

PUBLIC RECORD**Dates:** 27/10/2025 - 31/10/2025

Doctor: Dr Mary McCLOSKEY

GMC reference number: 2725923

Primary medical qualification: MB BCh 1981 National University of Ireland

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

Summary of outcome

Suspension, 12 months
Review hearing directed

Tribunal:

Legally Qualified Chair	Ms Christina Moller
Lay Tribunal Member:	Mr David Raff
Registrant Tribunal Member:	Dr Billy Wilson

Tribunal Clerk:	Ms Jemine Pemu
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Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Dale Hughes, 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 - 29/10/2025

Background

1. Dr McCloskey qualified in 1981 at the National University of Ireland and then practised as a General Practitioner (GP) in Derry, Northern Ireland. Dr McCloskey's name was suspended from the medical register after her fitness to practise was found to be impaired in October 2023 by reason of conviction and misconduct in 2021. Two Review Tribunals in 2024 and 2025 imposed further suspension orders.

This hearing

2. The Allegation to be determined by this Tribunal stems from proceedings in Coleraine Magistrates' Court in Northern Ireland in 2024. Dr McCloskey was convicted of breaching two Covid regulations in 2021 and fined, as well as being ordered to pay a financial penalty for '*misbehaviour*' in court in 2024.

3. It is further alleged that Dr McCloskey failed to notify the GMC '*without delay*' of two charges and convictions in 2024 for offences committed in 2021.

4. Dr McCloskey's former employer, Health and Social Care Trust Northern Ireland (HSCTNI) contacted the GMC about these matters on 19 September 2023. This referral enclosed a news article from the *Belfast Telegraph* dated XXX:

'A GP currently suspended over comments about the coronavirus vaccine appeared in court yesterday accused of breaching Covid-19 rules...'

5. This Tribunal must decide whether Dr McCloskey's fitness to practise is impaired by reason of conviction in 2024 for offences in 2021 and/or misconduct, including failure to notify the GMC of being convicted of criminal offences.

GMC Application to Proceed in Absence

6. At the outset of the hearing, Counsel for the GMC, Mr Dale Hughes, applied for the Tribunal to proceed in the absence of Dr McCloskey under Rule 31 of the General Medical Council Fitness to Practise Rules 2004 (the Rules). He said that Dr McCloskey had received the

requisite notice of hearing and chosen not to attend. The Tribunal granted the GMC's application to decide the case in Dr McCloskey's absence and has provided full reasons at Annex A.

The Allegation

7. The Allegation against Dr McCloskey is as follows:

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

1. On 26 January 2024 you were issued with an order for misbehaving in the Coleraine Magistrates' Court, contrary to Article 160(1)(b) of the Magistrates' Court (Northern Ireland) Order 1981, for which a monetary penalty fine of £50 was imposed.

To be determined

2. On 21 June 2024 at the Coleraine Magistrates' Court you were:

a. convicted of without reasonable excuse, contravening a requirement given in regulation 5 of the Health Protection (Coronavirus, Restrictions) (No.2) Regulations (Northern Ireland) 2020 contrary to Regulation 8(1) of The Health Protection (Coronavirus Restrictions) (No.2) Regulations (Northern Ireland) 2020, on 20 March 2021;

To be determined

b. convicted of without reasonable excuse, contravening a requirement given in regulation 6C of the Health Protection (Coronavirus, Restrictions) (No.2) Regulations (Northern Ireland) 2020 contrary to Regulation 8(1) of The Health Protection (Coronavirus Restrictions) (No.2) Regulations (Northern Ireland) 2020, on 20 March 2021;

To be determined

c. sentenced to pay a monetary penalty fine of £125.00 in respect of each conviction described at paragraphs 2.a and 2.b.

To be determined

3. You failed to notify the GMC without delay that you had been:

a. charged with the offences detailed at paragraph(s) 2.a and 2.b;

To be determined

b. convicted of the offences detailed at paragraph(s) 2.a and 2.b. **To be determined**

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

- a. misconduct in respect of paragraph(s) 1 and 3;
To be determined

- b. conviction in respect of paragraph 2. **To be determined.**

Legal Advice in Relation to Conviction

8. The Legally Qualified Chair (LQC) advised the Tribunal as follows: Rule 34(3) of the Tribunal Rules provides that the production of a certificate of conviction from a court in the United Kingdom, which includes Northern Ireland, must be treated as conclusive evidence that the offences recorded were in fact committed by the doctor, in the absence of any appeal or evidence that the doctor is not the defendant named in the certificate of conviction: Rule 34(5).

9. The Tribunal is not entitled to '*go behind*' the fact of conviction, established by an authentic certificate of conviction, or seek to re-determine facts underpinning any conviction. The Tribunal was not provided with any evidence of a successful (or pending) appeal.

10. Thus, the Tribunal would not be required to determine whether Dr McCloskey had breached Covid regulations in 2021, if it accepts both Certificates of Conviction adduced by the GMC as proof of Dr McCloskey being found guilty in 2024 of breaching regulations 5 and 6C of Covid regulations in 2021.

11. However, in a letter dated 24 October 2025, Dr McCloskey said that both Certificates of Conviction adduced by the GMC refer to the defendant's date of birth as XXX, whereas Dr McCloskey was born on XXX, as recorded on her Driver's Licence. Mr Hughes said that the GMC regard this letter as an implicit challenge to both Certificates of Conviction relied on by the GMC.

12. Therefore the Tribunal is required to consider the provisions of Rule 34(5) as well as Rule 34(3). There was no comment by Counsel on this legal advice, and the Tribunal accepted it.

Facts to be Determined in Relation to Allegation of Misconduct

13. Dr McCloskey has not admitted any of the Allegation. The Tribunal is required to determine whether the GMC has discharged the burden on it to prove paragraphs 1, 2 and/or 3 of the Allegation.

Witness Evidence

14. The GMC relied on a witness statement dated 20 May 2025 from Ms G, Head of the GMC National Investigation Team (NIT).

15. Dr McCloskey provided a letter dated 22 July 2025 with comments on the GMC evidence, but did not produce a formal witness statement in relation to the Allegation to be determined by this Tribunal.

Other Documents

16. The Tribunal took account of relevant information in documents including:

- Police Service Northern Ireland (PSNI) invitation to interview Dr McCloskey dated 10 September 2021;
- Notices to Defendant dated 21 June 2023;
- Summons to Defendant dated 22 June 2023;
- Health and Social Care Board (HSCB) email to GMC dated 19 September 2023 referring to article in *Belfast Telegraph* dated XXX;
- Correspondence and documents from Dr McCloskey to GMC, Public Prosecution Service (PPS) and others in 2023, 2024 and 2025;
- Information from PSNI in email dated 4 April 2024;
- Certificates of Conviction, both dated 12 August 2024;
- Certificate of Order dated 8 April 2025.

Legal Advice on Facts

17. The LQC advised the Tribunal to take account of all relevant evidence before it, in the context of written submissions and other information from Dr McCloskey, as well as submissions by Mr Hughes, oral and written.

18. The burden of proving disputed facts is on the GMC. Dr McCloskey does not need to disprove anything in the Allegation. The standard of proof required is the civil standard, the balance of probabilities: whether it is more likely than not that the events occurred. Where an event is inherently improbable, it may take better evidence to prove it. This goes to the quality of evidence but does not affect the standard of proof: *Byrne v GMC [2021] EWHC 2237*.

19. Witness statements may be given less weight than direct evidence, if not tested in cross-examination. Submissions are not evidence, and the Tribunal should draw its own conclusions from what it has read, but it must avoid speculation.

20. The Tribunal must consider, separately, the evidence in relation to paragraphs 1, 3a and 3b of the Allegation. The Tribunal must be satisfied that each element of an allegation has been made out before finding a specific allegation proved.

21. There was no comment on this legal advice, and the Tribunal accepted it.

The Tribunal's Analysis and Conclusions

22. The Tribunal considered relevant evidence in relation to paragraphs 1 and 3 of the Allegation separately. Paragraph 2 must be found proved if both Certificates of Conviction are accepted as related to Dr McCloskey who is registered with the GMC with personal identification number (PIN) XXX and not subject to appeal.

Paragraph 1

23. The GMC relied on a Certificate of Order dated 8 April 2025 to prove that, on 26 January 2024, Dr McCloskey was issued with an order for '*misbehaving*' in the Coleraine Magistrates' Court and fined £50.

24. The Tribunal considered Coleraine Magistrates' Court Certificate of Order:

'Certificate of Order...'

I certify that upon the hearing of a complaint that

Charge 3: Defendant on 26-JAN-2024 at Coleraine Magistrates Court the defendant was misbehaving in court, contrary to Article 160(1)(b) Magistrates Court (Northern Ireland) Order 1981

26 January 2024 Defendant pleaded No plea entered

An order was made by the Magistrates' Court to the following effect, viz:

On 26 January 2024

Monetary Penalty: Fine £50.00

To be paid by 08-MAR-2024 ...

Clerk of Petty Sessions

Dated 8 April 2025.'

25. There was no evidence to undermine this document, so the Tribunal concluded that the GMC had discharged the burden on it to prove that, on 26 January 2024, Dr McCloskey was issued with an order for '*misbehaving*' in the Coleraine Magistrates' Court and fined £50.

26. The Tribunal found paragraph 1 of the Allegation proved.

Paragraph 2

27. The Tribunal was provided with copies of two Certificates of Conviction, both dated 12 August 2024 from Coleraine Magistrates' Court. On 21 June 2024 Dr Anne McCloskey was convicted of, without reasonable excuse, contravening regulation 5 and regulation 6C of the

Health Protection (Coronavirus, Restrictions) (No 2) Regulations (Northern Ireland) 2020 contrary to Regulation 8(1) of The Health Protection (Coronavirus Restrictions) (No 2) Regulations (Northern Ireland) 2020. These Certificates also recorded that, on 21 June 2024, Dr McCloskey was ordered to pay a fine of £125 in relation to each conviction by Coleraine Magistrates' Court.

28. There was no explicit challenge to the authenticity or provenance of the Certificates of Conviction. However, in a letter dated 24 October 2025 Dr McCloskey said that each Certificate of Conviction recorded the defendant's date of birth as XXX, which was not when she was born. Mr Hughes acknowledged that this assertion could be interpreted as a challenge, under Rule 34(5) to both Certificates, because the GMC had recorded Dr McCloskey's date of birth as XXX. The Tribunal regarded Dr McCloskey's letter dated 24 October 2025 as submissions.

29. The Tribunal took account of the fact that the defendant's address in both Certificates of Conviction was that registered with the GMC for Dr McCloskey, as well as that shown on her Driver's Licence. The *Belfast Telegraph* article about the case published on XXX gave the same street and city for Dr McCloskey. Mr Hughes submitted that the Certificates of Conviction contained typographical errors, adding that the Tribunal should take account of other indicators of identity. The Tribunal took account of this evidence of home address and concluded that it was more likely than not that Dr Anne McCloskey, with PIN XXX, was the defendant in both Certificates of Conviction.

30. The Tribunal took account of the provisions of Rule 34 and accepted the Certificate as sufficient proof of convictions and sentence. Thus, the Tribunal is not required to determine whether Dr McCloskey breached Covid regulations in 2021. Coleraine Magistrates' Court has already found both offences proved and the Tribunal accepted both Certificates as proof of conviction of two offences in 2024.

31. The Tribunal found paragraph 2 of the Allegation proved.

Paragraph 3

32. Mr Hughes submitted that Dr McCloskey had failed to notify the GMC '*without delay*' that she had been charged with the offences detailed at paragraphs 2a and 2b of the Allegation. Referring to *Good Medical Practice* (GMP) Mr Hughes said that doctors must inform the GMC without delay if they are charged with an offence or found guilty (convicted) of a criminal offence anywhere in the world. Mr Hughes acknowledged that the GMC was unable to establish if, or when, Dr McCloskey was charged. However, he submitted that Dr McCloskey should have notified the GMC of the commencement of proceedings against her, as well as her convictions in Northern Ireland.

33. Mr Hughes submitted that the words '*without delay*' in the stem of paragraph 3 should be given their ordinary meaning, adding that there should not be an unreasonable length of time between conviction for criminal offences and notification to the GMC, in the

absence of evidence of the doctor being off-grid or similarly precluded from contacting the GMC.

34. The Tribunal took account of an email dated 4 April 2024 from PSNI to the GMC saying: '*I can confirm that Dr McCloskey wasn't arrested or charged by the police leading up to her appearance at Coleraine Magistrates court. The PPS directed prosecution on 15/06/2023 and the matter was listed for court.*' The GMC did not provide any evidence of the date of any charge or other documentary proof of a formal charge. On 28 October 2025, Mr Hughes submitted that the word 'Charge' used in both Certificates of Conviction, should be viewed as virtually synonymous with 'summons' or direction to prosecute. The GMC provided no evidence that the terms were synonymous and did not seek to amend the Allegation.

35. In all the circumstances, the Tribunal concluded that the GMC had not discharged the burden on it to prove that Dr McCloskey had failed to notify the GMC, without delay, of being charged with the offences listed at paragraphs 2a and 2b. The Tribunal did not find paragraph 3a proved.

36. However, the Tribunal took account of evidence of convictions in 2024 for offences in 2021, in the form of two Certificates of Conviction. In relation to paragraph 3b the GMC had to establish that Dr McCloskey had an obligation to disclose convictions to the GMC and that she had failed to do so.

37. In support of paragraph 3b, Mr Hughes relied on a statement from Ms G, Head of the GMC's National Investigation Team which said:

'All relevant correspondence, including correspondence between the GMC and a practitioner, is saved under the doctor's individual profile on Siebel... Each piece of correspondence is saved within a Service Request folder. On 25 October 2023 Dr McCloskey's fitness to practice investigation was opened ... I have access to all documents stored on Siebel in respect of this case.'

I can confirm that the GMC has received no correspondence from Dr McCloskey notifying us of her [charge or] conviction for the offences described... Good Medical Practice imposes an obligation on doctors to inform the GMC if they have been charged with or found guilty of a criminal offence. To the best of my knowledge, Dr McCloskey did not inform the GMC that she had been [charged with or] convicted of criminal offences.'

38. The Tribunal considered that a doctor, who is not precluded from contacting their regulator by ill-health, lack of capacity or other circumstances, has an obligation to notify the GMC '*without delay*' of any convictions received for criminal offences, as provided in *GMP*. Some doctors may understand this to mean within a working day or two, or slightly longer depending on personal circumstances. The Tribunal considered that notification must be made within a reasonable time.

39. Taking account of uncontested evidence from Ms G, the Tribunal found as fact that Dr McCloskey had failed to notify the GMC without delay that she had been convicted of the offences detailed at paragraph 2a and 2b. The phrase '*without delay*' was given its natural meaning, taking account of what reasonable members of the public would expect a doctor, convicted of criminal offences, to do by way of notification to their regulator. The Tribunal concluded that Dr McCloskey could and should have notified the GMC of convictions in Northern Ireland for two breaches of Covid regulations within a few days, but did not do so. The GMC had discharged its burden of proof in relation to paragraph 3b of the Allegation.

40. The Tribunal found paragraph 3b proved, but not paragraph 3a.

The Tribunal's Overall Determination on the Facts

41. The Tribunal has determined the facts as follows:

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

1. On 26 January 2024 you were issued with an order for misbehaving in the Coleraine Magistrates' Court, contrary to Article 160(1)(b) of the Magistrates' Court (Northern Ireland) Order 1981, for which a monetary penalty fine of £50 was imposed.

Determined and found proved

2. On 21 June 2024 at the Coleraine Magistrates' Court you were:

- a. convicted of without reasonable excuse, contravening a requirement given in regulation 5 of the Health Protection (Coronavirus, Restrictions) (No.2) Regulations (Northern Ireland) 2020 contrary to Regulation 8(1) of The Health Protection (Coronavirus Restrictions) (No.2) Regulations (Northern Ireland) 2020, on 20 March 2021;

Determined and found proved.

- b. convicted of without reasonable excuse, contravening a requirement given in regulation 6C of the Health Protection (Coronavirus, Restrictions) (No.2) Regulations (Northern Ireland) 2020 contrary to Regulation 8(1) of The Health Protection (Coronavirus Restrictions) (No.2) Regulations (Northern Ireland) 2020, on 20 March 2021;

Determined and found proved.

- c. sentenced to pay a monetary penalty fine of £125.00 in respect of each conviction described at paragraphs 2.a and 2.b.

Determined and found proved.

3. You failed to notify the GMC without delay that you had been:
 - a. charged with the offences detailed at paragraph(s) 2.a and 2.b;
Not proved.
 - b. convicted of the offences detailed at paragraph(s) 2.a and 2.b.
Determined and found proved.

Determination on Impairment - 30/10/2025

Chronology

42. After the decision of facts was announced, the GMC provided a Chronology listing each Medical Practitioners Tribunal (MPT) involving Dr McCloskey:

- MPT new hearing 18 – 25 October 2023 ordered 12-month Suspension
- MPT new hearing and Review 15-23 April 2024 ordered 9-month Suspension
- MPT Review hearing 31 January 2025 ordered 12-month Suspension
- MPT new hearing and Review 27-31 October 2025 – ongoing....

43. The Tribunal must now consider whether Dr McCloskey's fitness to practise is impaired by reason of misconduct and/or conviction. There are two parts to this stage of the hearing. First, the Tribunal must decide whether the facts found proved in relation to paragraph 1 and/or 3b of the Allegation just decided (October 2025) amount to misconduct. Second, the Tribunal must consider whether fitness to practise is impaired, taking account of the Allegation above, as well as matters considered by a Review Tribunal in January 2025.

The January 2025 Tribunal

44. In January 2025 the Tribunal found that Dr McCloskey's fitness to practise remained impaired by reason of conviction and misconduct. Dr McCloskey's name was suspended from the medical register for 12 months. As the last Tribunal directed a review before the suspension order expired, this Tribunal must function as a Review Tribunal in addition to dealing with the Allegation above, in accordance with Rule 21A of the 2004 Rules:

'(1) If since the previous hearing a new allegation against the practitioner has been referred to the MPTS for them to arrange for it to be considered by a Medical Practitioners Tribunal, it shall first proceed with that allegation in accordance with rule 17(2)(a) to (j).

(2) The Medical Practitioners Tribunal shall thereafter proceed in accordance with rule 22 except when determining whether the fitness to practise of the practitioner is impaired and what direction (if any) to impose under section 35D(5), (6), (8) or (12) of the Act, it shall additionally have regard to its findings in relation to the new allegation.'

45. The Tribunal has announced its findings of facts on the new Allegation under Rule 17(2)(j) and, in due course, must take account of previous matters, considered in January 2025, in relation to the question of current impairment.

The 2023 Tribunal

46. In October 2023 her first Tribunal found that Dr McCloskey had made unfounded and misleading assertions about the Covid-19 pandemic, PCR tests, vaccinations and masks in a radio interview and video circulated in late 2021. A finding of impairment was required to protect the public, uphold standards and maintain confidence in doctors.

47. The Tribunal considered that Dr McCloskey had used her position as a doctor to promote unfounded views and that her actions had potential to undermine public health information, discourage people from being vaccinated against Covid-19 and damage public confidence in the medical profession. The 2023 Tribunal concluded that Dr McCloskey's fitness to practise was impaired by this misconduct and suspended her registration for six months, with a Review.

The 2024 Tribunal

48. In April 2024 another Tribunal had to consider new matters in relation to Dr McCloskey and then conduct a Review of the six-month suspension imposed by the 2023 Tribunal.

49. The first new matter related to Dr McCloskey's conviction at Londonderry Magistrates Court on 13 September 2022 for speaking, live, at an '*anti-mask protest*' on 1 November 2020 in breach of Regulation 8(1) and Schedule 2 of the Health Protection (Coronavirus Restrictions) (No 2) Regulations (Northern Ireland) 2020.

50. The second new matter was an allegation that Dr McCloskey had failed to notify the GMC without delay, that she had been charged with this criminal offence. The 2024 Tribunal found this proved.

51. The 2024 Tribunal had to consider whether Dr McCloskey's fitness to practise was impaired by reason of conviction and/or misconduct in relation to the new and review matters. The Tribunal took account of Dr McCloskey's lack of insight into her contribution to a '*culture of distrust*' in relation to public health protection. Although the Covid-19 pandemic had abated, with the repeal of Covid restrictions, the 2024 Tribunal concluded that Dr McCloskey's fitness to practise was impaired by reason of conviction and misconduct.

52. The 2024 Tribunal said that Dr McCloskey's assertions in 'affidavits' produced for the hearing indicated that:

'Dr McCloskey has no understanding as to why her actions in combatting the government attempts to address the Covid-19 epidemic were unacceptable; why it was incumbent on the GMC to bring the case; why the 2023 Tribunal made the order it did.'

'Dr McCloskey continues to present herself as a whistleblower; accusing authorities of providing interventions that are not safe or necessary and given without informed consent; describing a vaccine in language to generate mistrust and [using] fear as a biological weapon'.

53. The 2024 Tribunal suspended Dr McCloskey's registration for another nine months, to protect the public, uphold standards and maintain confidence in the medical profession. This would allow time for Dr McCloskey to develop insight, remediate and demonstrate that she was able to return to practice. The Tribunal ordered a Review Tribunal and listed information that may assist Dr McCloskey to demonstrate an ability to return to safe practice.

The January 2025 Tribunal

54. In January 2025 the Review Tribunal was aware that Dr McCloskey's actions in 2020 and 2021 had been found to have potential to undermine public health information, discourage people from being vaccinated against Covid-19 and damage public confidence in the medical profession. The Tribunal also took account of Dr McCloskey's failure to notify the GMC of being charged with a criminal offence, in breach of paragraph 75b of *GMP*.

55. The January 2025 Tribunal considered documents including an 'Affidavit' and '*Notice for non-consent*' provided by Dr McCloskey in January 2025. Dr McCloskey had referred to the Tribunal proceedings as '*fraudulent*' and asserted, incorrectly, that the Tribunal had '*no jurisdiction*'.

56. The January 2025 Tribunal was concerned that Dr McCloskey did not provide any evidence of insight or remediation or other indicators of fitness to practise, as suggested by the previous Tribunal. Documents before the Tribunal demonstrated that there had been no change in Dr McCloskey's attitude since the last hearing, and that she did not appreciate the seriousness of her actions.

57. The January 2025 Tribunal did not consider that Dr McCloskey had engaged constructively with proceedings. However, the January 2025 Tribunal also took account of Dr McCloskey's long career, the absence of concerns before 2020 and lapse of time since her conviction and misconduct. These were identified as mitigating factors.

58. The January 2025 Tribunal found no evidence of insight, remediation or remorse. Therefore, allowing Dr McCloskey to resume unrestricted practice may pose a risk to

members of the public. The January 2025 Tribunal considered that suspension would be the least restrictive sanction necessary to protect the public and wider public interest.

59. The January 2025 Tribunal concluded that Dr McCloskey's fitness to practise remained impaired by reason of conviction and misconduct.

60. The January 2025 Tribunal suspended Dr McCloskey's registration for a year. This would provide another opportunity to demonstrate remorse, insight, and any remediation, as well as time to update knowledge and skills.

61. The Tribunal directed a review of Dr McCloskey's case and emphasised that the onus would be on Dr McCloskey to demonstrate insight, remediation and fitness to practise. The Review Tribunal would be assisted by any of the following:

- Evidence of insight and remediation into misconduct and conviction;
- Evidence of remorse and understanding of the impact of relevant actions;
- Evidence of keeping knowledge and skills up-to-date;
- Evidence of willingness to comply with professional standards in *GMP*.

This Tribunal – October 2025

62. This October 2025 Tribunal has already found paragraphs 1, 2 and 3b of the Allegation proved. The Tribunal must decide whether facts set out at paragraphs 1 and 3b amount to (serious) misconduct. Paragraph 2 relates solely to convictions.

Documents provided for Review

63. The Tribunal has taken account of relevant evidence provided at the facts stage of this hearing. The GMC provided a further bundle of documents relevant to the Review ordered by the January 2025 Tribunal, including:

- Records of Determinations in 2023, 2024 and January 2025;
- Document from Dr McCloskey, dated 28 January 2025;
- Correspondence from the GMC to Dr McCloskey in March and July 2025.

Submissions

64. Mr Hughes, Counsel for the GMC, said that, at this stage of proceedings, there is no burden or standard of proof and the decision on impairment is a matter for the Tribunal's judgement alone. The Tribunal should first consider whether the facts at paragraphs 1 and 3b amounted to (serious) misconduct, and, then, whether Dr McCloskey's fitness to practise is impaired by misconduct and/or convictions.

65. Mr Hughes submitted that the Tribunal should take account of the provisions of *Good Medical Practice (GMP)*: doctors must ensure that their conduct justifies patients' trust in them and public trust in the profession; doctors must inform the GMC, without delay, if convicted of criminal offence/s anywhere in the world, provided that the offence/s would be crimes in England and Wales. Mr Hughes added that the Tribunal should take account of all three limbs of the overarching objective in section 1 of the Medical Act 1983: '*the need to protect, promote and maintain the health, safety and wellbeing of the public, the need to promote and maintain public confidence in the medical profession and the need to promote and maintain proper professional standards*'.

66. Mr Hughes submitted that Dr McCloskey's convictions and misconduct represented a serious departure from principles in *Good Medical Practice (GMP)*. He said that her failure to disclose convictions to the GMC demonstrated a lack of respect for the regulator. He submitted that current fitness to practise is impaired by reason of convictions as well as misconduct. The Tribunal should assess the cumulative impact of Dr McCloskey's actions at relevant times, in the context of lack of regret, insight, remediation or keeping knowledge up-to-date.

67. Mr Hughes also relied on the test in *Grant [2011] EWHC 927*. The Tribunal should ascertain whether Dr McCloskey:

- 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 brought and/or is liable in the future to bring the profession into disrepute;*
- c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.*

68. Mr Hughes referred to news reports of the case against Dr McCloskey and said that she had clearly brought the profession into disrepute in the past. In view of the lack of apology, insight or remediation, Mr Hughes said that there is a real risk of this or similar behaviour being repeated. Negative publicity could also have an adverse impact on public confidence in the GMC's ability to regulate doctors.

69. Mr Hughes submitted that Dr McCloskey's convictions and misconduct were not isolated incidents and her communications indicate entrenched, irremediable attitudinal issues. This is because Dr McCloskey did not accept that it was necessary to comply with Covid-19 regulations and there is no evidence of any change of view.

70. Mr Hughes said that the Tribunal has no evidence that Dr McCloskey would act differently in future, as she appears to lack insight into the seriousness of her misconduct and does not take responsibility for her actions or show any attempt to remediate. Dr McCloskey has not demonstrated that she appreciates the gravity or consequences of her actions. In

conclusion, Mr Hughes said that a finding of impairment is necessary to maintain public confidence in the medical profession and uphold professional standards.

Advice from LQC on Misconduct in relation to paragraphs 1 and 3b of Allegation

71. The Tribunal accepted the LQC's advice, on which there was no comment by counsel. The Tribunal must follow a staged process in regulatory proceedings. The word misconduct in section 35C(2)(a) of the Medical Act 1983 connotes a serious breach. It is important to set the matters in context.

72. In *Remedy UK v GMC [2010] EWHC 1245* the High Court said that misconduct is of two principal kinds. First, misconduct going to fitness to practise in the exercise of professional medical practice. Second, morally culpable or otherwise disgraceful conduct, outside or within professional practice.

73. Not every case of misconduct results in a finding of impairment: *Cohen v GMC [2008] EWHC 581*. Impaired is an ordinary word in common use, not defined in the Medical Act. At the impairment stage, there is no burden or standard of proof; it is a question of judgment for the Tribunal. Impairment must be decided at the time of the hearing. To do this the Tribunal must look forward, taking account of any reparation, changes in practice, conduct or attitude since relevant times.

Advice from LQC on Impairment in Relation to Convictions and Misconduct

74. In determining impairment, the Tribunal must consider whether the facts found by the Tribunal indicate any risk of harm, breach of a fundamental tenet of the profession or bringing it into disrepute, or likely future issues: *Grant [2011] EWHC 927*. The need to maintain public confidence in the medical profession or declare standards of behaviour may mean that a doctor's fitness to practise is impaired by reason of certain acts of misconduct in themselves. This is because the public simply would not have confidence in her, or in the profession's standards, if the Tribunal regarded that sort of conduct as leaving fitness unimpaired; a finding can be necessary to affirm the standards expected: *Yeong v GMC [2009] EWHC 1923*.

75. Current impairment of fitness to practise may also be found where a doctor has been convicted of crimes, taking account of any impact on public confidence in the profession. Insight and remediation are essential to minimise any risk of repetition.

76. The Tribunal must take account of principles in *Grant [2011]* which provides a test in relation to impairment, namely:

'Do our findings in respect of the doctor's misconduct ... show that his / her fitness to practise is impaired in the sense that he/ 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 brought and/ or is liable 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 Misconduct

Paragraph 1

77. The GMC was unable to provide details in relation to paragraph 1 of the Allegation. As the GMC provided no information about Dr McCloskey’s misbehaviour, the Tribunal could not assess its seriousness. The Tribunal did not consider that mere receipt of a fine for ‘misbehaviour’ in court amounted to (serious) misconduct.

Paragraph 3b

78. The Tribunal considered that most doctors and other members of the public would condemn Dr McCloskey’s failure to disclose convictions for breaches of Covid regulations to the GMC. The fact that both convictions were for flouting health restrictions compounded the gravity of failing to disclose them to the regulator. The Tribunal found that the facts found proved in relation to 3b of the Allegation amounted to serious misconduct.

The review case

79. In relation to the review matters, Mr Hughes submitted that there is burden of persuasion or ‘onus’ on a doctor to satisfy the reviewing Tribunal that she would be safe to return to unrestricted practice.

The Tribunal’s Determination on Impairment

80. The Tribunal took account of section 35C(2) of the Medical Act 1983 which provides that a doctor’s fitness to practise may be impaired by reason of misconduct and/or conviction. The context of Dr McCloskey’s convictions and misconduct is very similar, with a discernible pattern of actions in breach of Covid provisions, followed by non-disclosure of charges or convictions for related offences.

81. The Tribunal took account of Dr McCloskey’s misconduct in relation to paragraph 3b of the Allegation above, as well as previous misconduct. The Tribunal was aware of three convictions for breaches in 2020 and 2021 of regulations 5, 6C and 8 of the Northern Ireland Health Protection (Coronavirus, Restrictions).

82. Dr McCloskey did not provide the Tribunal with any evidence of insight or changes in practice, conduct or attitude since the relevant time. She does not appear to have made any effort to accept errors made. The Tribunal was concerned that Dr McCloskey sought to misinform members of the public about the Covid-19 virus and vaccinations, as well as failing to notify the GMC of convictions.

83. As Dr McCloskey had provided no evidence of insight or remediation, there is no indication that, if she were in a similar situation, she would not repeat her behaviour. Dr McCloskey has not expressed remorse for the impact on public confidence of her actions.

84. The Tribunal had no evidence of insight into the consequences of her behaviour and thus cannot be satisfied that necessary steps have been taken to minimise the risk of repetition. Without insight, successful remediation is unlikely. Dr McCloskey did not produce any evidence of reflection or continuing professional development.

85. The Tribunal found that Dr McCloskey had breached key principles of *GMP*. Doctors must ensure that their conduct justifies patients' trust in them and public trust in the profession, but Dr McCloskey had not ensured this in 2020 or subsequently. Doctors must inform the GMC, without delay, if charged with or convicted of criminal offence/s anywhere in the world, but Dr McCloskey had failed to do so on more than one occasion.

86. Dr McCloskey provided none of the evidence suggested by the January 2025 Tribunal. Although she has been suspended for two years, Dr McCloskey provided no evidence of continuing professional development or testimonials to indicate that she had made any effort to keep her medical knowledge and skills up to date. Dr McCloskey has not shown any regret or appreciation of the role of the GMC in protecting the public and wider public interest.

87. Although the pandemic has been curtailed, the Tribunal agreed with previous Tribunals that Dr McCloskey's misconduct and criminal offences had put members of the public at risk. It concluded that, in the absence of insight or remediation, there is still a risk of repetition of similar behaviour.

88. The Tribunal considered that a finding of impairment is necessary to uphold professional standards and to maintain public confidence in doctors.

89. The Tribunal determined that Dr McCloskey's fitness to practise is impaired by reason of convictions and misconduct.

Determination on Sanction - 31/10/2025

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

The Evidence

91. The Tribunal has taken account of evidence received during the earlier stages of the hearing, where relevant, to reaching a decision on sanction. It received no further evidence at this stage.

Submissions by counsel for the GMC

92. Mr Hughes submitted that erasure was the only appropriate sanction in this case, and that an immediate order of suspension was necessary and appropriate, due to the seriousness of the misconduct underlying the Tribunal's determination that fitness to practise is currently impaired.

93. Mr Hughes referred to the reasons given by the Tribunal for its findings of fact and decision on impairment. He emphasised that Dr McCloskey was convicted of breaches of Covid regulations and other actions which amounted to misconduct on several occasions. The Tribunal found that Dr McCloskey had breached paragraphs of GMP relevant to disclosure of convictions and maintaining public confidence in doctors.

94. The Tribunal had concluded that members of the public and other doctors would condemn and deplore Dr McCloskey's actions. This was because Dr McCloskey had broken the law, disseminated misleading views about Covid and undermined public trust in doctors.

95. Mr Hughes said that the Tribunal had no evidence of insight or remediation from Dr McCloskey since 2023. Dr McCloskey had not made admissions at the first opportunity, so there was an element of denial. Dr McCloskey had not provided any witness evidence or testimonials to show that she is now fit to return to practise. Her attitude to court and Tribunal proceedings also revealed a lack of insight.

96. Mr Hughes submitted there was a persistent lack of insight from Dr McCloskey in relation to her actions during the pandemic and subsequently. Mr Hughes said that Dr McCloskey has not demonstrated any remorse, remediation or evidence to show that she had kept medical knowledge up to date. He said that Dr McCloskey had failed to engage with the GMC.

97. Mr Hughes said that there were no exceptional circumstances that would justify taking no action, given Dr McCloskey's serious departure from GMP. No further action would not be in the public interest.

98. Mr Hughes added that it would not be possible to identify workable conditions to address Dr McCloskey's convictions and misconduct, as she is not able to practise. Even if she were not already suspended, conditions would not uphold standards or maintain public confidence in the medical profession.

99. Mr Hughes submitted that, should the Tribunal decide to impose a suspension order, this should be for the maximum length, with a review. However, he argued that suspension would be insufficient, adding that factors in the SG pointed to erasure.

'108. Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession.... For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.'

100. Mr Hughes reminded the Tribunal that Dr McCloskey had breached Covid regulations three times and had never apologised. Despite two Reviews in 2024 and January 2025, Dr McCloskey has not provided any evidence of regret, insight or remediation to any Tribunal, nor has she engaged constructively with her regulator.

101. Mr Hughes also relied on paragraph 109 of the SG which outlines various factors which, if present, may indicate that erasure is appropriate. In particular, he submitted that the following were engaged:

'109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

- a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate*
- b A deliberate or reckless disregard for principles set out in GMP...*
- d Abuse of position/trust...*
- j Persistent lack of insight into the seriousness of actions or the consequences'*

102. Mr Hughes said that Dr McCloskey's repeated breaches of Covid regulations and failure to disclose offences to the GMC could not be seen as an isolated or 'one-off' episode. Instead of showing contrition, Dr McCloskey had been hostile and criticised her regulator.

103. Mr Hughes submitted that Dr McCloskey's actions showed a deliberate, or reckless, disregard for the principles set out in GMP. He said that Dr McCloskey had not justified the trust placed in her as a doctor and that her actions had undermined public confidence in the medical profession.

104. Mr Hughes argued that factors justifying a suspension no longer apply, as Dr McCloskey had failed to report convictions in 2024, indicating that earlier Tribunal proceedings had not been sufficient to effect any change of approach. The Tribunal should conclude that Dr McCloskey's convictions and misconduct are fundamentally incompatible with continued registration as a doctor.

105. Mr Hughes submitted that erasure would mark her serious departure from GMP and maintain public confidence in the profession. However, if the Tribunal were to decide that

erasure is not required, the GMC would submit that the only other appropriate sanction is a lengthy suspension, with a review.

106. Mr Hughes also submitted that, in view of the seriousness of Dr McCloskey's behaviour, an immediate order of suspension is required in the public interest.

The Relevant Legal Principles

107. The LQC gave advice to the Tribunal as to the approach to be adopted at the Sanction stage. There was no comment on it. At the Sanction stage of proceedings there is no burden or standard of proof and the decision on sanction is a matter for the Tribunal's judgment alone. GMP sets out principles of good practice and the standards expected of doctors. Although a Tribunal need not adhere to the SG, it should have proper regard to and apply it: *Bramhall [2021] EWHC 2109*. If departing from the SG, a Tribunal has a duty to state clear, substantial and specific reasons for the departure.

108. As before, the Tribunal must take account of the statutory overarching objective, including the need to maintain public confidence in doctors. The Tribunal must also apply the principle of proportionality, imposing the least restrictive option consistent with upholding standards and maintaining trust in the medical profession.

The Tribunal's Determination on Sanction

109. The Tribunal first identified mitigating and aggravating factors in relation to breach of Covid regulations and failing to disclose convictions to the GMC.

Mitigating factors

110. The Tribunal considered the lapse of time to be a potentially mitigating factor, but did not give this much weight, as Dr McCloskey's most recent failure to disclose convictions was in June 2024.

111. However, the offences were committed four years ago, during a difficult time. The context was the Covid pandemic, which had a significant impact on most health professionals, who bore the brunt of it at work, often without adequate protection.

Aggravating factors

112. The Tribunal considered Dr McCloskey's failure to notify the GMC of convictions in 2024 was aggravated by the fact that it occurred just two months after a Tribunal suspended her, in part for failing to tell the GMC of being charged for a similar offence.

23. Other aggravating factors were identified as a persistent lack of insight and a previous finding of impairment of fitness to practise. It took account of the SG:

Lack of insight

51 It is important for tribunals to consider insight, or lack of, when determining sanction. It is particularly important in cases where the doctor and the GMC agree undertakings or the tribunal imposes conditions. The tribunal must be assured that this approach adequately protects patients, in that the doctor has recognised the steps they need to take to limit their practice to remediate.

52 A doctor is likely to lack insight if they:

- a. refuse to apologise or accept their mistakes*
- b. promise to remediate, but fail to take appropriate steps...*
- c. do not demonstrate the timely development of insight.*

Previous finding of impairment

54 Where the GMC, or another regulator, has previously made findings of impaired fitness to practise and imposed a sanction on the doctor's registration, the tribunal may wish to consider this as an aggravating factor in relation to the case before it.

113. The Tribunal sought to balance mitigating with aggravating factors.

114. The Tribunal considered each option in ascending order of severity, starting with the least restrictive. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to conclude by taking no action.

No action

115. Taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

116. The Tribunal considered that there were no exceptional circumstances to justify taking no action. A sanction was necessary to uphold standards and maintain public confidence in the medical profession.

Conditions

117. The Tribunal next considered whether it would be appropriate and feasible to impose conditions on Dr McCloskey's registration. Any conditions imposed must be workable, but Dr McCloskey is already suspended, so would be unable to comply with any conditions of practice. In any event, the Tribunal was unable to identify conditions that would be appropriate or sufficient to minimise risk of repetition, uphold standards or to maintain public confidence in the profession.

Suspension

118. The Tribunal then considered whether a suspension order would be appropriate to manage any risks, sufficient to maintain public confidence in doctors and uphold professional standards.

119. The Tribunal took account of paragraphs 91, 92, 93 and 97 of the SG:

'91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising...

92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration.

93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated...

97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

a. A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public...

e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.

f No evidence of repetition of similar behaviour since incident.

g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.'

120. The Tribunal found that there had been a serious departure from GMP, but did not consider Dr McCloskey's behaviour to be so difficult to remediate that complete removal from the register is in the public interest. However, her offences and misconduct were serious enough, taken together, that a sanction lower than a suspension would not be sufficient to maintain confidence in doctors. The Tribunal took account of Dr McCloskey's

repetition of misconduct in 2024. The Tribunal was not satisfied that Dr McCloskey has insight and was unable to conclude that any risk of further repetition had been minimised.

121. However, Dr McCloskey's offences were not at the most serious end of the spectrum of criminality: all were dealt with by non-custodial sentences in the Magistrates' Court.

122. The Tribunal considered that Dr McCloskey may have been sincere in her views, despite the lack of evidence to support them. As it was not provided with any evidence of ill-health or other catalysts for offending, the Tribunal was unable to determine why Dr McCloskey had acted as she had, after four decades of practice as a GP. Although Dr McCloskey had not demonstrated any insight, the Tribunal did not have evidence that she was incapable of developing insight.

123. The Tribunal considered that a suspension order would have a deterrent effect and would be a signal to Dr McCloskey other doctors and members of the public to indicate standards expected of a registered doctor in the UK.

124. The Tribunal considered that a lengthy suspension order is an appropriate response to Dr McCloskey's misconduct. The Tribunal regarded Dr McCloskey's convictions and misconduct as falling just short of being fundamentally incompatible with continued registration, so erasure is not necessary.

125. However, her convictions and misconduct are so serious that a sanction lower than a suspension would not be sufficient to uphold standards or maintain public confidence in the medical profession.

126. The GMC adduced no evidence of repetition of similar behaviour since 2024. The Tribunal considered that Dr McCloskey should have further opportunity to gain insight, remediate and update medical knowledge or skills.

127. The Tribunal took account of the principle that the Tribunal should facilitate the safe return to work of an otherwise competent doctor, where appropriate.

128. The Tribunal was aware that it must impose the least restrictive sanction required to maintain public confidence in the medical profession and uphold standards. It considered relevant paragraphs on erasure in the SG paragraphs 108 to 109, as well as the fact that erasure can be ordered in the wider public interest (even if no risk to patients).

129. The Tribunal identified factors that could point to erasure:

- Abuse of position as a doctor to influence members of the public by expressing unfounded views in public;
- Persistent lack of insight, so far, into the consequences of breaching Covid regulations and undermining public health measures.

130. However, the Tribunal took seriously its obligation to impose the least restrictive sanction required to protect the public and/or wider public interest; a suspension order would mark the seriousness of the convictions and misconduct, uphold standards and maintain public confidence in doctors.

131. The Tribunal considered that the suspension should be for the maximum length, to provide sufficient opportunity for Dr McCloskey to develop insight, remediate and update clinical skills and knowledge. This would also mark the seriousness of Dr McCloskey's convictions and misconduct.

132. The Tribunal concluded that, in all the circumstances, erasure would be disproportionate, as it is not required to protect the public, to maintain public confidence in the medical profession or to uphold professional standards.

133. The Tribunal determined to impose a suspension order for 12 months.

Review

134. At a Review, the onus will be on Dr McCloskey to provide any evidence of further insight and remediation. A Review Tribunal would be assisted by:

- A detailed reflective statement, demonstrating insight and remediation;
- Evidence of any relevant CPD;
- Testimonials or references from colleagues aware of these proceedings;
- Any other evidence of current fitness to practise.

135. Dr McCloskey has a right to give evidence in person at the Review hearing or to provide further documents, evidence and submissions.

136. The Tribunal have ordered a further suspension of Dr McCloskey's name from the medical register. The MPTS will send Dr McCloskey a letter informing her of her right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period so an immediate order of suspension is not necessary.

137. Case concluded.

ANNEX A – 27/10/2025

Determination on service and proceeding in the doctor's absence

Service

138. Dr McCloskey was not present or represented.

139. The Tribunal was provided with a Proof of Service bundle containing:

- GMC Notice of Allegation dated 4 September 2025
- MPTS Notice of Hearing dated 8 September 2025

Both documents were sent to Dr McCloskey's registered address by Special Delivery and the Tribunal was provided with records of delivery on 9 and 10 September 2025.

140. Mr Hughes submitted that service had been effected in accordance with the Rules, but that Dr McCloskey had not engaged with these proceedings in a meaningful way. Dr McCloskey had either not responded to communications from the GMC or had 'dumped' irrelevant information on the GMC. Dr McCloskey indicated that she did not intend to participate in this Tribunal hearing.

141. The Tribunal considered whether notice had been served on Dr McCloskey in accordance with Rule 15 of the 2004 Rules, taking account of evidence of postage, receipt and other information, in the context of submissions.

142. The Tribunal was satisfied that notice of this hearing was served on Dr McCloskey in accordance with the Rules and that she was aware of this hearing.

Proceeding in Absence

143. Mr Hughes applied for the Tribunal to proceed in Dr McCloskey's absence under Rule 31. He submitted that Dr McCloskey was aware of these proceedings and had chosen not to attend or appoint a representative.

144. The LQC advised the Tribunal that, where a doctor is neither present nor represented at a hearing, the Tribunal may nevertheless proceed to consider and determine the Allegation if it is satisfied that all reasonable efforts have been made to serve the doctor with notice of the hearing in accordance with the 2004 Rules.

145. There is no requirement for the Tribunal to review a decision to proceed in absence at each stage of the hearing or to adjourn at each stage to enable the doctor to be present: *GMC v Adeogba [2016] EWCA Civ 162*. The onus is on the doctor to attend the hearing and arrange representation if they wish to do so. Although attendance by a doctor is of prime

importance, it cannot be determinative, due to the adverse impact of delays on the effective and efficient running of hearings. The Tribunal should consider whether an adjournment would result in the doctor's participation or representation. It should take account of any disadvantage to the doctor in not presenting her account of events, as well as the public interest in fitness to practise hearings being concluded within a reasonable time.

146. The Tribunal took account of relevant evidence. Although Dr McCloskey had asked the GMC for full disclosure of evidence in a letter dated 24 July 2025, she had also indicated that she did not wish to engage with the GMC or participate in this Tribunal in a letter dated 27 March 2025.

147. The Tribunal concluded that Dr McCloskey's absence was voluntary. There was no application to adjourn and no indication that Dr McCloskey would be willing to engage in future, so there was no good reason to delay. The Tribunal concluded that no injustice would be caused by proceeding in absence.

148. The Tribunal decided to proceed with this hearing in the absence of Dr McCloskey.