

PUBLIC RECORD**Dates:** 26/08/2025 - 01/09/2025

Doctor: Dr Tim KERR

GMC reference number: 7477362

Primary medical qualification: MB BS 2015 University of Newcastle upon Tyne

Type of case

Restoration following disciplinary erasure

Summary of outcome

Restoration application refused. No further applications allowed for 12 months from last application.

Tribunal:

Legally Qualified Chair:	Mrs Claire Lindley
Lay Tribunal Member:	Mr James Riley
Registrant Tribunal Member:	Dr Andy Cohen
Tribunal Clerk:	Miss Emma Saunders

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr Paul Williams, 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 Restoration - 01/09/2025

1. This determination will be handed down in private. However, as this case relates to Dr Kerr's application for restoration to the medical register, a redacted version will be published following the conclusion of this hearing.

Determination on Restoration - 1 September 2025

2. The Tribunal has convened to consider Dr Kerr's application for his name to be restored to the medical register following erasure for disciplinary reasons in 2019.

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 General Medical Council (GMC) (Fitness to Practise Rules) 2004 as amended ('the Rules').

4. This is Dr Kerr's first application for his name to be restored to the medical register.

Background

5. Dr Kerr studied medicine at Newcastle upon Tyne University and graduated in 2015. On 22 June 2018, when he was 28 years old, he was sentenced to imprisonment for four criminal offences, namely, two counts of conspiring to supply a controlled drug of Class A, a third count of conspiring to supply a controlled drug of Class B and a fourth count of importing a controlled drug of Class A with intent to evade prohibition/restriction.

6. The offences had been committed between the periods 16 December 2015 to 12 April 2016. They were uncovered when a parcel was intercepted at Heathrow airport on 29 March 2016. It contained 220 small green tablets, each shaped like a grenade. The suspect, (later Dr Kerr's co-defendant) was arrested entering the country on 11 April 2016. Dr Kerr was with him but was not arrested at that time. The drugs were later analysed and turned out to be MDMA ('ecstasy'), valued as having a street value of £4,850. The police

discovered that there were numerous phone messages between the co-defendant and Dr Kerr, discussing the sale and purchase of drugs. Dr Kerr was buying drugs off the internet and selling them to the co-defendant who would supply them, both in the UK and abroad.

7. On 17 March 2017, Dr Kerr was arrested at his workplace, the Freeman hospital in Newcastle upon Tyne ('the hospital'). He was then interviewed by the police, made no comment to all their questions, and refused to give his PIN number to unlock his mobile phone.

8. Dr Kerr was charged with the drugs offences and pleaded guilty to them. A probation officer then interviewed Dr Kerr and wrote a pre-sentence report. Dr Kerr told him that his father had died when he was 11, and XXX. Dr Kerr said he felt that he had no '*social capital*' at university and XXX. The probation officer stated that Dr Kerr '*appeared to be blasé*' throughout the interview, minimised his role in the offences, and '*blamed*' the co-defendant. The probation officer described Dr Kerr as '*evasive*' and '*ambiguous*.' Dr Kerr suggested that drugs should be made legal.

9. Dr Kerr attended Chester Crown Court on 22 June 2018 for sentence. XXX

10. Dr Kerr was sentenced to 40 months imprisonment for the first and second counts, 8 months imprisonment for the third count, and 56 months imprisonment and a victim surcharge of £170 for the fourth count, to run concurrently. The Judge remarked on the seriousness of the offence, and the impact that it could have on society. He made the following sentencing remarks;

'...this was clearly a significant commercial operation involving large sums of money that were passing between you and [the co-defendant] and it is clear from the text messages that discussion was going on in relation to how you could best do that to maximise the profits that you were both making.'

...

'those of us who spend time in these courts see the abject destruction that class A, particularly, drugs cause on society and see the results of that and see people standing in that very dock, whose lives have been blighted and ruined by an addiction to both class A, and indeed in some cases, class B drugs.'

11. Dr Kerr promptly self-reported to the GMC on 22 March 2017 after his arrest on 17 March 2017. XXX

12. XXX

13. XXX

14. XXX

15. XXX

The 2019 MPT

16. A MPTS Tribunal hearing took place on 28-30 May 2019 ('the 2019 Tribunal'). At that time, Dr Kerr was serving his sentence at HMP XXX prison ('the prison'). Dr Kerr admitted the conviction, and the 2019 Tribunal was tasked with considering whether Dr Kerr's fitness to practice was currently impaired and, if so, what sanction, if any, to impose. It took into account the police and probation reports, and the Judge's sentencing remarks. It also had a behavioural report from the prison, the testimonials which had been before the Judge, and information about XXX.

17. In its determination, the 2019 Tribunal accepted the steps that Dr Kerr had taken to remediate his conduct, and the insight that he developed. It stated:

'The Tribunal considered that it was to Dr Kerr's credit that he now recognised the severity of his actions, the impact they have on the medical profession, and the risks posed to the public.'

18. The 2019 Tribunal was impressed by the insight that Dr Kerr had demonstrated in relation to his behaviour, and the impact of that behaviour, as shown in two statements that he had made and the oral evidence he gave. It decided that Dr Kerr had taken responsibility for his conduct. He had self-reported his arrest promptly to the GMC and pleaded guilty in the crown court. He had gone to lengths to properly engage with the Tribunal's processes, and had been realistic, open, and frank in his appearance before the Tribunal. He made detailed expressions of regret and apology which it accepted as *'entirely genuine.'*

19. The 2019 Tribunal also considered that Dr Kerr had taken considerable steps to remediate his actions. XXX

20. However, the 2019 Tribunal decided that Dr Kerr's actions were a serious departure from paragraphs of Good Medical Practice (GMP) and stated that;

'... conspiring to import and deal Class A and Class B drugs is a serious failure to act with integrity and within the law and is conduct that would not justify patients' trust or the public's confidence.'

21. The 2019 Tribunal determined that a member of the public would view the convictions as grave and serious, and that Dr Kerr's actions had a clear adverse impact on public safety, public confidence in the medical profession; and undermined the maintenance of professional standards. It concluded by stating;

'The Tribunal found Dr Kerr's evidence to be genuine with regards to his acceptance of responsibility for his conduct, XXX, intentions to continue with rehabilitation, and his attempts of remediation. However, in light of the seriousness of the offences of which Dr Kerr was convicted, the Tribunal determined that at this stage the insight developed by Dr Kerr and his steps to remediate could not attenuate its concerns in relation to the overarching objective.'

22. The 2019 Tribunal concluded that erasure was the only proportionate sanction to impose in order to protect the public, maintain confidence in the medical profession, and declare and uphold the proper standards of conduct and behaviour.

The Current Restoration Hearing

The Outcome of Applications made during the hearing

23. The Tribunal agreed, in accordance with Rule 41 of the Rules, that parts of this hearing should be heard in private where the matters under consideration are confidential, namely where they involve XXX.

24. The Tribunal granted Dr Kerr's application, made pursuant to Rule 34(13) and (14) of the Rules, for three testimonial witnesses to give evidence via video link. Mr Williams, Counsel on behalf of the GMC, stated that the practical arrangements were understood and there was no objection to this application. The Tribunal determined that it was in the interests of justice to grant this application.

The Evidence

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

Witness Evidence

26. Dr Kerr provided a witness statement dated 13 August 2025 and also gave oral evidence at the hearing on 26 August 2025. His evidence is summarised below.

Witness Statement

27. In terms of insight, Dr Kerr fully accepted both responsibility for his actions, and the reasoning behind the 2019 Tribunal's decision. He stated:

'I was once a drug dealer, and drug trafficker, of class A drugs. This crime will sit forever on my record. When I returned to prison the evening of the tribunal decision, I read over the MPT report in my cell. I remember thinking that the tribunal was fair.'

28. Dr Kerr explained his childhood personal circumstances, relating the death of his father, and XXX. He described the social pressures that he felt under at university. He described XXX:

29. Dr Kerr also described the drug dealing and how that made him feel:

'The selling helped XXX. But there was another effect. Assisting others in this way, selling them drugs, felt validating. The selling in fact became quite central to the experience, it was a role I started to inhabit, seeking the validation of others XXX. I was never without customers, XXX.'

30. Dr Kerr stated that he started to come to terms with XXX.' He then started to gain insight. He XXX and subsequently pleaded guilty and understood and accepted the Judge's sentencing remarks.

31. Dr Kerr confirmed that during XXX, and his time in prison he had *'the time, space, and opportunity'* to think about his actions. He stated that he begun to understand that drug dealing is not a victimless crime, and that a doctor's involvement in such offending was a

‘complete dereliction of the most fundamental oath in medicine - to do no harm.’ He reflected on the damage that such actions have on the reputation of, and trust in, the medical profession, and the impact it would have on his colleagues and patient confidence.

32. Dr Kerr said he was *‘deeply ashamed’* of the criminal offending. He accepted that XXX and has therefore *‘dissected’* his reasons behind the offending. He accepts that the dealing XXX. He explained that he was lonely and isolated and being a drug dealer *‘brought people into his orbit,’* explaining that he now recognises it as *‘validation seeking behaviour.’*

33. Dr Kerr explained that he was sent to prison in June 2018, and XXX. He undertook courses XXX and because of his *‘relative stability and behavioural consistency,’* he was employed in a mentoring role.

34. Dr Kerr stated that he was released from prison in October 2020 XXX.

35. To address the drug dealing specifically, Dr Kerr explained that, over the last year, he has engaged with psychodynamic psychotherapy at the Portman Clinic, which is group therapy for those with criminal convictions or offending behaviour. Dr Kerr stated that this group remains his core therapeutic intervention which he presently attends weekly.

36. In terms of Dr Kerr’s actions since the erasure, he described that he continued his work as a prison council leader, which involved helping other prisoners with practical matters such as letter writing, and explaining prison policy. He said that *‘living alongside those with unmet complex mental health issues, shameful levels of literacy, behavioural needs not being rehabilitated, keeping them forever tied to prisons, ignited something of a passion within me.’*

37. Dr Kerr then stated that he was awarded a sponsorship by a charity to take a MSc degree in neuroscience at King’s College, London. He was outside the prison for 14 hours each day, until the COVID-19 pandemic hit. He returned to his role then as prison council worker.

38. Dr Kerr explained that after his release in 2020, he went home to live with his mother and started to build trust with her. He completed his degree with the highest grade in his year group. He was academically interested in psychiatric research, investigating psychiatric illnesses. He started to apply for PhD programmes.

39. Dr Kerr stated that when he was first released, he was unemployed, and on Universal Credit. He said that he was at a 'low point.' He felt that he wanted to help others and had a passion for prison reform. Dr Kerr stated that he made best use of the help that he got from the Department of Work and Pensions, and The Longford Trust, a charity which is dedicated to supporting individuals who have been in prison, assisted him with issues such as employability, and self-esteem.

40. Dr Kerr stated that he gained employment in June 2022 with the Howard League for Penal Reform as a membership officer.

41. Dr Kerr explained that some months later he was offered a PhD position at King's College to study anxiety disorders. He reduced his hours at the Howard League and over the next three years '*researched and built novel analytic methods to model data from an experimental cognitive paradigm, aiming to probe previously hidden mechanisms underlying anxiety and anxiety disorders.*' He stated that he has presented this work at international conferences and is now in the process of publishing research papers. He also works there as a graduate teaching assistant.

42. Dr Kerr described that his drive at that time was to become involved in prison policy work and to improve the mental health conditions of prisoners. For a year, he contributed to the '*lived experience network*' within '*NHS Health and Justice*' who commission healthcare in prisons. He was also appointed a trustee of The Longford Trust charity. In this role, Dr Kerr gives talks in prison about the work of the Trust and the benefit of degree level education.

43. Dr Kerr described a very different lifestyle now to the one before his arrest:

'Many years later, as lockdown opened back up, and I gained employment and a PhD position, I re-entered the world in a meaningful way. I have what I could call a support network; colleagues, friends, family, and a relationship. I live with my girlfriend, which provides yet more accountability. My public life is one and the same as my private one, I have nothing to hide. I've come to take nothing for granted, and nothing in life is ever truly stable. But this life feels far more realistic than the one I lived in my twenties.'

44. In terms of maintaining his medical knowledge and skills, Dr Kerr pointed out the issues that he faced:

‘There was little I could do to maintain my clinical skills in the run up to, and the period immediately following my erasure in June 2019. The MPT suggested I do e-learning modules, which was an impossibility given the ban on internet access within prisons. Equally, I was unable to shadow any clinicians in prison, nor would the prison entertain any placements in healthcare settings.’

45. Dr Kerr explained that he was offered a role drafting medical questions for a course provider but rejected this offer. He said that he found it hard to convince himself that keeping his skills up to date was time well spent when the outcome was so uncertain.

46. Dr Kerr explained that he would only be able to gain employment as a doctor through the Foundation Programme, which starts every autumn, and that he would not seek to practise medicine immediately. He said: *‘I hold myself to high standards and would only return after an extensive period of training and shadowing, where I feel ready to practise.’* He explained that the earliest that he could apply for the programme would be August 2026. He proposed that, if his name were restored to the medical register, in the interim year he could continue with his studies and remain working at the Howard League. He also stated that he would be eligible to apply for assistance through a ‘Supported Return to Training’ initiative, which would allow him to shadow staff and relearn his clinical knowledge and skills.

47. Dr Kerr stated that he was under no illusions about the likelihood of success at this hearing. He stated that the MPTS has a clear objective in maintaining public confidence in the profession and that there was a significant risk that his restoration would undermine this. Dr Kerr stated that he had done everything in his power to put himself in a position where he could be a doctor again. He stated that he would never again let his behaviour degenerate to a point where it risked damaging the reputation of the profession. He stated that the answer of the Tribunal would be the final consequence from his actions a decade ago and he will then have clarity on what to do next in life. Dr Kerr stated that he will continue to live by the standards expected of doctors, the only difference would be whether this is inside a hospital or from the outside looking in.

Oral Evidence

48. Dr Kerr stated that he stood by every word that he wrote in his statement. He said that he remained fully accepting of the verdict given. He said that he appreciated that his convictions were serious, and he did not seek to minimise that. He spoke about how the convictions came about and referred to his troubled childhood, XXX. Dr Kerr acknowledged

that he made deliberate choices that led to his arrest and imprisonment. He said that he had rejected help from those who were concerned about him and that it was through the GMC process, XXX that he realised he needed to change.

49. XXX

50. Dr Kerr told the Tribunal that medicine is his life, and he was committed to a return. He said that he holds the profession in high esteem. Dr Kerr stated that he wanted to live a productive life, whatever the outcome of this application for restoration, and that he now actively campaigns to reduce the harms caused by drugs and prisons.

51. Dr Kerr said that he could not undo what he had done, but that he would continue to work to remediate as much as he could for his crimes. He referred to the passion that he has to improve the situation of people now going through the prison system and that his PhD work was with the broad aim to improve clinical knowledge into anxiety disorders. Dr Kerr referred to his degree in neuroscience. He said that he came top of the year academically and that this showed what he was capable of XXX. Dr Kerr spoke about being a trustee of The Longford Trust, which also helps him to help others.

52. Dr Kerr stated that XXX. Dr Kerr said that he was naïve, has now seen and appreciated the effects drugs have, and that he had not chosen at the time to see that end stage drug addiction often starts with the use of the party drugs he was selling.

53. Dr Kerr acknowledged that part of the consideration for restoration was whether the public would be concerned if he were allowed to return to practice. Dr Kerr said that he thought there was a public appetite for forgiveness and rehabilitation, given his positive trajectory, and that he saw that in the work that he does. He stated that he appreciates this is a matter for the Tribunal to decide upon.

54. In terms of maintaining his medical knowledge and skills, Dr Kerr referred to his master's degree and the PhD work he was undertaking. He referred to a paper he has published, and that he will have published more by the end of the PhD. Dr Kerr appreciated that he has not completed clinical attachments or online courses. He stated that he had made the active choice to build a career, adjacent to medicine, and to have a stable life XXX. Dr Kerr said that he had been '*quite busy*' working full time on his PhD, part time work, and charity work. He explained that he had limited time and had prioritised these other things. He

conceded *'it is a hole,'* and *'it was a choice I made.'* He accepted that, although his knowledge might be up to date, his skills were not, as they can only be done practically.

55. Dr Kerr said that he had engaged in very serious criminality which had harmed others directly and appreciated that his conviction will have seriously damaged the reputation of the profession. He told the Tribunal that he had done everything within his power to remediate his actions. He referred to his spotless record in prison and on probation, the gaining of academic qualification and contributing to medical knowledge, and to working for the Howard League to reduce some of the harms he saw caused by drugs and in prison.

56. Dr Kerr stated that he had apologised at the 2019 Tribunal hearing and that he again apologises for his actions. He apologised to the patients, his former colleagues, the hospital, the Deanery, to the public, to all those who have invested in him, and to his family. He said that he appreciated that he had broken the trust of many, including of those who had tried to help him when he was not listening.

57. Dr Kerr was asked how he thought any redemption story might be viewed by members of the public. He said that he thought that the public would be aware that people make mistakes and hoped that they would see that he was not defined by his worst moments.

Testimonial Evidence

58. The Tribunal received evidence from the following witnesses on Dr Kerr's behalf:

- Ms A, KC, Chief Executive of the Howard League, who gave evidence in person on 26 August 2025. Her testimonial was dated 29 June 2025.

59. Ms A spoke highly of Dr Kerr. She said that Dr Kerr's recruitment was a coup for the Howard League and that he had brought a sharp mind, strong work ethic and outstanding interpersonal skills, such that he was a valued and respected member of the team. Ms A spoke about the contributions that Dr Kerr has made, including a conversation she chaired between Dr Kerr and the then Chair of the Justice Committee at the 2023 Conservative Party Conference. Ms A stated that Dr Kerr had spoken about his own experiences with disarming candour and about the need for reform. She stated that Dr Kerr was acutely aware of the seriousness of his offences and fully accepting of the damage of his actions such that it now drives him to want to improve prisons and support people in them. Ms A also spoke about

her opinion that a well-informed public might want to see someone rehabilitated with the opportunities to course-correct their life. She said that she knew a lot of people who had spent time in prison and that she did not know of anyone who had demonstrated the level of remorse and commitment to making up the damage done, that Dr Kerr had shown.

- Dr B, Reader in Global Education at King's, who gave evidence in person via video link on 26 August 2025. His testimonial was dated August 2025.

60. Dr B stated that he had met Dr Kerr when teaching a Leadership module. He described how open Dr Kerr had been about his past and that he had asked him to teach on the course following Dr Kerr's release from prison. Dr B stated that Dr Kerr teaches classes several times a year and that he could see how remorseful Dr Kerr was about his past behaviour. Dr B described Dr Kerr as reflective, mature, insightful, and likeable, as well as a significant asset to his teaching staff. He said he had seen Dr Kerr's work develop, and that he would not put him in front of students if he did not have 100% trust in him.

- Mr C, Former Senior Lecturer in Healthcare Ethics at Newcastle Medical School, who gave evidence in person via video link on 27 August 2025. His testimonial was dated 4 August 2025.

61. Mr C stated that he had previously taught Dr Kerr and reached out to him when he heard he was in prison. He wrote to him and then spoke with him on Zoom on 36 occasions from December 2020 to December 2022. Mr C spoke positively about Dr Kerr and about his openness, honesty, empathy, and insight. He stated that he thought Dr Kerr has an enormous amount to offer the medical profession in the future.

- Mr D, Director of The Longford Trust, who gave evidence in person via video link on 27 August 2025. His testimonial was dated 29 July 2025.

62. Mr D stated that Dr Kerr has worked patiently and with resilience in rebuilding his life. He stated that Dr Kerr epitomises all that The Longford Trust works to enable - in terms of purposeful rehabilitation, giving back to society, and the hard road of understanding the root causes of his offending behaviour and addressing them with insight, self-knowledge, and determination. Mr D said that Dr Kerr is a success story of our criminal justice system who is a reformed character and worthy of the Tribunal's trust. He stated that he could say with confidence that Dr Kerr will continue to be a powerful voice in prison reform and a powerful role model in society of the reality of rehabilitation.

63. The Tribunal also received testimonial evidence on behalf of Dr Kerr in the form of a letter dated 28 July 2025 from Ms F, Head of Department and Professor of Developmental Behavioural Genetics at King's, and a letter dated 29 July 2025 from Mr E, Fundraising Manager at The Longford Trust. They were not called to give oral evidence as they were unavailable.

Documentary Evidence

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

- Police report dated 18 March 2018, pre-sentence report dated 15 June 2018, and the sentencing remarks of His Honour Judge Thompson dated 22 June 2018;
- Dr Kerr's Certificate of Conviction dated 7 August 2018;
- XXX
- 2019 Tribunal's determination and Dr Kerr's statement dated April 2019 which was before that Tribunal;
- Dr Kerr's restoration application dated 6 November 2024;
- Dr Kerr's Curriculum Vitae;
- Various certifications and degree transcripts, including the MSc Neuroscience degree certificate and confirmation of study of PhD;
- Appraisals and progress reports in terms of the Howard League and his PhD; and
- HM Prison and Probation Service (HMPPS) probation risk assessments and sentence planning documentation and HMPPS case notes for custodial and community portions of sentence.

Submissions

Submissions on behalf of the GMC

65. In opening submissions, Mr Williams described the original offences and took the Tribunal through the documentation including the sentencing remarks and the 2019 Tribunal's determination. Mr Williams referred to the comments of the judge in terms of *the 'abject destruction that Class A, particularly, drugs cause on society.'* Mr Williams stated that Dr Kerr's offences are serious, committed over a fairly lengthy period of time, and commercial gain was at the forefront of Dr Kerr's mind.

66. Mr Williams submitted that the criminal offences were such serious matters that the passage of time and the work Dr Kerr has done was such that Dr Kerr has not yet remediated those acts. Mr Williams stated that the reason was because the criminal acts were towards the serious end of the scale of offending. Mr Williams submitted that Dr Kerr's criminal acts required very significant and sustained remediation, both in terms of the passage of time and personally by the doctor.

67. Mr Williams referred to the overarching objective. He stated that the medical profession enjoys a particular place of trust within society such that the fundamental departure found by the 2019 Tribunal demonstrated that public confidence and the public perception of the profession was seriously damaged by Dr Kerr's actions. Mr Williams stated that the GMC say that this has not yet been remediated.

68. XXX

69. Mr Williams stated that the Tribunal knows that if it were to restore Dr Kerr's name to the medical register that he would be restored without any conditions or restrictions. He submitted that this was an area of concern for the GMC.

70. Mr Williams stated that Dr Kerr has taken considerable steps to turn himself around and develop himself personally and professionally. He stated that Dr Kerr had done a good deal of work that sat '*adjacent to*' medical practice. He said that although Dr Kerr cannot practise medicine, there are other activities that could have been done to reassure a Tribunal that he is safe to practise. These could take the form of clinically specific Continuing Professional Development (CPD) courses and/or clinical attachments. Mr Williams stated that these were two areas that the Tribunal might think are lacking. Mr Williams stated that Dr Kerr is realistic about this and, were conditions available, he would accept them.

71. Mr Williams submitted that, whilst Dr Kerr gives the Tribunal an assurance that he would not work until undertaking that further development, it would be an unsatisfactory position to allow a doctor back onto the medical register without any regulatory supervision. He set out that a Foundation Programme would have supervision, but this would come from the Deanery at a local level and the GMC would be unaware of what was taking place. Mr Williams submitted that this would put patients at risk, undermine public confidence in the profession, and harm the reputation of the profession and its regulator. He stated that, for those reasons, regrettably, the GMC did object to Dr Kerr's application for restoration.

72. In closing submissions after oral evidence was heard, Mr Williams confirmed that the GMC position had not changed in terms of the seriousness of the offending, especially the commercial aspect of the drug dealing. He referred to the 2019 Tribunal's determination, including the comments that Dr Kerr's conduct amounted to a serious failure to act with integrity and within the law. Mr Williams submitted that these principles of honesty, integrity and probity go to the core of what it is to be a doctor and therefore the upholding and declaring of standards around those concepts was fundamental to the Tribunal's decision.

73. Mr Williams drew the Tribunal's attention to the MPTS *'Guidance for medical practitioners tribunals on restoration following disciplinary erasure'* (the guidance'), including paragraph B18 which states that it *'can be more difficult to demonstrate sufficient remediation in cases involving serious behaviour such as dishonesty, sexual misconduct, violence or abusive behaviour and unlawful discrimination...'* Mr Williams stated that actions that related to integrity and character were more difficult to remediate than other types as they go to the core of a person's being. He submitted that Dr Kerr's choices were incompatible with GMP.

74. Mr Williams stated that the GMC conceded that Dr Kerr has been highly active in his personal remediation and his hard work should be recognised and taken into account. Mr Williams stated that there are two different strands to remediation - the first is direct personal remediation and the second is the public perception. He submitted that it was the second which was of concern to the GMC. He stated that this was due to the seriousness and gravity of the offences and that, as such, it was more difficult and takes longer to remediate. He stated that Dr Kerr's application for restoration was made very shortly after he could first apply and submitted that there did need to be a passage of time.

75. In respect of Dr Kerr maintaining his medical knowledge and skills, Mr Williams stated that perhaps this was the highest hurdle for Dr Kerr to cross. He stated that it was appreciated that Dr Kerr has been candid with the Tribunal in that he has had to put his energies into his work and academic progress that have allowed him to develop professionally and as a person, but that this meant that he has not been able to progress or maintain his clinical knowledge and skills. Mr Williams stated that the very real and substantial progress made by Dr Kerr should be recognised and on a personal basis it was perhaps difficult to imagine what more Dr Kerr could have done. However, in terms of the public interest journey and the clinical side of things, there was yet work to be done that will

take some time. The length of time would be a matter for the Tribunal's independent judgement.

76. Mr Williams stated that the Tribunal will have been assisted by the testimonial evidence, which was highly eloquent and informative, in terms of Dr Kerr's personal situation and journey but that it was less helpful in terms of the Tribunal's decision in terms of the public interest and applying the standards required.

77. Mr Williams was asked by the Tribunal whether the GMC was saying that the convictions meant that this case was irremediable whatever Dr Kerr does. He stated that it was a very serious case but that his actions were not irremediable. Mr Williams stated that the Tribunal might think that Dr Kerr has worked on remediating that public perception but given the seriousness of the offences and the additional element of clinical safety, he is not there yet.

Dr Kerr's submissions

78. Dr Kerr stated that he had been very nervous in the days leading up to this hearing and that it means a lot to him. He stated that this hearing concerns behaviour that he committed almost a decade ago and that it had been difficult revisiting it. Dr Kerr stated that he had been a sad and naïve individual ten years ago and that he was now a more mature and well-developed person.

79. Dr Kerr stated that he understood what the GMC was saying in terms of the commercial nature of his drug dealing. Dr Kerr stated that it was an enterprise orchestrated by a XXX completely lacking insight and clearly making the worst decisions of his life. He stated that it was clear that his aim at the time had been to maximise turnover XXX.

80. Dr Kerr referred to the 2019 Tribunal's determination. He stated that there was a recognition six years ago that he had insight into his actions. Dr Kerr stated that he had now been able to adduce a number of testimonials from senior individuals who attested to his insight and remediation. Dr Kerr stated that he had used his gifts to improve society rather than his own lot as perhaps he was doing when he was dealing, and that there was therefore, specific remediation directed towards that public confidence. He stated that he hoped the public would see that he now lives a life of integrity.

81. In terms of maintaining his medical knowledge and skills, Dr Kerr stated that he had focused on actively contributing to society, earning a living, and building a pragmatic career and life resilient to the uncertain outcome of this hearing. Dr Kerr stated that he had prioritised the need to remediate his behaviour over the regaining of clinical skills and that he hoped the public would understand his reasons for that. Dr Kerr submitted that his PhD work does show a commitment to the medical field more broadly and that any medical job he was able to apply for upon restoration would come with intense mandatory supervision.

82. Dr Kerr stated that he understood that the first step was registration. He submitted that there was no way he would put all of this effort into rehabilitation, only to jeopardise the reputation of the profession through unsafe practice.

83. Dr Kerr submitted that he thought his reinstatement would only have positive impacts on the practice of medicine were he allowed to resume. He stated that he hoped to enter specialist practice after completing the Foundation Programme. Dr Kerr also stated that he hoped that the clinical skills element was easier to restore and evidence if he were to apply for restoration again.

84. Dr Kerr stated that considering the possibility of being a doctor again had been painful to do. He said that he appreciated that the outcome could be a 'no' but he had put trepidation to one side as he was motivated to become a doctor again.

85. Dr Kerr stated that when he had worked as a doctor, he had gained a deep satisfaction from treating patients and improving the circumstances of those less fortunate. He stated that he can see what a privilege it is to practise and the very direct impact he could perhaps once again have. Dr Kerr stated that he saw returning to medicine as a way of maximising his use in society.

86. Dr Kerr asked the Tribunal to consider this case carefully and on its own merit and asked for clarity in the written judgement as to whether, if restoration is not granted, the position is irremediable.

The Tribunal's Approach

87. The Tribunal reminded itself that its power to restore a practitioner to the medical register in accordance with Section 41 of the Act is a discretionary power. This power is to be exercised in the context of the Tribunal's primary responsibility to act in accordance with the

statutory overarching objective to protect the public. The burden is on Dr Kerr to show that his name should be restored to the medical register. There is no formal standard of proof – s41(1) of the Rules states that a doctor can be restored if the Tribunal thinks it fit to do so. The Tribunal should not seek to go behind the original Tribunal’s findings on facts, impairment, and sanction.

88. While the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Kerr’s name to the medical register is a matter for this Tribunal exercising its own judgement. The Tribunal reminded itself that, if it directs that Dr Kerr’s name should be restored to the medical register, it can do so only without conditions or restrictions on his practice.

89. Throughout its consideration of Dr Kerr’s application for restoration, the Tribunal was guided by the approach laid out in the guidance.

90. The guidance sets out at B2 that the test for the Tribunal to apply when considering restoration is:

‘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?’

91. The Tribunal reminded itself that it should consider the following five factors set out within paragraphs B4-B34 of the guidance which address:

- a. the circumstances which led to the erasure;
- b. whether Dr Kerr has demonstrated insight into the matters that led to erasure, taken responsibility for his actions and actively addressed the findings about his behaviour or skills;
- c. what Dr Kerr has done since his name was erased from the register;
- d. the steps Dr Kerr has taken to keep his skills and knowledge up to date; and
- e. the lapse of time since erasure.

92. The Tribunal should then go on to determine whether restoration will meet the overarching objective.

93. The Tribunal was reminded that it should note the case of *Bolton v Law Society* [1994] 1 WLR 512, where it was made clear that the reputation of the profession as a whole is more important than the fortunes of any individual member, even if they pose no ongoing risk, and the consequences may be deeply unfortunate for them.

The Tribunal's Decision

The circumstances which led to Dr Kerr's erasure

94. The Tribunal reminded itself of the background of this case, as set out above. It noted that there were a number of aggravating features. Dr Kerr had been convicted of four offences, which had taken place over a number of months. The drugs being supplied were of both Class A and Class B, which meant that Dr Kerr's actions had the potential to cause significant harm to the public and the fabric of society. The offending showed signs of an organised and ongoing chain of supply, which was financially motivated. Dr Kerr received a substantial sentence of imprisonment.

95. The Tribunal reminded itself of the detail in the determination of the 2019 Tribunal and accepted the observations and conclusions it had made when deciding to erase Dr Kerr's name from the medical register.

96. This Tribunal was of the view that much of the 2019 Tribunal's reasoning and comments were still applicable today. It agreed that a member of the public would view these convictions as grave and serious, and that Dr Kerr's actions had had a clear adverse impact on public safety and public confidence in the medical profession. It also undermined the maintenance of professional standards. The Tribunal agreed that Dr Kerr's actions marked a very serious departure from GMP, and that conspiring to import and deal Class A and Class B drugs is a serious failure to act with integrity and within the law.

Whether Dr Kerr has demonstrated insight into the matters that led to erasure, taken responsibility for his actions, and actively addressed the findings about his behaviour or skills

97. The Tribunal accepted that it is more difficult to demonstrate sufficient remediation in cases involving such serious behaviour. It recognised that drug dealing brought with it issues of integrity and probity, which are concerning attitudinal and underlying traits. It noted however, that the 2019 Tribunal had not decided that this offending was irremediable, and this Tribunal agreed with that view.

98. The Tribunal therefore considered very carefully whether the insight Dr Kerr has demonstrated and the remedial steps that he has taken, coupled with the passage of time, could remove the concerns in relation to the overarching objective and allow Dr Kerr to return to unrestricted practice.

Insight and remorse

99. The Tribunal noted firstly that Dr Kerr did not demonstrate timely insight when the offences were first uncovered by the police. He did not answer questions in the police interview, and the probation officer was concerned about his blasé behaviour and lack of accountability.

100. However, the Tribunal noted and accepted the view of the 2019 Tribunal, which had considered two statements that Dr Kerr had made and the oral evidence that he gave. The 2019 Tribunal stated that it had *‘found Dr Kerr’s evidence to be genuine with regards to his acceptance of responsibility for his conduct, XXX, intentions to continue with rehabilitation, and his attempts of remediation.’*

101. This Tribunal also considered Dr Kerr’s insight now, six years later. It considered the full reflective statement that he had made. In it, Dr Kerr fully accepted both responsibility for his actions, and the reasoning behind the 2019 Tribunal’s decision. Dr Kerr explained his childhood personal circumstances and the social pressures that he felt under at university.
XXX

102. In his oral evidence, Dr Kerr appeared genuine, emotional, and remorseful. He said that he had been naïve, and that he now accepted that it was *‘not what a doctor should be doing and was a complete dereliction of duty.’* He said that through his experiences now he had seen the impact of drugs and warns others against their use.

103. The Tribunal accepted that Dr Kerr has demonstrated he fully understands the circumstances which led to XXX and subsequent offending.

104. The Tribunal was satisfied therefore that there is evidence Dr Kerr has good insight into his actions, and the effect they have on public confidence and professional standards in the profession. He had time to reflect XXX, in prison, and also while erased from the medical register.

Remediation and risk of repetition

105. XXX

106. XXX

107. XXX

108. XXX

109. XXX

110. XXX

111. The Tribunal accepted that XXX. It concluded that Dr Kerr has demonstrated that he has taken huge steps to address XXX his XXX criminal offending.

112. The Tribunal noted that the 2019 Tribunal felt that the risk of repetition in Dr Kerr's case was low, and this Tribunal agreed with that view.

113. The Tribunal noted that Dr Kerr is now employed and being sponsored to undertake a PhD. The Tribunal was impressed with the steps taken by Dr Kerr to remediate his actions. It concluded that he has worked very hard on this journey and is now an ambassador speaking out against drugs and for rehabilitation. The Tribunal accepted that Dr Kerr now lives a very different lifestyle to the one before his arrest.

114. The Tribunal took into account the high quality and powerful testimonial evidence it had received. When directly asked, all three witnesses said that it was highly unlikely there would be a repetition of Dr Kerr's offending. They all described the remedial steps that Dr Kerr has taken, and the positive work that he is doing now to remediate his actions both privately and publicly. The Tribunal concluded that the risk of repetition was low.

What Dr Kerr has done since his name was erased from the register

115. The Tribunal took into account everything that Dr Kerr has done since his name was erased from the medical register.

116. The Tribunal noted that Dr Kerr was still serving his prison sentence when the 2019 Tribunal made its determination, and he had been given day release to attend the hearing.

117. The Tribunal concluded that, while in prison, Dr Kerr made good use of his time, working as a mentor and prison council worker, and then being given day release to study a MSc in neuroscience.

118. When he finished his prison sentence, Dr Kerr worked hard to gain employment and presently works part time as a membership officer for the Howard League, while continuing his PhD studies. Both his appraisals and the updates on his PhD are positive and show the progress that he has made. The Tribunal also recognised the voluntary roles that Dr Kerr is fulfilling.

119. Dr Kerr XXX. He has re-built ties with his mother and sister, has a strong network in place, and has many testimonials that speak about the progress he has made.

The steps Dr Kerr has taken to keep his medical knowledge and skills up to date

120. The Tribunal reminded itself that the onus was on Dr Kerr to demonstrate he has kept his medical knowledge and skills up to date and was safe to resume unrestricted practice.

121. The Tribunal recognised the difficulties that Dr Kerr had faced while in prison when it was not feasible for him to attend courses or arrange clinical attachments. It noted however, that since his release, Dr Kerr had made a conscious choice to prioritise his remediation, his employment, his PhD, and his charity work. He had not focussed on maintaining his medical skills and knowledge because of those priorities and the uncertainty of the restoration outcome. The Tribunal noted that Dr Kerr turned down the possibility of drafting medical questions for a course provider which could have gone some way in helping him with his medical skills.

122. Dr Kerr explained that his knowledge might be up to date but his clinical skills were not, as they can only be *'done practically.'*

123. The Tribunal accepted that Dr Kerr was academically impressive and his PhD is related to medicine, but not so much so that it would assist him with medical clinical skills. It respected his passionate interest in prison reform and the roles that he was performing.

124. The Tribunal noted Dr Kerr's desire to return to medicine but understood that he had prioritised other matters. The Tribunal concluded therefore that Dr Kerr had not demonstrated that his medical skills and knowledge were up to date.

The lapse of time since erasure

125. The Tribunal noted that Dr Kerr had been erased from the register in 2019. A minimum of five years must elapse before a doctor can apply for restoration, and Dr Kerr applied fairly soon after the end of that time period.

126. The Tribunal noted that the criminal offending took place almost ten years ago. It took into account the insight Dr Kerr has demonstrated, and the remedial steps that he had taken, since then. It recognised Dr Kerr's academic achievements, his employment, and the changes that he has made to his lifestyle.

127. However, the Tribunal took account of paragraph B34 of the guidance which states:

'The longer the doctor has been away from clinical practice, the greater the likelihood that their knowledge and skills will have deteriorated to a degree that may place patients at risk. Tribunals should pay close regard to how the doctor has maintained their knowledge during a lengthy period away from the register.'

128. The Tribunal was concerned that Dr Kerr has not practised medicine since the date of his arrest in March 2017, which is now almost eight and a half years ago, and has not been keeping his medical skills up to date in the intervening period.

Will restoration meet the overarching objective?

129. Having made the above findings as to whether Dr Kerr is fit to practise, the Tribunal next had regard to the overarching objective. In so doing, it performed a balancing exercise, weighing its findings above with its obligations under the individual limbs of the overarching objective which are:

- a. To protect, promote and maintain the health, safety, and well-being of the public;
- b. To promote and maintain public confidence in the profession; and

- c. To promote and maintain proper professional standards and conduct for members of that profession.

130. The Tribunal agreed with the decision of the 2019 Tribunal. Dr Kerr's behaviour had breached the fundamental tenets of the medical profession, and all three limbs of the overarching objective were engaged at that time.

131. In respect of limb (a), the Tribunal concluded that Dr Kerr had not demonstrated that his medical skills and knowledge were up to date. The onus is on him to demonstrate that he is fit to return to unrestricted practice. The Tribunal did not accept that the restrictions on a Foundation Programme were sufficient to satisfy the overarching objective.

132. The Tribunal decided that Dr Kerr's lack of medical skills poses a future risk to patients and members of the public. The Tribunal decided therefore that the health, safety, and well-being of the public would not be protected were his name to be restored to the medical register.

133. In respect of limb (b), the Tribunal took into account the insight and remorse that Dr Kerr has demonstrated, and the impressive remedial steps he had taken. It accepted that his life is very different now. It took into account the views of the testimonial witnesses, who spoke very highly of Dr Kerr, and the work he is now doing.

134. The Tribunal noted that patients and members of the public expect doctors to act with integrity and probity. The criminal convictions demonstrate that Dr Kerr had not. However, the Tribunal had concluded that Dr Kerr's offending, though serious, was remediable and noted that the criminal actions took place almost a decade ago. Since then, Dr Kerr has demonstrated good insight and remediation.

135. In respect of limb (c), the Tribunal noted that Dr Kerr's offending was a serious departure from the standards expected of a medical professional. However, it considered the risk of repetition to be low. The fact that Dr Kerr's name was erased from the medical register will already have served as a deterrent effect, sending out a signal to the profession and the public that offending of this nature is unbefitting of a doctor.

Conclusion

136. Dr Kerr has not demonstrated that his medical skills and knowledge are up to date. This could put patients at risk of harm.

137. The Tribunal was not satisfied therefore, that restoring Dr Kerr's name to the medical register would satisfy limb (a) of the overarching objective, namely, to protect, promote and maintain the health, safety, and well-being of the public.

138. In summary, having carefully considered all the evidence and specific circumstances of this case, the Tribunal was not satisfied that Dr Kerr is fit to return to unrestricted practice.

139. Accordingly, it determined that Dr Kerr's name should not be restored to the medical register.

Dr Kerr's right to make further applications for restoration

140. Dr Kerr must automatically wait at least 12 months from the date of his restoration application (rather than from the date of this decision) before applying again. The Tribunal has no discretion to make this period longer or shorter unless the doctor has made two or more previous applications, which is not the case here.