PUBLIC RECORD

Dates: 01/12/2025 - 09/12/2025

Doctor:	Dr Helen EISENHAUER
GMC reference number:	7420494
Primary medical qualification:	MB ChB 2013 The University of Warwick

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

Summary of outcome

Suspension, 5 months
Review hearing directed

Tribunal:

Legally Qualified Chair	Mr Neil Dalton
Registrant Tribunal Member:	Dr Hiu Lam
Registrant Tribunal Member:	Dr Euan Strachan-Orr

Tribunal Clerk:	Mr Michael Murphy

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Ranald Davidson, Counsel, instructed by the MDDUS
GMC Representative:	Ms Katie Jones, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public.

Overarching Objective

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

Determination on Facts/Impairment - 03/12/2025

Facts

Background

1. Dr Eisenhauer qualified in the UK in 2013 with an MBChB (Hons) from the University of Warwick. Having completed her training, Dr Eisenhauer joined Stenhouse Medical Centre (the Practice) in August 2018 as a salaried General Practitioner ('GP'). This has been her only place of work as a qualified GP.

2. The allegations leading to Dr Eisenhauer's hearing have arisen from concerns regarding her engagement with Patients A and B at the Practice on 17 July 2024.

3. On 18 July 2024, one of the Practice's Partners conducted enquiries because of seeming anomalies in Dr Eisenhauer's booking arrangements for these patients. As a result, an 'investigation meeting' took place within the practice on 7 August 2024, followed by a 'disciplinary meeting' on 30 August 2024. Dr Eisenhauer attended both meetings. At neither meeting did Dr Eisenhauer accept she had acted dishonestly in relation to those bookings.

4. Following correspondence received from her Practice after the disciplinary meeting, Dr Eisenhauer self-referred the matter to the General Medical Council ('GMC') on 18 September 2024. In her self-referral letter to the GMC, Dr Eisenhauer put matters this way:

> *'[…] I had blocked an appointment for a patient to be seen. I then completed an entry into a patient's record 2 days later which was incorrect. At the time, I thought this was the correct patient that I had seen. However, on further investigation it has shown that I did not see this patient and the information entered was incorrect. I could not reasonably explain what happened on that day and the evidence suggests that did not*

see a patient in the particular timeslot blocked and therefore the information in the notes was not accurate. I do not feel that I knowingly entered false information, but I agree that this was a significant event and with no explanation it questions my probity. I have tried to be honest in my reflections on the day, but I cannot account for what happened and accept the seriousness of the situation. I have accepted the final outcome from the investigation and hearing and wish to move forward in improving my note taking, multitasking and showing my probity and trustworthiness does not need to be questioned again.'

5. Having since undertaken an investigation into these matters, the GMC now allege that on 17 July 2024 Dr Eisenhauer booked face-to-face appointments first with Patient A, then with Patient B, for 4.30pm that day, knowing that neither appointment was required as she had already undertaken telephone consultations with both patients earlier that day. The GMC allege that, on 19 July 2024, Dr Eisenhauer then went on to make a retrospective entry in Patient B's medical records, stating that she had carried out an examination of Patient B, despite knowing that she had not done so, and that therefore her entry in the medical records was false. The GMC allege that Dr Eisenhauer's actions in these regards were dishonest.

The Allegation and the Doctor's Response

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

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

1. On 17 July 2024 whilst working at the Stenhouse Medical Centre you:

    a. booked a face to face appointment for Patient A for 16:30 the same day when a face to face appointment was not required (Appointment 1); **Admitted and found proved**

    b. subsequently changed Appointment 1 to a face to face appointment with Patient B when a face to face appointment was not required for Patient B (Appointment 2). **Admitted and found proved**

2. At the time of booking Appointments 1 and 2 you knew that:

    a. you had had telephone consultations with Patient A and Patient B in the morning on 17 July 2024; **Admitted and found proved**

b. Appointments 1 and 2 were not genuine appointments. Admitted and found proved

3. On 19 July 2024 you accessed Patient B's medical records and made a retrospective entry for 17 July 2024 stating that you had:

a. seen Patient B at 16:00; Admitted and found proved

b. carried out an examination of Patient B. Admitted and found proved

4. You knew that:

a. you did not see Patient B in a face to face appointment on 17 July 2024; Admitted and found proved

b. you did not carry out an examination of Patient B; Admitted and found proved

c. the entry you had made on 19 July 2024, in Patient B's medical records was false. Admitted and found proved

5. Your actions as set out at:

a. paragraph 1 were dishonest by reason of paragraph 2; Admitted and found proved

b. paragraph 3 were dishonest by reason of paragraph 4. Admitted and found proved

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. To be determined

The Admitted Facts

7. At the outset of these proceedings, through her Counsel, Mr Davidson, Dr Eisenhauer made admissions to all of the paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the 'the Rules'. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

Impairment

Witness Evidence

8. The Tribunal received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Ms C, Practice Manager for the Practice (statement, 2 January 2025);
- Ms D, receptionist at the Practice. (statement, 9 July 2025); and
- Dr E, GP and Partner at the Practice (statement, 17 July 2025).

9. Dr Eisenhauer provided her own witness statement, dated 24 October 2025, together with a second (undated) witness statement entitled "Personal reflection'. She also gave oral evidence at the hearing.

10. In oral evidence, Dr Eisenhauer adopted the contents of her two statements. In the first of those statements, which included admissions to the entirety of the Allegation, she explained that she now realises – though she did not appreciate it fully at the time – the strain she had been under from sleep deprivation resulting from her parenting responsibilities.

11. She says that, on 17 July 2024, she had been scheduled to finish at 4.45pm and she needed to leave the surgery promptly in order to collect her children XXX by 6.00pm:

> *'On the day appointments get booked very quickly and can vary in complexity. I was worried about what might be booked in and the impact this might have on my finishing time.'*

12. Regarding the 4.30 slot that afternoon, she says:

> *'I recall thinking that the slot needed to have a named patient booked in and so added Patient B. I recall worrying that the slot could otherwise be filled with another patient that may delay my day further.'*

13. She continues:

> *'On 19 July 2024 I received an instant message from Dr E, a Partner at the Practice advising me that there was no entry recorded in Patient B's notes following the*

appointment listed on 17 July 2024. I recall feeling embarrassed and worried about what my colleagues would think of me having made the booking for Patient B and then not having seen her.

'At this time, I decided to write in the notes and inform my colleague that I had done so. I did this in the middle of my full working day without thinking it through. On this day I was working as the duty doctor on a busy Friday. I did not consider the impact which writing in the notes would have for a consultation which had not occurred. I did not consider the consequences of writing this entry at the time. I recollect only my worry and embarrassment.'

14. Her first statement concludes:

'I deeply regret these events including the generation of the patient appointments, the misleading communications to my colleagues and, in particular, my entry in Patient B's notes. I feel that I have let the profession and myself down. The incident occurred over one year ago at a time of particular stress for me when I was having to balance the demands of my young family with busy professional commitments. I fully accept however that this does not excuse my dishonesty. I do feel that in the intervening period I have developed significantly such that I am better able now to balance my obligations at home and at work. I am fully aware of the importance of honesty and probity in my personal and professional life, and the impact that dishonest actions can have on the profession and the public trust in the profession. I recognise that I have made avoidable and gross errors in judgement which have had a huge impact on my colleagues and myself. I am thoroughly ashamed of my behaviour in July 2024 and am determined to never compromise the medical profession or myself again.'

15. These sentiments are likewise expressed in her 'Personal reflection', where she adds:

'I also recognise that when I made my self-referral to the GMC, I wasn't as open and detailed as I should have been. At the time, I felt overwhelmed by shame and embarrassment, which clouded my judgement. I now understand that being open and transparent from the start is essential […]'.

16. In examination-in-chief, Dr Eisenhauer indicated that in future she would ensure she would be open and honest with her colleagues, and that she would speak to a partner at her Practice if she needed to leave her day's work duties at a particular time – in order to discuss

the best way to enable that. More generally, she would ensure she had much better childcare in place.

17. Upon cross examination from Ms Jones, Counsel for the GMC, Dr Eisenhauer confirmed she knew her obligations set out in Good Medical Practice (2024) (GMP). She confirmed that her place of employment was a supportive practice. She also accepted that it had been her responsibility to put in place a workable plan to enable her to juggle work and home life commitments. She agreed that there was nothing unusual about that particular working day (17 July 2024) and that hers had been a predictable challenge that many professionals face ('that's fair'). She had chosen that day to undertake additional locum session work, but she had not made an appropriate fallback provision for childcare, something she now regrets.

18. More generally, Dr Eisenhauer confirmed that she had lied to her colleagues in the investigation meeting, and that she had 'not been as open and honest as [she] could have been' in her self-referral correspondence to the GMC', accepting that what she had written did not represent an accurate reflection of what she knew she had done. She agreed that her first formal expression of candour in relation to the facts was in her statement of 24 October 2025, more than a year after the events under consideration.

Documentary Evidence

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

- Timeline of events (17-19 July 2024);
- Screenshot of Dr Eisenhauer's telephone consultation with Patient A, dated 17 July 2024;
- Screenshot of Dr Eisenhauer's telephone consultation with Patient B on 17 July 2024;
- Dr Eisenhauer's entry in the medical notes in relation to Patient B;
- Minutes of Investigation meeting held by the Practice on 7 August 2024;
- Minutes of Disciplinary meeting held by the Practice on 30 August 2024;
- Letter to Dr Eisenhauer from the Practice with the outcome of the disciplinary hearing, dated 11 September 2024;
- Dr Eisenhauer's self-referral letter to GMC, 18 September 2024
- Personal Reflections of Dr Eisenhauer;
- Evidence of Continuing professional development (CPD);

- Appraisal Summary for Dr Eisenhauer, dated 13 August 2025; and
- Email from the Practice, dated 17 November 2025.

20. The Tribunal also received a number of testimonials from her employers and colleagues, in support of Dr Eisenhauer, all of which it has read.

21. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Eisenhauer's fitness to practise is impaired by reason of misconduct.

Submissions

Submissions on behalf of the GMC

22. Ms Jones referred the Tribunal to the 'Guidance for MPTS Tribunals' (the Guidance) and submitted that the Tribunal should consider where on the spectrum of seriousness the allegation against Dr Eisenhauer lies. She submitted that Dr Eisenhauer's conduct fell at the higher end of the spectrum of seriousness given the nature of the dishonesty.

23. Ms Jones stated that, during a short period of time, Dr Eisenhauer engaged in three acts of dishonesty, each of which fell at the higher end of the spectrum of dishonesty, with the third instance being premeditated in inputting a false entry into Patient B's medical record. She submitted that this demonstrated a reckless disregard for patient safety and put Patient B at a risk of harm. She also submitted that Dr Eisenhauer undermined a system designed to protect the public and undermined collaborative working as she repeatedly lied to colleagues. Ms Jones said that Dr Eisenhauer sought to hide from taking responsibility for her conduct and that this lies at the higher end of seriousness of misconduct, so the level of risk to the public is high.

24. Ms Jones went on to state that the Tribunal should then consider the impact of any relevant context. She submitted that the allegations relate to an isolated incident which appeared to have been out of character and that this could decrease the level of risk to the public to 'medium'.

25. Ms Jones stated that the Tribunal should then consider how Dr Eisenhauer has responded to the allegations. She submitted that there was no evidence to suggest that Dr Eisenhauer had accepted her dishonesty at the time she made the self-referral (something Dr

Eisenhauer had accepted in her oral evidence). Ms Jones reminded the Tribunal that Dr Eisenhauer had also chosen not to provide a 'Rule 7' response, so the Tribunal could not find any evidence of insight at the 'Rule 7 stage' either.

26. Ms Jones submitted that the bulk of the evidence of Dr Eisenhauer's insight and remediation was very recent and that her insight was not yet fully developed. She noted that dishonesty is difficult to remediate, but submitted that Dr Eisenhauer's dishonesty was capable of remediation, albeit at this stage, with her insight incomplete, there remains a risk of repetition.

27. Ms Jones went on to invite the Tribunal to find that Dr Eisenhauer posed a current and ongoing risk to public protection and that, accordingly, it should make a finding of impairment. She submitted that the level of the current and ongoing risk is medium in respect of public protection. As such, she said, a finding of impairment should be made to reflect that.

Submissions on behalf of Dr Eisenhauer

28. Mr Davidson, Counsel, submitted that while a finding of dishonesty would typically result in a finding of impairment, this is not always the case, and it can fall short of current impairment. He informed the Tribunal that Dr Eisenhauer has been practising for over 12 years with no previous fitness to practise concerns.

29. Mr Davidson referred the Tribunal to the positive testimonial from a GP Partner at the Practice, dated 26 February 2025, along with further positive testimonials from colleagues of Dr Eisenhauer who were aware of the allegations at this hearing.

30. Mr Davidson informed the Tribunal about of the circumstances around Dr Eisenhauer's dishonesty. He stated that, at this time, she was a mother XXX and that if she did not pick up her children XXX on time, on the date of the index events, she may have lost that childcare provision. He also stated that, at this time, Dr Eisenhauer was not sleeping well and XXX.

31. Mr Davidson submitted that Dr Eisenhauer has demonstrated insight and remediation in her oral evidence and in the documents submitted. He stated that Dr Eisenhauer has fully developed her insight by admitting her wrongdoing and that this is evidenced by the CPD and reflections she has provided. He reminded the Tribunal that no clinical concerns have been

raised in this case. Mr Davidson assured the Tribunal that Dr Eisenhauer's conduct will not be repeated as she now has better organisation of her working life and childcare.

32. Mr Davidson submitted that Dr Eisenhauer's conduct was at the lowest end of the range for dishonesty and that the Tribunal could conclude that her fitness to practise is not impaired. He went on to submit that there is no risk of repetition and that the events in the allegation related to a single incident which was out of character and has been remedied. Mr Davidson reminded the Tribunal that if it does determine to find no impairment then it can consider a warning.

The Tribunal's Approach and Determination

33. Whilst the Tribunal has borne in mind the submissions made, the decision as to whether Dr Eisenhauer's fitness to practise is impaired is a matter for this Tribunal exercising its own judgment.

34. It is clear from the design of section 35c of the Medical Act 1983 that the Tribunal must adopt a two-stage approach:

a. First, it must decide whether one of the circumstances set out in the section is present (and the relevant one here is misconduct)

b. If Misconduct is present, this then provides the Tribunal with a legal basis upon which it can go on to assess whether, resultantly, this doctor's fitness to practice is impaired.

35. In accordance with the Guidance, the Tribunal will only make a finding of impairment in the event it decides that Dr Eisenhauer poses a 'current and ongoing risk' to 'one or more of the three parts of public protection' such as might require restrictive action in response. The three parts of 'public protection' are to:

- protect, promote and maintain the health, safety and well-being of the public (patient safety)
- promote and maintain public confidence in the profession (public confidence), and
- promote and maintain proper professional standards and conduct for members of those professions (uphold professional standards).

36. In determining whether this doctor poses a 'current and ongoing risk', the Tribunal's assessment will be undertaken with reference to the facts found proved at the first stage of the hearing, together with such further relevant evidence as presented at the Impairment stage. Thus, it may be that, despite Dr Eisenhauer being guilty of misconduct (if that is what the Tribunal finds), the Tribunal may decide her fitness to practise is not impaired *(GMC v Cheatle [2009] EWHC 645 [Admin]* at paragraph 19).

Misconduct

37. The Tribunal reminded itself that misconduct has been defined by the Privy Council in the case of Roylance v GMC as 'a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.' In that case, the Privy Council went on to say that 'The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances', *(Roylance v GMC (No.2) [2000] 1 AC 311)*.

38. For the doctor's conduct to amount to misconduct, 'it must be linked to the practice of medicine or [else it must be] conduct that otherwise brings the profession into disrepute, and it must be serious'. *(GMC v Calhaem [2007] EWHC 2606 (Admin) at paragraph 36)*.

39. As to seriousness, this must be given its proper weight: it is conduct which would be regarded as deplorable by fellow practitioners *(Nandi v GMC [2004] EWHC 2317 (Admin)* at paragraph 31, approved by *Meadow v GMC [2007] QB 462* at paragraph 200).

40. In the Guidance, the MPTS puts it this way: *'[to] amount to misconduct, the behaviour will be a serious departure from the professional standards, as set out in Good medical practice.'*

41. Reflecting upon these matters, the Tribunal considered that Dr Eisenhauer's behaviour was misconduct that was indeed serious. By her actions, she had been dishonest in a medical setting, and in relation to patient care, in the various regards set out in the Allegation.

42. In so doing, the Tribunal considered Dr Eisenhauer was in breach of a number of aspects of Good Medical Practice ('GMP', 2024 ed):

'[…]

69 You must make sure that formal records of your work (including patients' records) are clear, accurate, contemporaneous and legible.

…

81 You must make sure that your conduct justifies patients' trust in you and the public's trust in your profession.

…

89 You must make sure any information you communicate as a medical professional is accurate, not false or misleading. […]'

43. The Tribunal was mindful of the introductory words to Domain 4 of GMP:

'Patients must be able to trust medical professionals with their lives and health, and medical professionals must be able to trust each other.

Good medical professionals uphold high personal and professional standards of conduct. They are honest and trustworthy, act with integrity, maintain professional boundaries and do not let their personal interests affect their professional judgements or actions.'

44. In all the circumstances, the Tribunal determined that Dr Eisenhauer's conduct amounted to a serious departure from the required professional standards. It concluded that Dr Eisenhauer's actions were, therefore, sufficient to amount to serious misconduct.

Impairment

45. In considering this issue, the Tribunal sought to determine two things:

- Whether this doctor posed a 'current and ongoing risk' to 'one or more of the three parts of public protection' such as might require restrictive action in response; and, if she did, then
- What the level of risk might be (whether, low, medium or high)?

46. In accordance with the Guidance, the Tribunal undertook its assessment by considering three broad questions, in sequence:

- Where on the 'spectrum of seriousness' does the allegation lie?
- What is the impact of any relevant context known about Dr Eisenhauer and/or her working environment?
- How has this doctor responded to the allegation?

47. The Tribunal found, as its start point, that Dr Eisenhauer's dishonesty fell at the high end of the spectrum of seriousness.

48. Although her dishonesty occurred over a relatively short period of time, the Tribunal noted that it amounted to a course of conduct. Dr Eisenhauer was initially dishonest twice on 17 July 2024, in booking face-to-face appointments with Patient A and Patient B. Then, when challenged by a colleague regarding those matters, her response on 19 July 2024 was to attempt to conceal the initial dishonesty by taking the premeditated act of falsifying Patient B's medical records. Across this course of conduct, Dr Eisenhauer displayed a reckless disregard both for patient safety and for professional standards.

49. Moreover, by such actions she undermined collaborative working, betraying the trust her colleagues needed to be able to place in her probity, as they worked side-by-side with her on a daily basis. The Tribunal noted that her inability to be honest with professional colleagues continued into the investigation meeting too, a factor which increased the seriousness with which the Tribunal regarded matters.

50. By making a false record, she was also undermining a system designed to protect the public. As Dr E, one of the partners at her Practice puts it, *'I was concerned that appointment bookings […] can be seen and monitored by patients and NHS England and records therefore need to be correct and accurate.'*

51. In all these regards, the Tribunal determined that Dr Eisenhauer was putting her own interests before those of her patients.

52. In consequence, it found there was a high starting point for assessing risk.

53. The Tribunal then went on to consider the impact of any relevant context. In this regard, it noted that the dishonesty, which had been out-of-character, had occurred at a time when Dr Eisenhauer was trying to juggle professional obligations with her parental

responsibilities for XXX young children. On 17 July 2024, these responsibilities had included a timetabling commitment to collect her children XXX. This had the potential to clash with her professional obligations in terms of patient appointments in a busy surgery that afternoon. She says (and the Tribunal accepts) that her judgment was affected during this period by sleep deprivation occasioned by the long night-time waking hours she had been experiencing XXX. To be clear, the Tribunal does not consider this remotely excuses her dishonesty (nor does Dr Eisenhauer assert that it does); however, it is a relevant contextual element capable of decreasing the level of risk to public protection.

54. The Tribunal went on to consider how Dr Eisenhauer has responded to the Allegation.

55. It reminded itself that,

- The dishonesty was not something which Dr Eisenhauer had initially disclosed of her own volition; rather, it had emerged only because of the investigation undertaken by colleagues.
- Thereafter, when confronted with the dishonesty, she sought to deny this to her colleagues.
- Likewise, in her self-referral to the GMC, she did not present the referral as one of accepted dishonesty.

56. However, the Tribunal also recognised that, by the time of this hearing, she had fully admitted all matters.

57. The Tribunal had regard to her oral evidence, her statement of 24 October 2025 and her Personal Reflection statement. Taken together, it considered that these displayed a recent but developing level of insight - insight which the Tribunal assessed as genuine - regarding how these matters had come to pass, why they were so serious, and how she could have acted differently. Her articulation of these themes was clear and cogent, albeit the Tribunal would have welcomed a fuller expression from her of the risks to patient safety from falsifying records.

58. While recognising that dishonesty is not easy to remediate, the Tribunal nevertheless took into account the objective evidence produced by Dr Eisenhauer of her process of remediation. This included proof having attended a number of courses directly relevant to the matters under consideration (courses on ‘probity and ethics’, ‘being open’, and ‘good practice record-keeping for doctors’ among others). The Tribunal paid particular regard to the learning that Dr Eisenhauer had taken from these courses. It also bore in mind her

comments generally – as expressed in writing and in her oral evidence – regarding how her reflections and her learning would inform her future conduct. In her 'Personal reflection' statement, she articulates the 'strategies and support mechanisms' which she has now put in place. Namely:

> *'[…]*
>
> *• Asking early for help when struggling with workload or time pressure.*
> *• Using double appointments appropriately for complex patients.*
> *• Following appointment-booking processes strictly rather than trying to "create time".*
> *• Improved childcare arrangements, with more stable routines and shared responsibilities.*
> *• Better personal boundaries, including recognising when fatigue affects performance.*
> *• A commitment to immediate honesty, even if it feels uncomfortable or embarrassing.*
> *• Regular reflective practice to recognise risks early.'*

59. In the circumstances, the Tribunal considered that a repetition of such misconduct was unlikely to occur, albeit it could not at this stage find the risk of repetition to be highly unlikely. In other words, the risk remained present.

60. Having considered all these matters, it is the Tribunal's final judgment that Dr Eisenhauer does indeed pose a current and ongoing risk to public protection requiring restrictive action in response.

61. In coming to that determination, the Tribunal finds that all three parts of public protection are engaged. Namely:

- Protecting, promoting and maintaining the health, safety and wellbeing of the public (patient safety)

Where dishonest behaviour has impacted, or could impact on patient care, there is a clear risk to patient or public safety. The falsification of records in Dr Eisenhauer's case is a clear example of this. Moreover, where a doctor is dishonest in their interactions with colleagues, this can cause breakdowns in communication and/ or in the collaborative working needed to deliver safe patient care.

- Promoting and maintaining public confidence in the profession (public confidence)

Patients and members of the public must have confidence in doctors to behave professionally and act with honesty and integrity. Dishonesty arising inside, or related to, a doctor's professional practice may result in a breakdown of trust and undermine public confidence.

- Promoting and maintaining proper professional standards and conduct (upholding professional standards)

Good medical practice requires that doctors are honest, trustworthy, act with integrity and uphold the law.

As doctors are expected to be honest and act with integrity, dishonest behaviour will usually amount to a significant breach of the professional standards.

62. Although its initial assessment (as per paragraphs 46 to 51 above) had been that the risk to public protection was high, the Tribunal's final determination is that - taking into account Dr Eisenhauer's personal context (as per paragraph 52 above), coupled with how she has responded to the allegations (as per paragraphs 53 to 58 above) – these factors decease the overall level of risk across all three parts of public protection to one of medium.

63. In conclusion, the Tribunal has therefore determined that Dr Eisenhauer's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 09/12/2025

64. Having determined that Dr Eisenhauer's fitness to practise is impaired by reason of misconduct, the Tribunal now must decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

65. The Tribunal reviewed its findings from the facts and impairment stages. It also took into account the evidence received during those earlier stages of the hearing, where relevant, in order to reach its decision on sanction.

66. Additionally, The Tribunal received further oral evidence from Dr Eisenhauer.

67. Dr Eisenhauer said (in terms) that, in the event that she was prevented from practising, it would impact adversely upon her Practice and its patients, as well as upon her family.

68. She explained that her Practice had a large number of elderly and infirm patients and that these were at a heightened risk of ill-health during winter months. Her Practice was already short of doctors (due to maternity leave) and, in consequence, her non-availability for work would place further pressure on her colleagues. While her Practice could recruit locums during her absence, these could not undertake some aspects of her role (i.e., home visits and visits to care homes) and neither would locum doctors be in a position to provide the continuity of care she could offer.

69. She confirmed, however, that sometime between February and September 2025, she had made the Practice aware that she would admit the Allegation. Against that background, she was unable to say what planning the Practice had made, if any, to prepare in the event of her non-availability. She confirmed that no evidence was available directly from the Partners at her Practice addressing this issue.

70. In relation to the impact of not working as a GP for any length of time, Dr Eisenhauer explained that she (a part-time GP) XXX contributed equally to the family finances. In consequence, her absence from the workplace would be financially impactive upon them and upon their XXX children. Dr Eisenhauer said XXX, and they had not planned for the contingency of her not working for any length of time. Dr Eisenhauer confirmed that, during the period of any suspension, she would not be paid by her Practice.

Submissions

71. On behalf of the GMC, Ms Jones begun by addressing Dr Eisenhauer's new evidence. She submitted that there was a lack of clear and objective information regarding how the Practice would deal with her absence. In terms of the financial impact upon this doctor's family, she noted that Dr Eisenhauer's husband worked XXX. In any event, Ms Jones noted, financial issues were not unique to this case.

72. Moving on to consider the question of sanction, Ms Jones reminded the Tribunal of the Guidance. She also reminded the Tribunal it had found, at the Impairment stage, a 'medium risk' to public protection.

73. Against that background, Ms Jones addressed the options available to the Tribunal.

74. She submitted that there were no exceptional circumstances in this case to warrant taking no action and that therefore this would be inappropriate.

75. She submitted that a sanction of conditions would neither be appropriate nor proportionate in this case as the concerns raised do not relate to Dr Eisenhauer's health or performance. Moreover, the level of risk to public protection which the Tribunal had earlier identified in this case ('medium risk') was a further indicator that conditions were not appropriate.

76. Ms Jones went on to submit that suspension was an appropriate and proportionate sanction in this case. Although Dr Eisenhauer had demonstrated some insight, she presented a current and ongoing risk to public protection. As such, a suspension was needed for patient safety reasons, as well as to maintain public confidence in the medical profession and proper standards of conduct for members of the profession. A period of suspension would have a deterrent effect, and it would send also a message to Dr Eisenhauer, the medical profession and to the public as to the standards of behaviour expected of a registered medical practitioner.

77. Ms Jones referred to the sanction bandings which indicate that, for a dishonesty conviction with a medium level of risk to public protection, a suspension for a period of 3 to 9 months would be appropriate. However, she emphasised that the Guidance had made plain the bandings should be seen as a guide, and it was for the Tribunal to determine sanction based upon the particularities of the case.

78. Finally, she also submitted that erasure would not be the proportionate response, taking into account the absence of a persistent lack of insight on the part of this doctor.

79. On behalf of Dr Eisenhauer, Mr Davidson submitted that the Guidance was purely guidance. As such, the individual circumstances of Dr Eisenhauer's case could properly, fairly and proportionately justify the Tribunal imposing a shorter period of suspension than the 'medium risk' length-range identified in the sanction bandings.

80. In support of this submission, Mr Davidson rehearsed Dr Eisenhauer's new evidence regarding the ways in which any suspension will impact upon colleagues and patients at her Practice, as well as upon her family. He also reminded the Tribunal of Dr Eisenhauer's evidence from the Impairment stage. This demonstrated her insight, and the process of remediation she had undertaken, as well as the fact that her conduct had been wholly out-of-character.

81. Mr Davidson also asked the Tribunal to bear in mind the positive testimonials received from Dr Eisenhauer's friends and professional colleagues, including Partners within her own Practice. These had been provided in knowledge of the allegations, and in knowledge of the fact that the allegations had been admitted.

82. He stated that there was no guarantee Dr Eisenhauer could return to work at the Practice if she was suspended. Consequently, the longer her absence from work, the greater the risk of her not being able to return.

The Tribunal's approach to Sanction

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

84. In reaching its decision, the Tribunal has taken account of the Guidance and GMP. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

85. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Eisenhauer's interests with the public interest and noted that the need to protect the public always outweighs the interests of any individual medical professional.

86. The Tribunal has also reviewed its decision on facts and impairment, and it has considered the level of current and ongoing risk the doctor poses to public protection. It has referred to the range of sanctions generally available, together with the specific sanctions bandings for dishonesty cases as set out in the Guidance. Finally, the Tribunal has considered the impact of any specific sanction (insofar as a sanction might be deemed applicable), and it has considered fully the testimonials provided.

The Tribunal's Determination on Sanction

No action

87. The Tribunal first considered whether to conclude the case by taking no action. Taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

88. The Tribunal determined that the seriousness of its findings required the imposition of a sanction. It determined that there were no exceptional circumstances, and it would not therefore be sufficient, proportionate or in the public interest to conclude this case by taking no action.

Conditions

89. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Eisenhauer's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

90. In its deliberations, the Tribunal took the view that it would not be possible to formulate conditions to address Dr Eisenhauer's dishonesty and, as such, conditions would be unworkable in this case. Moreover, given the seriousness of her conduct, the Tribunal did not consider that the imposition of conditions would be a proportionate response sufficient to satisfy its determined level of the current and ongoing risk to public protection.

91. The Tribunal concluded that conditions are insufficient to ensure public protection and would not meet the public interest or maintain proper professional standards of conduct for the members of the profession.

92. The Tribunal has, therefore, determined that it would not be sufficient to direct the imposition of conditions on Dr Eisenhauer's registration.

Suspension

93. The Tribunal then went on to consider whether imposing a period of suspension on Dr Eisenhauer's registration would be appropriate and proportionate.

94. In its deliberations, the Tribunal had regard to the Guidance which states:

> *'45. Suspension may be proportionate in cases where some, or all, of the following factors are present:*
>
> *a. conditions are not appropriate, measurable and/or workable*
>
> *b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or*
>
> *c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards'*

95. In this instance, the Tribunal found that the said factors were indeed present. Conditions were not appropriate, per Paragraph 45(a) of the Guidance. The level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions, and suspension is necessary to stop the doctor from working and putting patients at risk while they gain full insight into any deficiencies and remediate, per Paragraph 45(b). In addition, a suspension is needed both to maintain public confidence in the profession and to maintain professional standards.

96. Having reached that provisional view, the Tribunal considered whether erasure might instead be the proportionate response. However, taking into account the Guidance, the Tribunal did not consider that this doctor has shown a persistent lack of insight into the seriousness of the allegation about her behaviour and the potential or actual consequences. It bore in mind that Dr Eisenhauer had shown some reflections as evidence of her insight development.

97. Neither did the Tribunal consider the seriousness of the facts found proven, and/or impact of any relevant context, increased the current and ongoing risk to public protection such that public confidence in the profession would be undermined by Dr Eisenhauer continuing to hold registration.

98. Instead, therefore, its provisional view remained that the appropriate and proportionate sanction was one of suspension.

99. The Tribunal next considered the sanctions bandings for dishonesty cases. It reminded itself that it had determined in its impairment determination that – by her conduct – Dr Eisenhauer presented a medium risk to the three parts of public protection. This fell within the sanction band of 3-9 months suspension.

100. Reminding itself of the seriousness of the dishonesty, the relevant context of its commission, and Dr Eisenhauer's response to the Allegation, as discussed by the Tribunal in its Impairment determination, it provisionally determined that the appropriate length of the suspension should be one of five months.

101. Before finalising its decision, the Tribunal reminded itself how this case engaged one or more of the three parts of public protection. It also considered whether there was any additional evidence that may be relevant to deciding what sanction is proportionate.

102. In this case, the additional evidence included:

- Testimonials and references about the doctor's character, and
- Oral evidence from Dr Eisenhauer about the impact which a suspension might have on patients and colleagues at her Practice, and upon the doctor herself.

103. The Tribunal noted that the testimonials were to her credit. They spoke as one regarding Dr Eisenhauer's otherwise exemplary character, her high level of proficiency as a doctor, and the affection in which she is held both by patients and by those who know and/ or work with her.

104. As for the issue of impact, the Tribunal found it had insufficient objective independent evidence with which to reach an informed assessment. In other words, it had received no information from Partners at her Practice regarding:

- the arrangements (if any) they had put in place to cover the contingency of Dr Eisenhauer's non-availability;
- their attitude regarding continuing to employ Dr Eisenhauer in the event she is suspended for any length of time.

105. It noted, however, that by Dr Eisenhauer's own account, the Partners have known since at least September 2025 that she intended to admit the Allegation. The Tribunal considered that this provided them with time to plan for the possible eventuality of Dr Eisenhauer's suspension.

106. No specific financial information was made available to the Tribunal regarding the impact of any suspension upon the family's funds.

107. In all the circumstances, therefore, the Tribunal's assessment of sanction remained unchanged.

108. It determined that a period of five months suspension would be an appropriate period given the circumstances of this case. It considered that this would reflect the gravity of her conduct and send out a clear signal to Dr Eisenhauer, the profession and the wider public. It would also allow Dr Eisenhauer sufficient time to reflect further, and to acquire and demonstrate full insight and remediation.

Review hearing directed

109. The Tribunal determined to direct a review of Dr Eisenhauer's case. A review hearing will convene shortly before the end of the period of suspension, unless an early review is sought. The Tribunal wishes to emphasise that at the review hearing, the onus will be on Dr Eisenhauer to demonstrate how she has developed insight into, and remediated, her misconduct.

110. It may assist the reviewing Tribunal, however, if Dr Eisenhauer provides at that hearing such materials as she considers appropriate to demonstrate further training and courses relevant to her fitness to practise, coupled with her resulting reflections. Such reflections might be with particular reference to the patient safety risks occasioned by falsifying records, coupled with a greater expression of understanding by Dr Eisenhauer regarding time and stress management in the workplace.

111. The reviewing Tribunal is also likely to require evidence to show she has kept her medical skills and knowledge up to date.

112. Dr Eisenhauer will also be able to provide any other information that she considers will assist a reviewing Tribunal.

Determination on Immediate Order - 09/12/2025

113. Having determined that Dr Eisenhauer's registration should be suspended for five months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Eisenhauer's registration should be subject to an immediate order.

Submissions

114. On behalf of the GMC, Ms Jones submitted that an immediate order is not necessary in this case given the findings the Tribunal have made as to the seriousness of Dr Eisenhauer's misconduct and the level of ongoing risk to public protection.

115. On behalf of Dr Eisenhauer, Mr Davidson supported the GMC's submission that an immediate order is not necessary in this case. He stated that Dr Eisenhauer has not been subjected to an interim order and that there has been no repetition of her misconduct.

The Tribunal's Determination

116. In its deliberations, the Tribunal bore in mind the submissions made and that no immediate order was sought by the GMC. It had regard to the following paragraph of the Guidance:

> *'84. It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*
>
> *a. the doctor poses a risk to patient safety*
> *b. the risk to one or more parts of public protection is high, and/or*
> *c. immediate action is needed to maintain public confidence in the medical profession.'*

117. The Tribunal did not consider the above paragraph from the Guidance to be engaged in this case. The Tribunal reminded itself of its impairment finding that, although Dr Eisenhauer's insight was recent and not yet complete, a repetition of such misconduct was unlikely to be repeated. In all the circumstances, it was satisfied that an immediate order is not required for public protection in this case.

118. The Tribunal therefore determined not to impose an immediate order.

119. This means that Dr Eisenhauer's registration will be suspended from the Medical Register 28 days from the date on which written notification of this decision is deemed to have been served, unless she lodges an appeal. If Dr Eisenhauer does lodge an appeal she will remain free to practise unrestricted until the outcome of any appeal is known.

120. That concludes the case.