 2 May 2025 and 1 August 2025;
- A Review of Community Order letter dated 9 July 2025;
- XXX Post Programme Report dated 10 April 2025;
- Child Safeguarding Certificate dated 11 July 2025;
- Various reflections including:
 - Reflection on XXX Course dated 02 February 2025 (Updated 04 October 2025);
 - Reflection on Physical assault on Ms A XXX dated 30 August 2025;

Impact on Others of My Behaviour, Attitudes, and Harm Caused

30 August 2025;

Reflections and learning from sessions with Behaviour & Emotional control

Consultant- Dr B;

'Pledge to not reoffend or use aggressive, violent or [XXX], and my strategy to achieve this', dated 5 October 2025;

XXX.

- A number of CPD certificates, various dates:
- A number of testimonials provided on behalf of Dr Miller, various dates.

Submissions

On behalf of the GMC

15. On behalf of the GMC, Ms Fiona Clancy, counsel, submitted that Dr Miller's fitness to practise remains impaired by reason of misconduct and his conviction.

16. Ms Clancy submitted that XXX is behaviour learnt over a number of years and represents fixed ideas. She submitted that the XXX course undertaken by Dr Miller is helpful but that having completed that course and having an understanding of XXX is no guarantee to a lack of further offending, or that Dr Miller would not employ such behaviour in future stressful and challenging circumstances.

17. Ms Clancy submitted that there is a background of XXX in this case, XXX, which the GMC would say brings the reputation of the profession into dispute. She submitted that a member of the public may be shocked and subsequently distrust a doctor who has lost their temper XXX when in distress and that other members of the profession may find it deplorable.

18. Ms Clancy submitted that the one course undertaken and the reflections provided by Dr Miller do not alleviate the serious concerns XXX, and that it is unrealistic to consider these XXX are easily remedied. She submitted that the behaviours previously displayed by Dr Miller have been irrational and that there has to be a remaining risk of repetition XXX, and a risk that he would fail to apply rational thinking and act irrationally again.

On behalf of Dr Miller

19. On behalf of Dr Miller, Mr Lee Gledhill, counsel, submitted that Dr Miller’s fitness to practise is no longer impaired.

20. Mr Gledhill submitted that Dr Miller has presented the evidence suggested by the March 2025 Tribunal and demonstrated that its remaining concerns regarding his insight and remediation have been addressed. He submitted that the risk of future repetition is low as Dr Miller has explored directly the causes of his past offending, and also looked to the future to ensure that he has learned sufficiently from the past, preventing any future repetition.

21. Mr Gledhill submitted that Dr Miller has taken ownership for all his behaviour and identified strategies to help reduce the risk of escalation of challenging situations and to step back and to take himself away from a situation before returning to the subject matter. He submitted that Dr Miller has also described how he has a number of people he can call upon who are there to support him should he need it.

22. Mr Gledhill submitted that the progress and insight demonstrated by Dr Miller is very much embedded and this tribunal can therefore be confident that he will continue to build on the lessons that he has learned and the changes that he has put in place.

23. Mr Gledhill submitted that Dr Miller has also assessed where he has gone wrong in relation to Good Medical Practice (GMP) and understands and recognises that a doctor must uphold standards in their private life as much as they do in their public life. He submitted that the written reflections provided by Dr Miller are sincere and that the Tribunal can attach significant weights to those assurances, as well as the supportive and testimonial evidence provided on his behalf.

24. Mr Gledhill submitted that the documentation provided by Dr Miller is quite extensive and goes through a number of issues. XXX

The Relevant Legal Principles

25. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal’s judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.

26. This Tribunal must determine whether Dr Miller’s fitness to practise is impaired today, taking into account Dr Miller’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.

The Tribunal’s Determination on Impairment

27. The Tribunal considered whether Dr Miller’s fitness to practise remains impaired by reason of his misconduct and conviction. In doing so, it considered both heads of impairment together, given that Dr Miller’s misconduct and conviction are inextricably linked.

28. The Tribunal first considered whether Dr Miller had developed insight into his behaviour and actions. In doing so it noted the outstanding concerns of the March 2025 Tribunal that Dr Miller had attempted to minimise the behaviour towards Ms A, describing it as an ‘aberration’, had limited support networks to rely on if he found himself in a similar situation again, and that some elements of his remediation had either not been successful or were not yet complete.

29. In both his written and oral evidence, Dr Miller clearly articulated his insight and accepted that all elements of his behaviour were wrong. His insight extended beyond the behaviour that led to the finding of impairment, including his social and interpersonal interactions more broadly. Dr Miller also accepted the finding of the March 2025 Tribunal that he had minimised his behaviour at the time, and that whilst this was his genuinely held belief then, he now understands that his actions were part of a broader set of behaviours. He accepted full responsibility for his actions and described how as well as being ‘abhorrent’, his behaviour was also a fundamentally flawed and ineffective way of communication.

30. His reflective statement was wide ranging and considered the impact his behaviour had had on Ms A XXX, including the possibility of longterm psychological harm. He also considered the effect on the profession and the damage done to the public’s trust.

31. Dr Miller also set out for the Tribunal his understanding that despite the progress that he has made there is always some residual risk, that his remediation is ongoing and that there is no room for complacency.

32. In addition to the oral and written evidence of Dr Miiller the Tribunal received independent evidence supporting that he had developed insight, including a review of his Community Order, which included the following:

“I can confirm that through our sessions you have been enthused around the content of the programme and have provided strong insight into your behaviours and the behaviours of others that can be detrimental to [XXX]. It is my assessment that you have gained the skills and insight that the programme intends and in particular have excelled at looking at [XXX] and communication [XXX] in general.”

33. The Tribunal also received independent evidence from Dr B, a Behaviour & Emotional Control Consultant. Dr Miller had undertaken eight sessions with Dr B on an Emotional Resilience Programme. Dr B concluded that

“Dr Miller has engaged with this process in a serious and meaningful way. He has reflected deeply on the incident and past behaviours, acknowledged the harm caused, and demonstrated remorse and accountability. In my opinion, he has made concerted efforts to address the GMC Tribunal’s concerns, including his past minimisation, [XXX], emotional triggers, and the need for ongoing self-management.”

And

“He has demonstrated capacity to reflect, learn, and adapt his behaviour. His conduct and engagement within our sessions demonstrate a sustained commitment to accountability and professional standards, indicating that he has made meaningful efforts to address the issues raised and rebuild trust.”

34. In his oral evidence Dr Miller talked openly about his behaviour, his understanding of the triggers and his strategies for the future and the Tribunal considered this evidence to be thorough and genuine. The Tribunal also took into account the support mechanisms and mentors that Dr Miller now has in place and considered that he had done more than was asked of him by the March 2025 Tribunal.

35. Overall, the Tribunal was satisfied that Dr Miller now has full insight into his actions and their impact.

36. The Tribunal was of the opinion that the remediation undertaken by Dr Miller, supported by objective evidence, was extensive. It extended beyond the outstanding concerns of the March 2025 Tribunal and demonstrated that Dr Miller had taken the findings made against him seriously and genuinely sought to understand and address his behaviours, implementing deep understanding and long-term strategies to reduce the risk of any future repetition.

37. Overall, the Tribunal concluded that the risk of repetition was now low and that Dr Miller does not pose a risk to either patients or XXX.

38. The Tribunal also noted the significant amount of CPD undertaken by Dr Miller to keep his knowledge and skills up to date, over 50 hours, and was satisfied that he would be safe to return to unrestricted practice. In addition to the CPD undertaken, Dr Miller has professional mentors in place to support him, and he set out his approach to returning to practice, which the Tribunal considered to be focused and well-thought through.

39. In reaching its decision, the Tribunal bore in mind that it is in the interests of the public for good doctors to practise. It considered that given Dr Miller's insight and that the period of suspension imposed by the March 2025 Tribunal marked the seriousness of his behaviour, the overarching objective would not be undermined were a further finding of impairment not made.

40. This Tribunal has therefore determined that Dr Miller's fitness to practise is not impaired by reason of misconduct and a conviction or caution for a criminal offence.

41. Accordingly, Dr Miller's suspension will expire on 1 December 2025.

42. That concludes this case.