

PUBLIC RECORD**Dates:** 01/12/2025 - 09/12/2025

Doctor: Dr Kate EVE

GMC reference number: 6074387

Primary medical qualification: MB ChB 2003 University of Leeds

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

Summary of outcome

Suspension, 6 months
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Julia Oakford
Lay Tribunal Member:	Mr Matthew Fiander
Registrant Tribunal Member:	Dr Joanne Topping

Tribunal Clerk:	Mr Sewa Singh
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Richard Smith, Counsel, instructed by MDDUS
GMC Representative:	Ms Louise Cowen, 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 Facts and Impairment - 08/12/2025

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration or heard as evidence were confidential. This determination will be handed down in private but as this case concerns Dr Eve's conviction, a redacted version will be published at the close of the hearing.

Background

2. Dr Eve graduated from University of Leeds with BSc in Microbiology in 2002, followed by her MB ChB in 2003. She received her MRCP in 2010 and completed a RCGP Qualification in the management of substance misuse in 2017. Dr Eve was employed by Leeds Teaching Hospitals Trust for her junior and senior house officer posts prior to joining Bradford VTS. After qualifying as a GP, Dr Eve worked at The Ridge Medical Practice in Bradford, where she developed an interest in Palliative Care and was the Lead GP for Safeguarding Children. Dr Eve has worked in her current role, as a salaried GP at York Street Health Practice since 2015. She works part-time in this role to provide healthcare to patients in Leeds who are homeless, vulnerably housed or seeking asylum.

3. The allegations that have led to Dr Eve's hearing can be summarised as follows: on 19 July 2024, at Leeds Magistrates' Court, Dr Eve was convicted of driving a motor vehicle in a public place on 3 July 2024 having consumed excess alcohol. She was sentenced to imprisonment for 8 weeks, which was suspended for 12 months; a requirement to undertake 100 hours of unpaid work within the next 12 months and disqualified from holding or obtaining a driving licence for 36 months.

4. XXX

5. The matters came to the attention of the GMC when Dr Eve completed a GMC online self-referral form on 5 August 2024.

The outcome of applications made during the facts stage

6. The Tribunal refused an application by Ms Louise Cowen, Counsel for the GMC, made pursuant to Rule 41 of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), for

the entirety of the hearing to be held in private. The Tribunal's full decision on the application is included at Annex A.

The Allegation and the doctor's response

7. The Allegation made against Dr Eve is as follows:

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

1. On 19 July 2024 at Leeds Magistrates' Court you were:
 - a. convicted of driving a motor vehicle on a public place on 3 July 2024 after consuming so much alcohol that the proportion of it in your breath, namely 151 micrograms per 100 millilitres, exceeded the prescribed limit;
Admitted and found proved
 - b. sentenced to:
 - i. imprisonment for 8 weeks, suspended for 12 months;
Admitted and found proved
 - ii. carry out 100 hours of unpaid work within the next 12 months;
Admitted and found proved
 - iii. disqualification from holding or obtaining a driving licence for 36 months.
Admitted and found proved
2. XXX
3. XXX

And that by reason of the matters set out above your fitness to practise is impaired because of your:

- a. conviction in respect of paragraph 1;
To be determined
- b. XXX

The admitted facts

8. At the outset of these proceedings, through her Counsel, Mr Richard Smith, Dr Eve made full admissions to paragraphs 1, 2 and 3 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 the paragraphs of the Allegation as admitted and found proved.

The facts to be determined

9. In light of Dr Eve’s response to the Allegation made against her, the Tribunal moved onto stage 2 – impairment stage - of the hearing. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of facts admitted and found proved, as set out above, Dr Eve’s fitness to practise is impaired by reason of XXX conviction.

Documentary evidence

10. The Tribunal was in receipt of documentary evidence provided by the parties to which it had regard. This included, but was not limited to, the following:

- Dr Eve’s completed online self-referral form;
- Certificate of Conviction from Leeds Magistrates’ Court;
- The Responding to fitness to practise concern form completed by Dr Eve’s employer – Mr H of NHS England North East and Yorkshire (NHSE) Commissioning Region, dated 27 September 2024;
- XXX;
- XXX;
- XXX;
- XXX;
- XXX;
- A witness statement from Dr C of NHSE and Dr Eve’s Responsible Officer;
- Dr Eve’s Curriculum Vitae (CV).

Dr Eve’s evidence

11. Dr Eve provided her own witness statement and also gave oral evidence at the hearing. She said that as a doctor she had to represent the standard of behaviour expected of a doctor to colleagues and patients and that her behaviour fell short of those standards. Dr Eve said that she accepted full responsibility for her actions, adding that the events on the day of the car crash are at the forefront of her mind, and her reflection of the severity of her actions was a constant reminder of what she had done.

12. XXX

13. XXX

14. Dr Eve explained that XXX on 3 July 2024 when she was arrested and charged with driving over the prescribed legal limit of alcohol having crashed into parked cars at a school, while dropping [Child J] off. She went on to say that she was convicted of the offence which she fully accepted, adding that she realised the seriousness of her decision to drive whilst under the influence of alcohol and explained she had been asked by [Child J] to drop them off at school unexpectedly.

15. XXX

16. Dr Eve explained XXX. She said this had helped her to build confidence XXX. Further, she said that this also helped her to build confidence to be able to speak to her colleagues or family members XXX Dr Eve said that her role as a doctor was to help others and therefore it was important to XXX. She told the Tribunal that with the help of these activities she was now open to the idea of asking for help when she needed it. Dr Eve said that this type of regular opportunity helped her check-in on her thinking and to cope with the issues she faced when dealing with difficult situations. She added that she had put in place techniques such as journaling which helped her XXX.

Responses to Tribunal questions

17. XXX

18. XXX

19. XXX She told the Tribunal that on the day of the crash, she had consumed most of a 250ml bottle of Vodka in the morning prior to [Child J] asking her for a lift to school. Dr Eve said that her decision to drive [Child J] to school was influenced by her alcohol consumption and in her mind she thought it was just a short trip which she had done many times before and she would be okay to drive there and back. XXX She told the Tribunal the reason she did not tell [Child J] she could not drive them to school was that this would XXX. Dr Eve told the Tribunal that she goes past the school entrance where the accident took place and that every time she visualised people having being killed in accidents, and that she could have killed someone.

20. XXX. She said that she now recognises when she is XXX, and is now able to deploy appropriate coping strategies. She provided the Tribunal with two examples. The first being XXX. The second example Dr Eve provided was when a patient at her surgery who wished to be re-registered with the practice but had an issue involving her colleague. Dr Eve explained that when her workplace asked if anyone had any concerns, she said that the 'old me' would not have spoken up but she had been able to express her opinion.

21. Dr Eve told the Tribunal that whilst she had undertaken some courses XXX, she had not attended any courses on drink driving as she thought it unlikely she would drive again. She told the Tribunal that she fully understood and appreciated the seriousness and consequences of her actions, explaining the negative impact on her family, her colleagues

and the medical profession. She added that doctors should be trusted and conduct themselves as law-abiding citizens.

22. Dr Eve concluded by saying that whilst she was apologetic for her actions, an apology was not a big enough word. She said that she hoped to be able to prove that XXX, and to continue to employ the coping strategies she has learnt and work in a proper and meaningful way.

IMPAIRMENT

Submissions on behalf of the GMC

23. Ms Louise Cowen, Counsel, submitted that the issue of impairment was a matter entirely for the Tribunal exercising its own independent judgment. She said that when considering impairment, the Tribunal must keep at the centre of its consideration the overarching objective under section 1(1A) of the Medical Act 1983, and set out the three limbs of the overarching objective. She said that the second and third limbs were engaged in this case - to promote and maintain public confidence in the medical profession and, to promote and maintain proper professional standards and conduct for the medical profession. Ms Cowen submitted that a finding of impairment is necessary in order to uphold these two limbs.

24. Ms Cowen referred the Tribunal to the Guidance for MPTS Tribunals (the 'MPTS Guidance') which came into effect on 24 November 2025. She took it through the steps it must follow and the matters it must take into account to reach a finding on impairment. Ms Cowen submitted that there was a legal basis for considering impairment and in this case, the heads of impairment relied upon by the GMC are XXX conviction.

25. Ms Cowen submitted that the starting point for assessing the level of current and ongoing risk to public protection posed by a doctor is where on the spectrum of seriousness the allegation lies. She stated that Dr Eve's conduct had breached paragraphs XXX and 81 of Good Medical Practice (GMP) (2024 version). She referred the Tribunal to paragraphs 19, 20 and 28 of Section Three: Guidance of the MPTS Guidance, adding that the allegations in this case include departures from the professional standards relating to XXX and a conviction for a criminal offence. XXX.

26. Ms Cowen acknowledged that Dr Eve self-referred to the GMC, XXX

27. Ms Cowen submitted that the matter of Dr Eve's conviction is more likely to fall at the higher end of the spectrum of seriousness. She reminded the Tribunal that this is a case where the doctor was convicted of a drink driving offence and was sentenced to 8 weeks imprisonment, suspended for 12 months, required to undertake 100 hours of unpaid community work, and disqualified from holding a driving licence for 36 months. Ms Cowen acknowledged, however, that the circumstances surrounding Dr Eve's conviction are linked to XXX. Drawing the Tribunal's attention to paragraphs 37 and 39 of the MPTS Guidance, Ms

Cowen submitted that XXX, but Dr Eve's criminal conviction increases the seriousness of the overall allegation to a mid-range level of seriousness.

28. Ms Cowen submitted that looking at the allegations overall, the matters have a medium starting point regarding the risk posed to public protection.

29. XXX. She reminded the Tribunal of XXX which then led to her committing the criminal offence for which she was convicted. Ms Cowen went on to acknowledge the steps Dr Eve has taken to address XXX and to remediate.

30. Ms Cowen submitted that the level of risk to public protection therefore falls within the lower level as set out in the guidance.

31. Ms Cowen spoke of the steps Dr Eve has taken in response to the allegations and referred it to paragraphs 74, 76 – 101, 102 – 105 of the MPTS Guidance. She referred the Tribunal to the statement provided by Dr Eve's Responsible Officer, Dr C, in which Dr C states that Dr Eve has been professional and engaged in all requirements set out by NHS England, and that she has been open and transparent XXX.

32. XXX

33. Ms Cowen referred the Tribunal to paragraph 133 of the MPTS Guidance. She submitted that in this case, having regard to the conclusions reached at the earlier stages, referenced above, the allegations pose an ongoing risk to promoting and maintaining public confidence in the profession. Further, Ms Cowen submitted that members of the public aware of the facts of this case would be concerned were Dr Eve permitted to practise unrestricted. Ms Cowen submitted, therefore, that there were risks to the maintenance of public confidence in the profession and to promoting and maintaining proper professional standards.

34. Ms Cowen acknowledged that Dr Eve has served her period of suspension for the custodial sentence, but the sentence imposed demonstrated the seriousness of the offence. Ms Cowen invited the Tribunal to find Dr Eve's fitness to practise is impaired by reason of XXX conviction.

Submissions on behalf of Dr Eve

35. Mr Richard Smith, Counsel for Dr Eve, submitted that Dr Eve agreed with and accepted the way in which the GMC had applied the MPTS Guidance at this stage of the proceedings. He submitted that although he acknowledged it was a matter for the Tribunal exercising its own independent judgement, Dr Eve does not contest that her fitness to practise is impaired but added that, as submitted by the GMC, she presented a low risk to the three limbs of the public protection.

36. Mr Smith reminded the Tribunal that guidelines are just that and the difficulty was applying them in a case to a particular set of facts not contemplated at the time of writing the guidelines. He said that the circumstances in this case are a conviction with a custodial sentence wrapped up with XXX.

37. XXX

38. XXX He reminded the Tribunal of Dr Eve's oral evidence as to XXX, and the events of 3 July 2024 leading to the car accident and her conviction. He said that this was as a result of XXX.

39. Referring to the MPTS Guidance, Mr Smith submitted that the legal basis for finding Dr Eve's fitness to practise is impaired is her conviction XXX. He said that Dr Eve accepted that the conviction and the nature and seriousness of her conviction is damaging to the public interest in terms of both public confidence in the profession and upholding proper standards. He submitted, however, that as set out in the MPTS Guidance, this must all be considered in the context of the circumstances, which in this case is the personal context. XXX.

40. He went on to say that paragraph 11 of the MPTS Guidance sets out the basis for finding Dr Eve's fitness to practise impaired, XXX. However, he acknowledged that it would be right for the Tribunal to take into account the possibility that XXX.

41. XXX

The Relevant Legal Principles

42. The Tribunal considered section 35C(2)(c) XXX of the Medical Act 1983, which in summary provides that conviction XXX are possible grounds for impairment.

43. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone. Further, that it should determine whether the doctor's fitness to practise is impaired today, taking into account their 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.

44. The Tribunal further considered that, whilst there is no statutory definition of impairment, the guidance provided by Dame Janet Smith in the Fifth Shipman report as adopted by the *High Court in CHRE v NMC and Paula Grant [2011] EWHC 927 (Admin)* ('Grant') would be of assistance in its consideration of impairment. In particular, in this case, the Tribunal was reminded it may wish to consider whether its findings show that the doctor's fitness to practise is impaired in the sense that she:

- 'a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or
- b. has in the past or is likely in the future to bring the medical profession into disrepute; and/or
- c. has in the past breached and /or is liable in the future to breach one of the fundamental tenets of the medical profession....'

The Tribunal's determination on impairment

The Tribunal's approach

45. Throughout its deliberations, the Tribunal bore in mind the statutory overarching objective: to protect and promote the health, safety and wellbeing 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 the medical profession. It also had regard to the MPTS Guidance.

46. 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 judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to 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;
to promote and maintain public confidence in the profession; and
to promote and maintain proper professional standards and conduct for members of the profession.

47. To assess whether Dr Eve poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved,
- the impact of any relevant context known about Dr Eve and/or their working environment, and
- how Dr Eve has responded to the allegation.

48. XXX

49. The Tribunal XXX considered the matters relating to Dr Eve's Conviction.

Conviction

Background to the ‘the relevant offence’

50. Dr Eve’s conviction related to her actions on 3 July 2024 when she drove a motor vehicle when her alcohol level was above the legal limit. This was the relevant offence.

51. The unchallenged context for the relevant offence was that on the morning of 3 July 2024, Dr Eve, who was later found to have 151 micrograms per 100 millilitres of alcohol in her breath, drove her car to take [Child J] to school. Dr Eve drove into the school car park and whilst under the influence of alcohol, crashed her car into parked cars.

52. The Tribunal had regard to the certificate of conviction from Leeds Magistrates’ Court sent to the GMC on 3 December 2024. Dr Eve entered a guilty plea at her court hearing. The Tribunal was satisfied that the facts in this case relating to the relevant offence are supported by the documentary evidence.

53. The Tribunal noted that Dr Eve has completed her sentence except for the 36 months disqualification from driving.

The MPTS Guidance on impairment: Steps 2A to 2E

54. The Tribunal considered each of the steps in the MPTS Guidance.

Step 2A: legal basis for considering impairment

55. The Tribunal was satisfied that, this being a case of conviction, there was a legal basis for consideration of impairment.

Step 2B: spectrum of seriousness

56. The Tribunal considered that this was a conviction for a serious offence, which attracted a custodial sentence.

57. It noted in the certificate of conviction it states:

‘Reason: the offence(s) are so serious that only a custodial sentence can be justified.
Reason for custody: So serious as to justify custody. The defendant must comply with the requirements within the supervision period. In the event of activation of sentence: 0 bail remand days to count. Total custodial period 8 Weeks. Supervision period: 12 Months. The custodial sentence has been suspended because It would have a significant and harmful impact on others.

UPWR - Unpaid work. Requirement to be completed within 12 months.

Unpaid Work Requirement: Carry out unpaid work for 100 Hours within the next twelve months. This work will be supervised by the responsible officer.

DDRCO - Driving Disq (obligatory) - Reduction for course
Disqualified from holding or obtaining a driving licence for 36 Months. Disqualification obligatory for the offence. Disqualification to be reduced by 36 Weeks if by 08/09/2026 the defendant satisfactorily completes a course approved by the Secretary of State. The cost of the course will not exceed £250. Driving record endorsed. Sections 34(1) & 34A Road Traffic Offenders Act 1988.

GPTAC - Guilty plea taken into account Defendant's guilty plea taken into account when imposing sentence.'

The Tribunal noted that the legal limit in breath is 35 micrograms per 100 millilitres and therefore Dr Eve was driving when she was more than four times over the legal limit.

58. In the Tribunal's judgement, the behaviour that led to Dr Eve's conviction amounted to a breach of Domain 1 of GMP, which states at paragraph 4: *'You must follow the law'*

59. The Tribunal found paragraph 38 of the General introduction to the MPTS Guidance, in particular, to be engaged:

'Doctors must follow the law and so behaviour that leads to a criminal conviction ... can undermine public confidence, including some behaviours arising outside a doctor's professional practice. A doctor's behaviour can undermine the public's trust in the profession and impact on public confidence in the following circumstances:

- *where the specific nature of behaviour in a doctor's private life indicates a high level of seriousness'*

60. In the Tribunal's judgement, the behaviour that led to Dr Eve's conviction also amounted to a breach of Domain 4 of GMP, which states in the 'Introduction' section and in paragraph 81:

'Introduction

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.

Acting with honesty and integrity

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

61. The Tribunal found the following paragraphs of the MPTS Guidance, in particular, to be engaged:

- a) Paragraph 31: *“a criminal conviction ... resulting in a custodial sentence”* and
- b) Paragraph 26: a departure from professional standards which breaches *“fundamental tenets of the profession”* such as failing to act with integrity, and *“uphold the law”*.

62. Having regard to all the circumstances of the relevant offence, as set out above, the Tribunal concluded that Dr Eve’s conduct had seriously departed from these fundamental tenets of the medical profession.

63. Therefore, the Tribunal considered that the starting point for its assessment of the seriousness of the conviction was that it was at the higher end of the spectrum of seriousness.

64. The Tribunal next considered whether there were any features increasing the seriousness of the allegation, and the seriousness of the doctor’s departure from professional standards. The Tribunal considered that the following points listed in paragraph 36 of the MPTS Guidance are applicable: ‘Premeditated behaviour’ and ‘A reckless disregard for patient safety or professional standards’.

65. The Tribunal took into account Dr Eve’s evidence that she knew she was under the influence of alcohol at the time she decided to drive the motor vehicle but could not tell [Child J] that she was intoxicated. Her evidence was that she had rationalised her decision to herself at the time that it was only a short distance to the school, she had done the journey numerous times and so she would be okay. The Tribunal considered that Dr Eve took a calculated risk. Dr Eve’s actions had the potential to harm herself, [Child J] and the wider public. She herself stated in her evidence that she could have killed someone due to her actions.

66. In the specific circumstances of this case, the Tribunal was satisfied that the seriousness of the allegation is increased to a degree because it was premeditated behaviour and involved a reckless disregard for public safety. In accordance with paragraph 43 of the MPTS Guidance, the Tribunal’s assessment of the seriousness of the conviction remains at the higher end of the spectrum.

67. The starting point for assessing the current and ongoing risk to public protection is high, having regard to paragraph 44 of the MPTS Guidance. Paragraph 44 sets out that the

evidence of relevant context and how the doctor has responded to the allegations will *‘usually have less impact and carry less weight’*.

68. Considering all the circumstances and having regard to its conclusions at Steps 2A-2B above, the Tribunal next had to consider, overall, whether Dr Eve posed any current and ongoing risk to public protection and make its decision on impairment.

Step 2C – Relevant context

69. The Tribunal had regard to paragraph 45 of the MPTS Guidance which asks the Tribunal to consider *‘What is the impact of any relevant context known about the doctor and/or their working environment?’* It considered whether this had any effect on its assessment that the allegation was at the higher end of the spectrum of seriousness.

70. The Tribunal took account of XXX which it considered amounted to relevant personal context. It accepted that this contributed significantly and directly to her actions on 3 July 2024. The evidence before the Tribunal is that Dr Eve was XXX.

71. The Tribunal noted her unchallenged evidence that XXX and had put in place coping strategies to help her manage these. This included journalling of events so she could re-visit and consider how she could do things differently, and she was more confident in speaking out and approaching others for help – the Tribunal noted the examples Dr Eve provided. XXX.

72. The Tribunal considered that this relevant personal context decreased the level of current and ongoing risk to public protection posed by the doctor.

Step 2D – How the doctor responded to the allegations

73. The Tribunal considered the question of insight and whether Dr Eve had demonstrated any insight into the concerns in this case. Paragraph 74 states:

‘How has the doctor responded to the allegation(s)?

74. The MPT should consider the evidence available to them to establish if the doctor has:

- a. shown insight into their own practice, behaviour and/or [XXX]*
- b. taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation,’*

74. Dr Eve has taken steps to address XXX which were a significant contributing factor to her actions which led to her conviction. The Tribunal has already found that Dr Eve fully understands the gravity of and the potential consequences of her actions.

75. At paragraphs 43 – 45 of her statement dated 2 October 2025, Dr Eve stated:

[XXX]

I hope the Committee can see that since the accident, I have worked extremely hard, and continue to [XXX] so I am in the best position to avoid the risk of recurrence and mitigate against anything which has potential for negative impact on the high standards of care I strive to deliver and that my patients deserve.

I have incorporated [XXX].’

76. Paragraphs 76 and 77 require the Tribunal to consider insight and remediation. Paragraph 77 states:

‘Insight

Does the doctor understand what happened and accept how they could have acted differently?

Remediation

Is the allegation remediable?

Has the allegation been remedied?

Is the allegation likely to be repeated?’

77. XXX

78. The Tribunal had regard to the MPTS Guidance, in particular paragraphs 81 - 85.

79. The Tribunal was satisfied that Dr Eve has demonstrated sufficient insight into the concerns arising from Dr Eve’s behaviour that led to her conviction. As set out above in this determination, Dr Eve has fully recognised that her actions on 3 July 2024 were wrong, the potential consequences of her actions, and that XXX contributed significantly to her behaving in the way she did. She further recognised the seriousness of her conviction and the impact that may have on the public confidence in the profession. Dr Eve has also provided objective evidence of the steps she has taken to XXX which contributed to the offence for which she was convicted. The Tribunal considered that Dr Eve had a satisfactory level of insight.

80. However, the Tribunal considered, that her conviction is very difficult to remediate. Whilst it accepted that Dr Eve has done all she can do to XXX, it considered that XXX, there was a risk Dr Eve could repeat her actions which led to her conviction.

81. The Tribunal considered each of the three limbs of public protection in turn and found each were engaged in the current and ongoing risk posed.

82. As to the first limb, patient safety, the Tribunal considered that this was engaged. It noted, and was accepted by Dr Eve, that she made a conscious decision to drive the motor

vehicle under the influence of alcohol and that it could have had grave consequences. It also had regard to its conclusion that there was a risk of repetition should Dr Eve XXX.

83. As to the second limb, public confidence, the Tribunal concluded that public confidence was engaged, in light of the conclusions it had reached at Steps 2A-2D.

84. As to the third limb, professional standards, the Tribunal considered this limb, also to be engaged: and reminded itself of its earlier conclusion that Dr Eve's actions represented a serious departure from professional standards.

85. In all the circumstances, the Tribunal concluded that the current and ongoing risk to public protection posed by Dr Eve is medium in relation to her conviction.

XXX

86. XXX

87. XXX

88. XXX

89. XXX

XXX

90. XXX

91. XXX

92. XXX

XXX

93. XXX

94. XXX

95. XXX

96. XXX

97. XXX

98. XXX

XXX

99. XXX

100. XXX

XXX

101. XXX

102. XXX

103. XXX

104. XXX

105. XXX

106. XXX

107. XXX

Step 2E – Overall conclusion on impairment

108. The Tribunal has determined that Dr Eve’s fitness to practise is impaired by reason of conviction XXX

Determination on Sanction - 09/12/2025

1. Having determined that Dr Eve’s fitness to practise is impaired by reason of her conviction XXX, the Tribunal now has to decide, in accordance with Rule 17(2)(n) of the Rules, the appropriate sanction, if any, to impose.

2. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration and heard as evidence were confidential. This determination will be handed down in private due to the confidential nature of some of the matters. However, as this case concerns Dr Eve’s conviction, a redacted version will be published at the close of the hearing.

The Evidence

3. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

4. The Tribunal received a defence bundle which included, but was not limited to, Dr Eve's Appraisal in June 2025; XXX; her Continuing Professional Development and XXX; XXX; XXX.

Submissions on Sanction

For the GMC

5. Ms Louise Cowen, Counsel, referred the Tribunal to Section 3 of the MPTS Guidance and took it through relevant paragraphs. She submitted that the appropriate sanction, given the circumstances of this case, is a period of conditional registration. Ms Cowen referred the Tribunal to paragraph 28 of the MPTS Guidance and submitted that conditions may be appropriate where a doctor has shown a degree of insight into the allegation and when certain features were present. XXX

6. Ms Cowen reminded the Tribunal of the Responsible Officer's statement in which she stated that NHS England had received two workplace reports which confirmed that Dr Eve continued to comply and engage positively XXX

7. Ms Cowen acknowledged that the criminal conviction may increase the level of risk in this case, and she reminded the Tribunal of its findings in its determination on impairment in relation to this. She submitted that consideration had to be given to whether suspension would be the appropriate sanction in this case. She referred the Tribunal to paragraph 44 of the MPTS Guidance which states that the restrictive action of suspension is intended to address the level of current and ongoing risk to public protection and not intended to be punitive, although it can have that effect.

8. Ms Cowen reminded the Tribunal that Dr Eve has taken full responsibility for her actions, admitted the allegations, and explained that the drink driving offence occurred during XXX. She said that Dr Eve has taken steps to XXX and has completed the 12 months period of her suspended sentence and the 100 hours of unpaid community work. Ms Cowen went on to say that since her conviction, Dr Eve has taken steps to address XXX underlying her offending behaviour. She acknowledged that Dr Eve understands XXX, but she did not have the required coping mechanisms in place which she has now developed.

9. Ms Cowen told the Tribunal that the conviction and XXX in this case are intrinsically linked. She said that the risk posed by Dr Eve is low and therefore a sanction of suspension would be disproportionate. Ms Cowen referred the Tribunal to paragraph 61 of the MPTS Guidance which relates to the 'Sanctions Bandings'. She said that where the risk to public

protection has been deemed to be low due to XXX, conditions for a period of 6 to 12 months was the appropriate, proportionate and workable sanction. Ms Cowen said that conditions would allow for a supportive work environment to be developed which could be in line with XXX. Further, she submitted that Dr Eve has shown good insight and conditions would allow her to remain supervised, respond to remediation, and ensure XXX.

10. Ms Cowen invited the Tribunal to impose a period of conditional registration on Dr Eve's registration.

For Dr Eve

11. Mr Richard Smith, Counsel, reminded the Tribunal of its findings in relation to the level of seriousness of the conviction XXX in this case. He agreed with the GMC's submission that conditions would be the appropriate sanction, and that the conviction and XXX were intrinsically linked. He referred the Tribunal to the MPTS Guidance, stating that this was only guidance and should not dictate what the sanction should be.

12. XXX

13. Mr Smith referred the Tribunal to the stage 3 defence bundle. He submitted that this included evidence of XXX, and relevant courses. Further, he stated there was an updated report from Dr Eve's workplace supervisor, Dr I, dated 26 November 2025. Mr Smith submitted that this supported the assertion that Dr Eve is an extremely valued member of the team at York Street Health Practice and there have been no concerns about her XXX since she returned to work in April 2025. He also referred the Tribunal to the statement provided by Dr Eve's Responsible Officer, Dr C. Further, Mr Smith referred the Tribunal to the letter from XXX

14. Mr Smith then took the Tribunal through relevant paragraphs of the MPTS Guidance, particularly paragraphs 60 – 64, and those relating to the level of seriousness and the appropriate sanctions, and the evidence which the Tribunal should have regard to when considering the appropriate sanction. He referred the Tribunal to paragraph 28 of the MPTS Guidance which sets out factors that suggest a period of conditions would be the appropriate sanction.

15. Mr Smith also took the Tribunal to paragraph 45 of the MPTS Guidance and set out why suspension would be a disproportionate sanction. XXX. Mr Smith submitted that a member of the public, aware of all the circumstances of this case and the steps Dr Eve has taken to address the concerns in relation to her conviction, would not expect a sanction of suspension to uphold professional standards or to send a message to the doctor and to the profession about the standards expected of doctors.

16. Mr Smith referred the Tribunal to the Conditions Bank, XXX

17. In relation to the duration of any conditional registration, Mr Smith submitted that this should be for 24 months. XXX.

The Tribunal's Approach

18. The Tribunal was reminded that the decision as to the appropriate sanction, if any, to impose was a matter for its independent judgement which it must exercise fairly.

19. The Tribunal had regard to the relevant sections of the MPTS Guidance.

20. The Tribunal was mindful that the purpose of a sanction is not to be punitive, although a sanction may have a punitive effect on a doctor.

21. The Tribunal reminded itself that, in determining whether to impose a sanction and if so, which, it should have regard to the principle of proportionality and should start by considering the least restrictive option. In had regard to paragraph 7 set out in the 'Introduction' section of the Guidance for MPTS Guidance which states:

'Being proportionate

7. To be proportionate, a tribunal must ask themselves, in the context of the individual case and decision being made, what is required and no more than necessary to meet the GMC and MPTS' legal duty to protect the public in a timely way. To assess what is proportionate, tribunals should be clear on the options available to them.'

22. The Tribunal was, finally, advised that the reputation of the medical profession as a whole is more important than the interests of an individual doctor: *Bolton v Law Society [1993] EWCA Civ 32*.

The Tribunal's Determination on Sanction

23. Throughout its deliberations, the Tribunal had regard to the statutory overarching objective to protect patients set out in section 1 of the Medical Act 1983:

- a. to protect, promote and maintain the health, safety, and wellbeing of the public
- b. to maintain public confidence in the profession
- c. to promote and maintain proper professional standards and conduct for members of the profession

24. The Tribunal also had regard to the table set out at paragraph 62 of the MPTS Guidance – 'sanctions banding' in its consideration.

Case type	Lower level of risk to public protection	Medium level of risk to public protection	Higher level of risk to public protection
XXX	XXX	XXX	XXX
Convictions,	Conditions up to 12 months to Suspension up to 3 months	Suspension 6 to 12 months	Suspension 12 months to Erasure

25. The Tribunal noted the agreed position of both parties that Dr Eve’s conviction is intrinsically linked to XXX. The Tribunal continued to take into account the fact that XXX were a significant factor in the behaviour which led to Dr Eve’s conviction.

26. The Tribunal determined that it should consider sanctions in ascending order of severity in relation to each ground on which it has found Dr Eve’s fitness to practise impaired.

27. The Tribunal was mindful of the additional evidence provided by Dr Eve in the defence bundle, including testimonial evidence. It took into account Dr Eve’s further reflections on her conviction in addition to the letter she provided to the Magistrates’ Court in which she expressed her acceptance of full responsibility for her actions and that she is grateful every day that no other individual was directly hurt. She recognises the serious risk her decision to drive after drinking put others in, not least XXX. Further, there was evidence of more detailed reflection and learning in relation to the courses she has attended, XXX. Much of this has been discussed in depth during her appraisal in June 2025.

28. The Tribunal took into account that Dr Eve has consistently engaged with XXX since 10 July 2024, a week after the incident on 3 July 2024. In her further reflections, she has provided evidence of her learning from her engagement in XXX and how she has incorporated this into her life and her clinical practice. These include regular exercise, going to the gym. XXX

No Action

XXX Conviction

29. The Tribunal first considered whether to conclude the case by taking no action. It considered paragraphs 13 – 16 of Section 3 of the MPTS Guidance which relate to consideration of ‘Taking no action’. it noted in particular paragraph 13 states:

‘Where a doctor’s fitness to practise is impaired, it will usually be necessary for the MPT to restrict the doctor’s registration to achieve public protection. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare.’

30. The Tribunal determined that there are no exceptional circumstances in this case which would warrant the taking of no action in the context of the facts found proved and the Tribunal's determination on impairment. It considered that the taking of no action would not be sufficient, proportionate, or in the public interest.

Conditions

31. In considering conditions of practice, the Tribunal took into account the submissions made by both parties as set out above, that a period of conditional registration is the appropriate and proportionate sanction in this case.

32. The Tribunal had regard to the relevant sections of the MPTS Guidance in relation to sanction.

33. The Tribunal had regard to paragraphs 17 – 40 of the MPTS Guidance. In particular, paragraphs 23, 28 and 30 state:

'23. Conditions are likely to be workable where:

- a. the doctor has shown insight*
- b. time is needed for the doctor to take steps to address the findings (remediate), for example through retraining, study, supervision and/or seeking medical treatment*
- c. the doctor is willing to remediate, and*
- d. the MPT is satisfied the doctor will comply with them.*

28 Conditions may be proportionate in cases where the doctor has shown a degree of insight into the allegation and some, or all, of the following factors are present:

- a. the doctor has demonstrated they are willing and/or able to remediate*
- b. identifiable areas of the doctor's practice need prohibiting, monitoring, or retraining*
- c. the doctor has demonstrated they are willing to be open and honest with patients and others they work with if things go wrong*
- d. the doctor will not put patients at harm, either directly or indirectly, by having conditions on their registration.*

30. Conditions are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor's behaviour fall at the higher end of the spectrum of seriousness and/or suggest an underlying problem with their attitude.'

34. The Tribunal had particular regard to paragraph 62 of the MPTS Guidance which, as mentioned above, sets out a table for considering the appropriate sanction based on the level of risk to public protection. It also had regard to paragraph 66 which states:

‘The following matters are not relevant to the assessment of current and ongoing risk to public protection which will have informed the MPT’s decision on impairment, but can be considered at this stage when deciding what sanction is proportionate:

- a. evidence about the impact that taking a specific type of action may have on patients or members of the public, or the doctor themselves, and/or*
- b. references and testimonials about the doctor’s character.’*

35. Paragraph 67 states:

‘Where the MPT considers it is appropriate to take such evidence into account, they must explain the weight given to it and the impact this has had on their decision on sanction. This will include justifying any departure from a sanctions banding, if one is available for the specific case type.’

XXX

36. XXX

37. XXX

38. XXX

39. XXX

40. XXX

41. XXX

In relation to Conviction

42. The Tribunal then considered whether conditions would be workable, measurable and appropriate in relation to Dr Eve’s conviction.

43. The Tribunal was mindful that in its determination on impairment, it had assessed Dr Eve’s actions to pose a medium level of risk to public protection. Further, it had found that all three limbs of public protection are engaged and that the level of risk, notwithstanding all Dr Eve has done to address XXX, remained at the medium level.

44. The Tribunal had regard to paragraph 8 of Section 3 of the MPTS Guidance. This states:

‘For some types of cases, sanctions bandings are available. The MPT should be mindful that these provide a guide, and there may be evidence relevant to the individual circumstances of the case that indicates the appropriate action should be lower or higher than that indicated by the bandings. This can include whether the type of sanction should be less or more restrictive, or where conditions or suspension are imposed, that the length should be longer or shorter than that stated.’

45. In their submissions, both parties were agreed that XXX and conviction matters are intrinsically linked and XXX.

46. The Tribunal was mindful that Dr Eve’s conviction resulted in a custodial sentence of 8 weeks, suspended for 12 months; she was required to undertake 100 hours of unpaid community work within 12 months; and she was disqualified from holding or obtaining a driving licence for 36 months.

47. The Tribunal had regard to paragraphs 57, 58, 59, 60, 64 and 65 of its determination on impairment, where it stated:

‘57 It noted in the certificate of conviction it states:

‘Reason: the offence(s) are so serious that only a custodial sentence can be justified. Reason for custody: So serious as to justify custody. The defendant must comply with the requirements within the supervision period. In the event of activation of sentence: 0 bail remand days to count. Total custodial period 8 Weeks. Supervision period: 12 Months. The custodial sentence has been suspended because It would have a significant and harmful impact on others.

.....’

58. *In the Tribunal’s judgement, the behaviour that led to Dr Eve’s conviction amounted to a breach of Domain 1 of GMP, which states at paragraph 4: ‘You must follow the law’.*

59. *The Tribunal found paragraph 38 of the General introduction to the MPTS Guidance, in particular, to be engaged:*

‘Doctors must follow the law and so behaviour that leads to a criminal conviction ... can undermine public confidence, including some behaviours arising outside a doctor’s professional practice. A doctor’s behaviour can undermine the public’s trust in the profession and impact on public confidence in the following circumstances:

- where the specific nature of behaviour in a doctor’s private life indicates a high level of seriousness’*

60. *In the Tribunal's judgement, the behaviour that led to Dr Eve's conviction also amounted to a breach of Domain 4 of GMP,*

64. *The Tribunal next considered whether there were any features increasing the seriousness of the allegation, and the seriousness of the doctor's departure from professional standards. The Tribunal considered that the following points listed in paragraph 36 of the MPTS Guidance are applicable: 'Premeditated behaviour' and 'A reckless disregard for patient safety or professional standards'.*

65. *The Tribunal took into account Dr Eve's evidence that she knew she was under the influence of alcohol at the time she decided to drive the motor vehicle but could not tell [Child J] that she was intoxicated. Her evidence was that she had rationalised her decision to herself at the time that it was only a short distance to the school, she had done the journey numerous times and so she would be okay. The Tribunal considered that Dr Eve took a calculated risk. Dr Eve's actions had the potential to harm herself, [Child J] and the wider public. She herself stated in her evidence that she could have killed someone due to her actions.'*

48. The Tribunal acknowledges that XXX, which was a significant contributor to the actions which led to her conviction, and that she has taken steps to address XXX. The Tribunal considered that conditions of practice may be sufficient to address the first limb of public protection – to protect, promote and maintain the health, safety, and wellbeing of the public. The Tribunal had regard to the impact of a period of suspension on Dr Eve. However, the Tribunal considered that the seriousness of her conviction and the consequent risk cannot be addressed with a period of conditional registration. Conditions would not be appropriate or proportionate to mark the seriousness of the conviction in this case. Conditional registration would not be sufficient to satisfy the second and third limbs of the overarching objective or of public protection – namely, to maintain public confidence in the profession, and to promote and maintain proper professional standards and conduct for members of the profession.

Suspension

49. The Tribunal then considered whether suspension is the appropriate sanction in this case.

50. The Tribunal had regard to paragraphs 41 – 54 of the MPTS Guidance. These paragraphs deal with when suspension might be considered the appropriate sanction. In particular, the Tribunal noted paragraphs 44 and 45(c) state:

'44 Restrictive action of suspension is intended to address the level of current and ongoing risk to public protection and is not intended to be punitive. However, as it prevents a doctor from working and earning a living within that profession, it can have this effect. Suspension can also have a deterrent effect and be used to send a signal to

the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.

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.'*

51. Having regard to its findings set out above, and given the circumstances of this case, the Tribunal determined that suspension is the appropriate sanction in this case taking into account XXX the conviction XXX.

52. In determining the length of the suspension, the Tribunal had regard to the table set out at paragraph 62 of Section 3 of the MPTS Guidance. The table indicates that the sanction for a medium level of risk to public protection in relation to a conviction falls under the 'Suspension 6 to 12 months' banding.

53. The Tribunal had regard to paragraph 8 of Section 3 of the MPTS Guidance, set out above.

54. The Tribunal had regard to paragraphs 46 and 47 of the MPTS Guidance which states,

'46. The MPT will need to decide the appropriate length of time that suspension should be put in place for, up to the maximum of 12 months. The following factors will be relevant:

- a. the assessment of the level of current and ongoing risk to public protection posed by the doctor*
- b. the reasons for assessing suspension as being the proportionate response*
- c. the amount of time the doctor is likely to need to remediate, [XXX] and/or*
- d. the amount of time the parties will reasonably need to prepare for any review of whether the doctor continues to pose a current and ongoing risk to public protection requiring restrictive action in response or is safe to return to unrestricted practice.*

47. *A short suspension may be appropriate in cases where: the doctor's behaviour fell at the higher end of the spectrum of seriousness; there was evidence of relevant context and/or evidence of insight and remediation that decreased the level of current and ongoing risk to public protection such that there are no outstanding patient safety considerations; and suspension is being imposed on public confidence grounds and/or to maintain professional standards.....'*

The Tribunal is satisfied that appropriate period of suspension falls within the 6 – 12 months banding. In the Tribunal's judgement, given all the circumstances in this case, the appropriate sanction is a period of six months suspension with a review.

Review

55. The Tribunal had regard to paragraphs 52 of the MPTS Guidance which states:

'52. The question of whether the doctor can safely return to unrestricted practice will need to be considered before a period of suspension concludes and so a review should be directed. The exception to this is where a short suspension (usually three months or less) has been imposed on public confidence grounds and/or to maintain professional standards.'

56. The Tribunal has determined to direct a review of Dr Eve's case XXX. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing the onus will be on Dr Eve to demonstrate further evidence of her insight and remediation.

57. It therefore may assist the reviewing Tribunal to receive evidence of the following:

- XXX;
- XXX;
- Evidence of ongoing CPD;
- Any other information Dr Eve may consider relevant to her case.

Determination on Immediate Order - 09/12/2025

1. Having determined that Dr Eve's registration should be suspended for a period of six months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether her registration should be subject to an immediate order of suspension.

Submissions

2. Ms Cowen referred the Tribunal to the relevant Parts of Section 3 of the MPTS Guidance. She submitted that an immediate order is not necessary. She told the Tribunal that there is no interim order to revoke.

3. Ms Alexandria Jones, Solicitor at the MDDUS, reiterated that Dr Eve is not subject to an interim order. She reminded the Tribunal of the evidence placed before it which showed that Dr Eve has successfully returned to work with no further concerns. XXX. Ms Jones submitted that the public interest test is met by the substantive sanction. She submitted that patient safety is not an issue and therefore an immediate order is not necessary.

The Tribunal's Determination

4. Pursuant to section 38(1) of the 1983 Act, on giving a direction for suspension, the Tribunal may impose an immediate order (suspension in this case) if it considers it necessary for the protection of members of the public or is otherwise in the public interest.

5. The Tribunal had regard to the relevant paragraphs of the MPTS Guidance, including:

'83 The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.

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.'*

6. The Tribunal considered its findings at previous stages in relation to Dr Eve's conviction XXX. It assessed the level of current and ongoing risk posed to public protection XXX is, albeit low, in relation to all three limbs of the overarching objective and of public protection. XXX.

7. The Tribunal considered that an immediate order is necessary in this case in order to properly protect, promote and maintain the health, safety, and wellbeing of the public. It considered 84(b) and (c) above to be of particular relevance in this respect. The Tribunal considered that the only way to manage the current and ongoing risk is to impose an immediate order.

8. This means that Dr Eve's registration will be suspended from the date on which notification of this decision is deemed to have been served upon her: section 38(5) of the 1983 Act (and see paragraph 86 of the MPTS Guidance, Section 3). The substantive direction, as already announced, will take effect 28 days from that date, unless Dr Eve lodges an appeal in the interim. If Dr Eve lodges an appeal, the immediate order will remain in force until the appeal has concluded.
9. There is no interim order to revoke.
10. That concludes the case.

ANNEX A – 01/12/2025

Application for hearing to be held in private pursuant to Rule 41

1. At the outset of the proceedings, Ms Louise Cowen, Counsel on behalf of the GMC, made an application under Rule 41 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), for the entire proceedings to be heard in private.

Submissions

On behalf of the GMC

2. Ms Cowen submitted that the matters which relate to Dr Eve's conviction are tied to XXX

On behalf of the Dr Eve

3. Mr Richard Smith, Counsel for Dr Eve, supported the application. XXX

The Tribunal's Decision

4. The Tribunal had regard to Rule 41 of the Rules. XXX

5. XXX

6. The Tribunal has been invited to consider whether it ought to sit in private for the entirety of the hearing or move between public and private session dealing with XXX.

7. XXX

8. XXX

9. XXX

10. XXX

11. The Tribunal considered that, on balance, the matters to be considered in this hearing can be heard in both public and private. It therefore determined that it was appropriate, proportionate, and in the public interest for the hearing to be managed sitting in public session for the conviction matter and in private session for XXX.

12. The Tribunal therefore determined to refuse the application.