

PUBLIC RECORD**Dates:** 30/01/2026**Doctor:** Dr Ronald JAMES**GMC reference number:** 6121825**Primary medical qualification:** MD University of Perpetual Help System Dulta Jonelta Foundation School of Medicine

Type of case Review - Misconduct	Outcome on impairment Not Impaired
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Summary of outcome

Conditions revoked

Tribunal:

Legally Qualified Chair	Mr Angus Macpherson
Lay Tribunal Member:	Mrs Barbara Larkin
Registrant Tribunal Member:	Dr Eilish Gilvarry

Tribunal Clerk:	Mrs Olivia Gamble
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Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Linzi McQuade, 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 Impairment - 30/01/2026

1. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the Rules, whether Dr James' fitness to practise remains impaired by reason of misconduct.

Background

2. Dr James' case was initially considered by a Medical Practitioners Tribunal ('MPT'), at a hearing which took place in March 2022, ('the 2022 Tribunal').

3. Dr James qualified from the University of Perpetual Help in the Philippines in 2001. Prior to the events which are the subject of the hearing, Dr James was employed to carry out medical examinations of drivers to enable them to submit a completed Medical Report to obtain certain driving licences.

4. Dr James was employed by Doctors on Wheels ('DoW') from early April 2018. DoW was a company which offered drivers medical examinations such that they could apply to the DVLA for various licences or to a local authority for a Hackney Carriage 'licence. By the time Dr James joined the company, it was offering medical assessments at fixed premises as part of a remote service from a DoW vehicle which covered various parts of the country. The procedure included a nurse that would carry out a medical examination under the supervision of a doctor who would attend the examination remotely. If the driver passed the medical assessment, the nurse was authorised to stamp the form with the Doctor's name, the GMC number and the Doctor's signature using a stamp prepared and provided by DoW.

5. The Allegation that led to Dr James' hearing can be summarised as that he failed, on three occasions, to connect with a nurse virtually to supervise medical examinations and to permit the nurse to authorise the application form with his name, GMC number and his signature stamp to be given to the driver. Therefore, Dr James permitted the applications to be authorised in his absence. The drivers submitted their assessments as a duly authorised medical examination. It was alleged that Dr James, in allowing this to happen, was acting dishonestly.

6. The initial concerns were raised with the GMC on 6 February 2020 by Mr B, the Director of DoW Limited, after a Trading Standards investigation discovered the misconduct.

The 2022 Tribunal

7. The facts found proved at Dr James' hearing, can be summarised as follows: on three occasions Dr James permitted a Medical Examination D4 Report to be completed, indicating that he carried out the examination. Dr James allowed the documents to be stamped bearing his name and registration number knowing he had not carried out the examination. Dr James had failed to dial into the examination. It was further found that Dr James had been dishonest in his actions as described above.

8. The 2022 Tribunal considered Dr James' dishonesty, which occurred on 3 separate instances, over 2 different dates. In doing so, it agreed that paragraph 1, 15(a), 34, 65, and 71 (a) and (b) of *Good medical practice* (GMP) were engaged.

'1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.'

'15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

a. adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient'

'34 When you are on duty you must be readily accessible to patients and colleagues seeking information, advice or support.'

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

'71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

*a You must take reasonable steps to check the information is correct.
b You must not deliberately leave out relevant information.'*

**Record of Determinations –
Medical Practitioners Tribunal**

9. The 2022 Tribunal bore in mind that Dr James was just eight weeks into his role at DoW, at the time of the first instance of dishonesty, and although he had concerns around the practice of virtual examinations, he may not have had the confidence to take any positive action regarding these concerns. Dr James had acknowledged that he needed the work. However, the 2022 Tribunal drew a distinction between committing and omitting and found that Dr James' dishonesty was sustained through his passivity and by omission on his part.

10. The 2022 Tribunal concluded that the failings identified were so significant that they were fundamental breaches of GMP ('Good medical practice') which amounted to misconduct that was serious.

11. In reaching its decision on impairment, the 2022 Tribunal noted Dr James had failed to prevent D4 medical forms being authorised in his absence and in his name. The drivers submitted their assessments as authorised medical examinations. The 2022 Tribunal also found that Dr James had acted dishonestly on those three occasions. These failures had been a breach of his duty of integrity and honesty.

12. The 2022 Tribunal noted that Dr James had accepted the findings of the Tribunal. However, it noted that Dr James had not provided any evidence of remediation through relevant courses or further reflection at the hearing. The 2022 Tribunal also noted that Dr James had not demonstrated any significant steps he had taken to gain insight.

13. The 2022 Tribunal found that Dr James did not directly put the clients of DoW at risk of harm. However, it found that an issue in this case was the potential consequences and risks to the public by driving licences being issued without properly authorised D4 forms.

14. In considering the issue of sanction, the 2022 Tribunal concluded that Dr James had not been the 'architect of the system'. It also found that he had not attempted to cover up his dishonesty. The 2022 Tribunal considered that Dr James' dishonesty was not persistent as there were only three instances over two dates.

15. The 2022 Tribunal found that Dr James had demonstrated that he understood the gravity of his actions and was working his way toward remediating them. It considered that Dr James' misconduct was unacceptable but that the overarching objective would be satisfied by a period of suspension lasting twelve months.

16. The 2022 Tribunal determined to direct a review of Dr James' case.

The April 2023 Tribunal

17. The April 2023 Tribunal (the first review) reviewed Dr James' case and noted Dr James' late engagement with the regulatory process throughout the course of his suspension.

18. It bore in mind the lack of evidence Dr James had demonstrated to the 2022 Tribunal. It was the duty of Dr James to demonstrate whether his insight had developed sufficiently to

mean that his fitness to practise could be said to be not impaired. The Tribunal considered that this position has not changed significantly. Although, it noted, there was some new evidence provided to demonstrate reflection on his part it was described as “*scant, and woefully inadequate, consisting of little more than CPD started in March 2023 which has not been fully completed*”.

19. Further, it noted that in Dr James’ had accepted that his remediation had been ‘*last minute and inadequate*.’ It also noted that Dr James had failed to provide any testimonials from his mentor or his current employer. He explained, “*he did not think*” of asking for them. It considered that Dr James had acknowledged the 2022 Tribunal findings but that he had asserted that his remediation and insight was progressing, without developing or evidencing any detail of this.

20. The April 2023 Tribunal was satisfied that, in the absence of any evidence of remediation or the development of insight, the overarching objective required a finding of impairment in Dr James’ case.

21. The April 2023 Tribunal concluded that it had not seen any new evidence that discharged the persuasive burden on the doctor. Dr James had accepted ‘*there has been a lack of effort on his part to prove remediation and insight*’. It was concerned that Dr James’ engagement has been limited. He did not appear to have fully appreciated that there is a persuasive burden upon him to demonstrate that he is safe to return to unrestricted practice and is no longer impaired.

22. The April 2023 Tribunal determined that, given the information before it, there was insufficient evidence to conclude that Dr James has developed insight into his conduct, to appreciate why there was misconduct and how he could minimise the likelihood of repetition.

23. In the circumstances, the April 2023 Tribunal determined to suspend Dr James registration for a period of eight months to allow Dr James an opportunity to demonstrate that he had reflected on the impact of his actions, understand the gravity of dishonesty for a medical practitioner and gained full insight into his wrongdoing. The April 2023 Tribunal considered that it would also provide him with the necessary time to gather evidence of remediation and insight, and to enable him to demonstrate that his clinical knowledge and skills had been kept up to date during the period of suspension.

24. The April 2023 Tribunal determined to direct a review of Dr James’ case and clarified that at the review hearing, the onus would be on Dr James to provide evidence demonstrating how he had developed his insight and remediated his dishonesty and maintained his clinical knowledge and skills.

The December 2023 Tribunal

**Record of Determinations –
Medical Practitioners Tribunal**

25. The December 2023 Tribunal (the second review) reviewed Dr James' case. Dr James did not attend the review hearing, nor was he represented.

26. The December 2023 Tribunal noted that it had not received any further evidence of insight or remediation and, as such, nothing had changed. The Tribunal noted that the GMC had set out the recommendations of the first review Tribunal in later correspondence to Dr James on 8 September 2023. It also noted that Dr James had also expressed an intention to provide supplemental material. It was evident that he knew what was expected of him.

27. The December 2023 Tribunal were sympathetic to the difficult personal circumstances that Dr James faced. However, it also noted that Dr James had many months to collate that material and had provided nothing to support the development of further insight or remediation. There was also no evidence that Dr James had kept his medical knowledge up to date.

28. In the circumstances, the December 2023 Tribunal determined that Dr James had not discharged his burden to show that he was currently fit to practise, and as such remained impaired by reason of misconduct.

29. A further period of suspension was imposed to allow Dr James time to collate and present evidence to a subsequent review hearing. No new material was presented to the December 2023 Tribunal.

30. The December 2023 Tribunal was of the view that Dr James, given his total lack of effort to meet the concerns of past tribunals, had come very close to erasure, but for the reasons set out below, the Tribunal found that it was able to agree with the submission of the GMC, namely, that the doctor deserves one last opportunity to provide the necessary evidence of his reflection, insight, and remediation.

31. In the circumstances, the December 2023 Tribunal determined to extend the current order of suspension for a period of six months which would allow Dr James sufficient time to gain and provide evidence of insight, remediation, and reflection.

32. The December 2023 Tribunal determined to direct a review of Dr James' case and clarified that at the review hearing, the onus would be on Dr James to provide evidence demonstrating how he had developed his insight and remediated his dishonesty and maintained his clinical knowledge and skills.

The June 2024 Tribunal

33. The June 2024 Tribunal (the third review) reviewed Dr James' case. Dr James was present at the review hearing however he remained unrepresented.

34. At this hearing, the Tribunal found that Dr James had undertaken significant reflection and had come to understand the issues at DoW which had led to his dishonest conduct continuing through his own passivity and inaction. Further, the Tribunal considered that Dr James had identified safeguards for his future practice to ensure that he did not find himself in the same position again. The June 2024 Tribunal found that Dr James understood that what happened at DoW was wrong and believed that he would not put himself in a position where that might happen again because he would not want to be in a similar position again.

35. The June 2024 Tribunal also considered the opinions of Dr James' mentor, Dr C, who opined that Dr James would never again act in a dishonest way due to the magnitude of the shame that it brought to him and the damage to his personal dignity and mental health.

36. The June 2024 Tribunal concluded that Dr James had shown sufficient insight, remorse and remediation and considered that there was no longer a risk of repetition of the original misconduct.

37. The June 2024 Tribunal was however concerned that, given the length of time Dr James had been out of practice, his CPD and reflections on clinical skills and knowledge were limited. The Tribunal found that Dr James' evidence concentrated on the dishonesty aspect of the case and therefore the CPD undertaken in relation to clinical skills and knowledge was not sufficient. The June 2024 Tribunal did not consider that Dr James had provided sufficient evidence to reassure it that he had kept up to date with his medical knowledge whilst he was suspended. It was concerned that this was at odds with his real commitments to rejoining the medical profession.

38. The June 2024 Tribunal determined that although Dr James had shown insight and remediation and had not repeated the misconduct, he had not provided evidence that he had maintained his skills and knowledge. It therefore concluded that patients may be placed at risk by resumption of unrestricted practice.

39. The June 2024 Tribunal accordingly determined that as Dr James had shown good insight into his misconduct, the remaining concerns about the length of time he has been out of practice could be overcome with conditions intended to address his performance and general clinical practice. The Tribunal therefore found that conditions could be formulated which would be measurable and workable, to allow Dr James to show that he has the skills and knowledge necessary to return to safe, unrestricted practice.

40. The June 2024 imposed conditions for a period of 18 months. The Tribunal was mindful that it may take Dr James some time to obtain employment, and therefore it

considered that a period of 18 months would ensure that he was able to attend a review hearing having been in work for a period which would show his clinical skills and knowledge are satisfactory.

41. The Tribunal also directed a review and listed the following evidence Dr James could provide for the next reviewing Tribunal: an update report from his clinical supervisor; evidence of relevant CPD; any appraisals he may undergo; a record of clinical work undertaken; evidence from his mentor and any personal reflections on his progress he wishes to provide; any other information that he considered would assist the next reviewing Tribunal

Today's Review Hearing

42. This is the fourth review of Dr James' case.

The Evidence

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

44. The Tribunal received documentary evidence, which included but was not limited to:

- Previous Records of Determinations;
- Various correspondence between Dr James and the GMC;
- A proof of service bundle.

45. Dr James was not present or represented at today's hearing. Nor did he provide any evidence.

Submissions

46. On behalf of the GMC, Ms Linzi McQuade, Counsel, submitted that Dr James remains impaired by reason of his misconduct.

47. Ms McQuade submitted that Dr James has not engaged with the regulator in relation to today's review hearing and she submitted that he has failed to put forward any further evidence to this Tribunal.

48. Ms McQuade submitted that there is no evidence before this Tribunal in order for it to determine that Dr James is fit to practise unrestricted, given his significant time away from medical practice.

49. Ms McQuade concluded by inviting the Tribunal to determine that Dr James remains impaired by reason of his misconduct.

The Relevant Legal Principles

50. In reaching its decision the Tribunal should take into account the three parts of public protection, which include: protecting and promoting the health, safety and wellbeing of the public; promoting and maintaining public confidence in the profession; and promoting and maintaining proper professional standards and conduct.

51. The Tribunal reminded itself that there is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the June 2024 Tribunal set out the matters which may assist the future reviewing Tribunal. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.

52. This Tribunal must determine whether Dr James' fitness to practise is impaired today, taking into account Dr James' conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

53. The Tribunal must determine whether the doctor has demonstrated insight, and if so, to what extent. The Tribunal must also determine whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of current impairment were not made.

54. The Tribunal will need to consider whether the doctor has shown the following:

- a they fully appreciate the gravity of the offence
- b they have not reoffended
- c they have maintained their skills and knowledge
- d patients will not be placed at risk by resumption of unrestricted practice

The Tribunal's Determination on Impairment

Misconduct

55. At all times, the Tribunal had regard to *Guidance for MPTS Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e))* ('the MPT Guidance').

Is there a legal basis for considering impairment?

56. The Tribunal considered the evidence it had before it, the submissions made by Ms McQuade and the previous determinations in relation to Dr James' case.

57. The Tribunal referred to the previous determinations of the June 2024 Tribunal. It considered the findings that Tribunal made:

'The Tribunal found that Dr James has undertaken significant reflection and has come to understand the issues at DoW which led to his dishonest behaviour continuing through his own passivity and inaction. The Tribunal further found that Dr James has identified safeguards for his future practice to ensure that he does not find himself in the same position again, for example, not giving others access to his signature, discussing his work with a network of trusted colleagues, and working in an NHS training post with the increased supervision and support that entails.'

'The Tribunal further found that Dr James understands that what happened at DoW was wrong, and he would not put himself in a position where that might happen again. The Tribunal noted that Dr James was clear that he would seek alternative work, not because he could not stop himself committing similar acts again, but because he does not want to be in that position again.'

'The Tribunal therefore concluded that Dr James has shown sufficient insight, remorse, and remediation that there is no longer a risk of repetition of the original misconduct'

58. The Tribunal therefore concluded that the June 2024 Tribunal had determined that Dr James was no longer impaired by reason of the dishonest misconduct which brought his case to the GMC. This Tribunal referred to the June 2024 Tribunal's subsequent finding that Dr James had failed to keep his clinical skills and knowledge up to date:

'The Tribunal found that Dr James has made significant progress since the last review hearing and although he has shown sufficient insight and remediation in relation to the original misconduct, it was concerned that, given the length of time he has been out of practice, the CPD and reflections on clinical skills and knowledge are limited. The Tribunal found that Dr James' evidence concentrated on the dishonesty aspect of the case and therefore the CPD undertaken in relation to clinical skills and knowledge was not sufficient.'

The Tribunal found that Dr James has not provided sufficient evidence to reassure it that he has kept up to date with his medical knowledge whilst he has been suspended, and it was concerned that this was at odds with his real commitments to rejoining the medical profession. The Tribunal therefore found that although, as set out above, Dr James has shown that he fully appreciates the gravity of his misconduct, has shown insight and remediation, and has not repeated the misconduct, nor is he likely to, he has not provided evidence that he has maintained his skills and knowledge and patients may be placed at risk by resumption of unrestricted practice'

59. The Tribunal considered this finding and the fact that Dr James was subsequently made subject to an 18-month period of conditional registration.

60. The Tribunal considered the *Guidance for MPTS Tribunals (Section three: MPT Hearings)* ('the Guidance'). It noted the below paragraphs:

'119. To provide a good standard of practice and care, doctors must be competent in all aspects of their work, including, where applicable, formal leadership or management roles, research, and teaching. This means keeping their knowledge and skills up to date and being aware of relevant guidelines and developments that affect their work.

120. Where there is an allegation about one or more aspects of a doctor's professional practice, they need to demonstrate effective insight and remediation to reduce the risk of the same, or a similar allegation, being repeated. Where the circumstances giving rise to the allegation are historical and, since they arose, the doctor can show they have kept their knowledge and skills up to date and been working within their area(s) of competence, the absence of further allegations about their behaviour or performance may decrease the level of current and ongoing risk posed to public protection.

121. Where there is evidence that a doctor's knowledge and skills are not up to date, this may increase the level of current and ongoing risk they pose to public protection. However, it is not for the MPT to add a ground for impairment in these circumstances.'

61. The Tribunal noted that the June 2024 Tribunal had concluded that Dr James was no longer impaired by reason of the misconduct found in March 2022. Instead, it had found him impaired on the basis that he had not provided evidence that he had maintained his skills and

knowledge, and it considered that patients may be placed at risk by his resumption of unrestricted practice.

62. In these circumstances and bearing in mind in particular paragraph 121 of *the Guidance*, this Tribunal concluded that it is not appropriate for this Tribunal to find that Dr James' fitness to practice is impaired by reason of his misconduct. The findings of the Tribunal in June 2024 that Dr James' fitness to practise was impaired related solely to his impairment by reason that he had failed to keep his clinical skills and knowledge up to date. That was not a matter which related in any way to the misconduct which had originally been found proved.

63. Given the Tribunal's finding that Dr James is no longer impaired by reason of misconduct, the question of the imposition of a further sanction on his registration does not arise.

64. The Tribunal accordingly found no legal basis to consider impairment in this case.

65. The Tribunal recognised that there are concerns about Dr James' current clinical skills and knowledge. However, it considered that today's review hearing is not the forum to consider those concerns. The Tribunal had regard to the fact that Dr James does not currently have a licence to practise (it was revoked in 2019). He does not have a Responsible Officer. The Tribunal considered that Dr James' potential de-skilling was a matter for the GMC and the Revalidation Teams to address if he was ever to reapply for his licence to practise.

66. Given its findings, the Tribunal therefore determined that Dr James' fitness to practise is no longer impaired by reason of misconduct.

67. The Tribunal noted that Dr James' period of conditions is due to expire on 21 February 2026. Having found that Dr James fitness to practise is not currently impaired, and in the light of the considerations, the Tribunal directed that the conditions be revoked with immediate effect.

68. Case concluded.

ANNEX A – 30/01/2026

Application on Service and Proceeding in Absence of the Doctor

Service

69. Dr James was neither present nor represented at this Medical Practitioners Tribunal ('MPT') hearing. The Tribunal therefore considered whether the relevant documents had been served in accordance with Rule 40 of the General Medical Council ('GMC') Fitness to Practise Rules 2004 ('the Rules') and paragraph 8 of Schedule 4 of the Medical Act 1983.

70. The Tribunal was provided with a Proof of Service bundle which included the following documents regarding service of the notice of hearing:

- Proof of address for Dr James;
- MPTS Notice of Hearing – dated 4 March 2025;
- GMC Information Letter – dated 5 December 2025;
- Email proof of delivery – dated 5 December 2025;
- GMC General Enclosure Letter (Information Letter and draft bundle enclosed) – dated 10 December 2025;
- GMC General Enclosure Letter proof of delivery – signed for 11 December 2025.

71. Ms McQuade submitted that service had been effected in accordance with Rule 40 of the Rules by reason of the documents set out above.

72. The Tribunal had regard to the documents before it and the submissions made by Ms McQuade. It was satisfied that notice of this hearing has been served in accordance with Rule 40 of the Rules and paragraph 8 of Schedule 4 of the Medical Act 1983.

Proceeding in Absence

73. Having been satisfied that notice was properly served upon Dr James, the Tribunal then considered whether to proceed with this hearing in his absence, in accordance with Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

Submissions

74. Ms McQuade submitted that the Tribunal could be satisfied that all reasonable efforts had been made to serve Dr James with the notice of hearing, and that it was fair to proceed in his absence.

75. Ms McQuade submitted that Dr James had voluntarily absented himself from these proceedings. She submitted that Dr James has not requested an adjournment, that there was no indication that an adjournment would secure Dr James' attendance at a future date and therefore nothing would be achieved by adjourning proceedings.

The Tribunal's Determination

76. The Tribunal was satisfied that the GMC had made every attempt to provide Dr James with all relevant information and notice of hearings. The Tribunal considered that Dr James has been given every opportunity to engage with this hearing. The Tribunal was therefore satisfied that Dr James had voluntarily absented himself from these proceedings and that he has chosen not to attend today's hearing.

77. The Tribunal considered that Dr James had not requested an adjournment and that there was no evidence that were it to adjourn, he would engage or attend at any future date.

78. The Tribunal concluded that in balancing the interests of Dr James, the GMC and the public interest, it would be appropriate for the hearing to proceed as scheduled. Further delay in bringing the proceedings to a conclusion would not be in the interests of justice or fairness nor would further non-purposeful delay be in the interests of Dr James or the public interest.

79. The Tribunal therefore determined to proceed in Dr James' absence.