

PUBLIC RECORD

Dates: 13/10/2025 – 15/10/2025
27/10/2025

Doctor: Dr Nganjo ENDELEY

GMC reference number: 7168555

Primary medical qualification: Gydytojas 2011 Kauno Medicinos
Universiteto

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

Summary of outcome

Suspension, 12 months.
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Helen Potts
Lay Tribunal Member:	Ms Rama Krishnan
Registrant Tribunal Member:	Dr Farah Yusuf

Tribunal Clerk:	Ms Keely Crabtree – 13-15/10/25 Mrs Olivia Gamble – 27/10/2025
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Lee Gledhill, Counsel, instructed by the Doctor's Defence Service
GMC Representative:	Ms Rosalind Emsley-Smith, 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 - 15/10/2025

Background

1. Dr Nganjo Endeley qualified in 2011 from Gydytojas Kauno Medicinos Universiteto. At the time of the events he was working within the NHS as a Post CCT Fellow in Reproductive Medicine at the Queen Elizabeth Hospital in Gateshead.
2. The allegation that has led to Dr Endeley's hearing arises from his conviction, on 8 August 2024 at Newcastle Crown Court, for assaulting a person and causing them actual bodily harm and his subsequent sentencing on 4 November 2024, to 2 years' imprisonment, suspended for 21 months, and an unpaid work requirement of 250 hours.
3. The events giving rise to the conviction occurred in the early hours of 12 September 2021 outside a bar and restaurant in Newcastle-upon-Tyne. The factual background to the conviction is set out in the sentencing remarks of Her Honour Judge Mallett, dated 4 November 2024, as follows:

'On 12 September, you assaulted 21 year old [Mr A], a much smaller and slighter male than you, when he was outside his place of work, [XXX] in the city centre. He was a waiter. You arrived at about the time the premises closed and well after the time for which you had made a booking. You arrived at 2.30 and had had a reservation for 11.30, but you demanded to be let in. You were drunk. You were aggressive. You were politely informed that the premises were closed. Your response was to shout and

swear. The behaviour of the group was such that both Mr A and a female co-worker were rushed inside by door staff as the door staff attempted to deal with the problem.

But when [Mr A] went outside again, you grabbed him by the shirt so tightly that for albeit a short period of time, he could not breathe and you left the red wheels[sic] around his neck that can be seen on the photographs. He tried unsuccessfully to push you off as he was struggling to breathe, but you pushed and dragged him across the front of the premises and then you headbutted him in the face. He immediately lost his vision. He was disorientated and he was very unsteady on his feet.

You and your friends left at that stage. Shortly after you were stopped by the police. Your demeanour was striking at that time as well, and you did not answer any questions in interview.

[Mr A] was taken to hospital. He had sustained the marks to his neck, a fracture to the left frontal bone, and the orbit. The depression to his face was visible at trial. He elected not to have surgery to correct the deformity because of the risks attached to that surgery. We heard evidence from the consultant about the procedure, and his decision was understandable.

Three years after the event, he has made a victim personal statement setting out what he describes as the huge amount of pain, the issues with his vision, headaches, and dizziness that persisted, and he remains self-conscious about the physical deformity that you have caused, and he described the emotional impact the assault had on him.'

4. Dr Endeley was arrested very shortly after the incident and gave a no comment interview to the police.
5. He self-referred himself to the GMC on 31 July 2023 soon after notification that he had been formally charged with a criminal offence.
6. At trial at Newcastle Crown Court, on 8 August 2024, a jury found Dr Endeley guilty of assault occasioning actual bodily harm, contrary to section 47 of the Offences Against the Person Act 1861.
7. On 4 November 2024, he was sentenced at Newcastle Crown Court, by Her Honour Judge Sarah Mallett, to two years' imprisonment, suspended for 21 months, and ordered to

complete 250 hours of unpaid work. He was also ordered to pay £2000 compensation to the victim in monthly instalments of £200.

The Allegation and the Doctor's Response

8. The Allegation made against Dr Endeley is as follows:

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

1. On 8 August 2024, at Newcastle Crown Court, you were convicted of assaulting a person thereby occasioning them Actual Bodily Harm. **Admitted and found proved**
2. On 4 November 2024, you were sentenced to:
 - a. two years imprisonment suspended for 21 months; **Admitted and found proved**
 - b. 250 hours unpaid work. **Admitted and found proved**

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

The Admitted Facts

9. The Tribunal was provided with a copy of a Certificate of Conviction dated 24 January 2025 from Newcastle Crown Court setting out Dr Endeley's conviction on 8 August 2024 for the offence of assault occasioning actual bodily harm. Under Rule 34(3) of the GMC's Fitness to Practise Rules, the production of a Certificate of Conviction from a court in the United Kingdom, or overseas, shall be conclusive evidence of the offence committed by the practitioner.

10. At the outset of the proceedings, through his counsel Mr Gledhill, Dr Endeley made admissions to the entirety of the Allegation, as set out above, under Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules').

11. In accordance with Rule 34(3) and Rule 17(2)(e) of the Rules, the Tribunal announced the Allegation in its entirety as admitted and found proved.

12. In the course of his oral evidence at the hearing, Dr Endeley stated that he admitted not only the fact of the conviction and sentence but also the factual analysis of his offence as set out in the sentencing remarks of Her Honour Judge Mallett dated 4 November 2024 (above). The Tribunal determined that it would therefore treat the matters set out in the sentencing remarks as proved by reason of that admission.

Determination on Impairment

13. Having found Dr Endeley's conviction and sentence proved, the Tribunal went on to decide, in accordance with Rule 17(2)(l) of the Rules, whether Dr Endeley's fitness to practise is currently impaired by reason of his conviction.

The Evidence

Documentary Evidence

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

- Dr Endeley's self-referral form to the GMC dated 31 July 2023;
- Certificate of conviction from *Newcastle Crown Court*, dated 8 August 2024;
- Sentencing remarks of *Her Honour Judge Sarah Mallett*, dated 4 November 2024;
- Police report (MG5) and witness statements (MG11s) relating to the incident at *XXX, Newcastle*, on 12 December 2021;
- Victim personal statement, dated 13 August 2024;
- CCTV footage of the events of 12 September 2021 from Northumbria Police;
- Trial indictment dated 30 July 2024;
- Enhanced disclosure form which contains details of Dr Endeley's previous convictions in 2001 and caution in 2007;
- Various reflective statements from Dr Endeley;
- Dr Endeley's personal development plan dated 30 December 2024;
- Peer discussion and written feedback from a behavioural consultant, dated 2 October 2025
- Numerous references and character witness statements;
- Colleague Feedback;
- Patient feedback;
- Certificates of Continuous Professional Development (CPD) undertaken by Dr Endeley including:

- De-escalation training, dated 7 July 2025;;
- How to ensure a similar mistake or misconduct will not happen again, dated 5 October 2025;
- Probity and Ethics for Doctors, dated 5 October 2025; and
- Professionalism and professional standard for doctors, dated 4 October 2025.

Dr Endeley's written evidence

15. Dr Endeley provided a series of written reflections for consideration by the Tribunal. These include reflection on his index offence; the harm done; remediation and learning; Good Medical Practice and the areas breached; mindfulness and spiritual wellbeing; triggers and risk factors; and pledges to ensure that the behaviour will not be repeated.

16. In his reflective statement on the index offence, Dr Endeley sets out an analysis of what happened on the night of the offence, why it happened, his thoughts and insight into his behaviour, the remediation he has undertaken since and what he would do differently now. He accepts that he failed to regulate his emotions and judgement and that he responded with aggression rather than restraint. He also accepts that alcohol lowered his inhibitions and impaired his decision-making. He accepts that he escalated rather than de-escalating the situation and that his behaviour and judgement required urgent attention. He states that he accepts full responsibility for his conduct. He explains what steps he has taken to remediate his behaviour and how he would act if faced with similar circumstances again.

17. In his written reflection on the harm caused, Dr Endeley acknowledges the seriousness of the physical and emotional harm done to the victim. He writes of his victim:

'I also learned in court that he had come to the UK as a refugee in 2019, seeking safety and stability in a new life. This was his first job, and instead of safety he was assaulted while simply carrying out his duties. I cannot imagine the sense of betrayal and fear he must have felt, and I am deeply ashamed that my actions contributed to this trauma. I was particularly struck by the fact that when he learned I was a doctor, the injury must have been compounded further. Doctors are trusted to protect people, not harm them. By behaving in this way, I directly contradicted the values of my profession. I accept that I alone am responsible for this lasting impact, and I am profoundly sorry.'

18. Dr Endeley goes on to explain the harm done to the victim's family and friends, witnesses to the assault, the public, Dr Endeley's own family and to Dr Endeley himself. He

acknowledges the harm done to the reputation of the profession and expresses regret for the embarrassment caused to fellow medical professionals. He states that he cannot undo that harm that has been done but can ensure that it never happens again.

19. In his remediation and learning statement, Dr Endeley provides details of the actions he has taken to address the underlying issues that contributed to his offending behaviour and to demonstrate meaningful change. These actions include:

- steps taken to address his alcohol use including abstinence from alcohol since the date of the offence and 10 sessions with a life coach on the relationship between alcohol, impaired decision-making and aggressive behaviour;
- steps taken to address his emotional regulation and behaviour, including six structured sessions with a qualified Behavioural Coach, participation in a 2-day mindfulness retreat, completion of a de-escalation course and an improved understanding of the importance of a healthy work/life balance;
- steps taken to improve his professional and ethical learning by revisiting the GMC's guidance document *Good Medical Practice*;
- engaging with a workplace mentor to discuss ongoing reflections and progress; and
- restorative action and steps taken toward his own personal growth including writing a letter to the victim of his offence and volunteering with a local charity.

20. In his statement on Good Medical Practice and the areas breached, Dr Endeley sets out the paragraphs of *Good Medical Practice* which he considers he breached. He sets out how he breached the standards expected of medical professionals, his reflection on those breaches, and a statement of the remediation he has undertaken to ensure that he does not reoffend again. He makes a written commitment to:

- Maintain abstinence from alcohol;
- Prioritise self-care: sleep, exercise, balanced workload;
- Use mindfulness and meditation daily to regulate emotions;
- Seek help early if under stress or struggling with mental health;
- Engage in respectful communication in all situations;
- Uphold honesty, integrity, and lawful conduct at all times; and
- Maintain accountability through reflective journaling, mentoring, and faith.

21. In his reflection on the mindfulness and spiritual wellbeing course, Dr Endeley describes the two-day residential course he attended, designed for doctors and healthcare professionals. He writes that the incident that led to these proceedings highlighted his

previous inability to regulate himself when faced with provocation or fear, and under the influence of alcohol. He writes that he has taken a holistic approach to reflect on and improve every aspect of his life, with the aim of becoming the best version of himself. He describes how he now practises meditation and reflection, lifestyle management, breathing techniques, listening skills and the exercise of emotional boundaries. He reports that these techniques have provided tools to prevent the impulsive actions demonstrated in the index offence. In his reflection on triggers and risk factors, Dr Endeley sets out what he considers to be the risk factors for his offending behaviour and the protective factors that would reduce the risk of reoffending. He identifies his risk factors as alcohol consumption, impulsive reaction when fearful or stressed, and poor decision-making in the moment. He highlights the work undertaken to remedy his risk factors and the skills he has developed to protect against reacting in the way he has done in the past.

22. In his written pledges to ensure my behaviour will never be repeated and to be the very best version of myself, Dr Endeley again reflects on the harm done to the victim and the guilt, shame and remorse he feels as a result of his actions. He reports on the new structures he has built in his life and his commitment to ongoing reflection and personal growth. He sets out his '10 commandments' for the changes he wants to maintain in his life.

23. Dr Endeley also provided a faith reflection, in which he describes how the events surrounding the conviction prompted a deepening of his faith and self-examination. He states that he recognised the moral failing in his actions, seeking forgiveness, and rebuilding his life around values of patience, gentleness, and self-control, supported by his family and church community.

24. In addition, Dr Endeley provided a reflection on de-escalation training completed in July 2025. In this, he identifies how he allowed his emotions to override judgment on the night of the offence and describes the practical techniques he has learned for managing conflict, maintaining composure, and preventing escalation in challenging situations. He explains how he intends to apply these skills in his professional practice and to pass them on to colleagues and trainees.

25. Dr Endeley also produced a statement entitled "*The Impact of Violence on Society*." In this document, he discusses the physical, psychological, and social consequences of violence, its incompatibility with professional standards, and the importance of accountability and rehabilitation. He reflects on the damage caused to public trust in the medical profession when a doctor engages in violent conduct and outlines the measures he has undertaken to

address the underlying causes of his behaviour, including mindfulness, therapy, conflict-resolution training, and mentoring others.

26. In addition to his written reflections, Dr Endeley provided a copy of a letter of apology addressed to the victim of his assault. In it, he states that he accepts full responsibility for his actions, expresses his sincere regret for the harm caused, and acknowledges that the incident represented a serious lapse in judgment. He explains that he has reflected deeply on his behaviour and has taken steps to ensure that such conduct will never be repeated.

Dr Endsley's oral evidence

27. Dr Endeley gave oral evidence at the hearing in which he elaborated further on his written reflections.

Index Offence

28. Dr Endeley told the Tribunal that the night of the index event was supposed to be a good night celebrating a colleague's 40th birthday. However, he said the night was one that he had come to regret because he had harmed a young man, XXX, who was just doing his duty at work. He said that his behaviour had been completely inexcusable.

29. Dr Endeley said that he was 6 feet 5 inches in height and that he had played into all the stereotypes about being a 'big guy' on that night. He said he was generally known as someone who managed pressure with ease and was quite 'laid back' but was not like that on the night of the index offence and when he had explained to colleagues what he had done, they could not make sense of his behaviour. When dealing with female patients, often when they were scared, vulnerable and in pain he would go onto his knees to soften his appearance. He said some patients had said in jest that when they had first met him, they had initially been scared but that he had turned out to be very soft.

30. Dr Endeley said that one of the things that had been important for him was to piece through every part of the night of the index offence and try to work out where things went wrong so he could make the right adjustments to his behaviour going forward. He had spent time doing this with a behavioural consultant, Dr B. During his consultations, Dr Endeley said that they had looked at alternative ways of thinking, alternative ways of behaving and how to de-escalate situations. They had also discussed alternative management strategies that he could have used that night and discussed ways to ensure that this situation would never happen again.

31. He accepted that his alcohol intake had been a factor in his offending. He said that, as a result, he had decided to stop drinking alcohol. This was not because he thought he would repeat his offending behaviour but because his poor control of his emotions had been exacerbated by the fact he had a lot to drink that night.

32. Dr Endeley said that through the work he had undertaken, things had come to light about how he had managed his unhealthy negative emotions and how feelings of anxiety had triggered feelings of fear. Through meditation, he had learned how to recognise his negative emotions to produce a more positive response. He acknowledged that the actions he had taken on the night of his offence had exacerbated the situation rather than de-escalating it. He now had an improved understanding of his negative emotions but said that alcohol may impair his ability to manage his response which is why he had decided to stop drinking.

33. In response to Tribunal questions, Dr Endeley said that he recognised that there were several points that night when he could have made different decisions which would have produced a different outcome. Faced with a similar situation he would not go to the restaurant if late for the booking; he would not drink alcohol; he would not try and argue with staff; he would use positive body language; he would detach himself if the situation were escalating; and he would not use aggression.

Insight and remediation

34. Dr Endeley said that he was now careful not to take on too much work. He goes to the gym 4 or 5 times a week, does meditation and breath exercises. These were all strategies to avoid a repetition of his offending behaviour. He said that he has a good support network in place which includes his family and professionals. His behavioural coach had been excellent in helping him to piece through his own life to understand himself better. He was only sorry that the offence had had to happen to trigger this.

35. Dr Endeley said that he intends to continue to work with his coach indefinitely. They had now moved onto other aspects of his life where he had seen a lot of benefit from the work they had done.

36. Dr Endeley said that his insight into his offence had begun from the night after the offence. He recalled that XXX and he had had to call her from the police station to XXX. Dr Endeley said that he remembered feeling an overwhelming sense of shame when telling her

and it had been a difficult conversation. He said that XXX had never seen him act that way and at the beginning he had made a lot of excuses.

37. Dr Endeley said that when XXX said that, from what he was telling her, if the same thing were to happen again, there would be the same outcome, this had made him realise that he needed to do better. He had failed the young man that day when he had reacted as he did and had hurt him. He had also failed the public, his colleagues, his family and XXX.

38. Dr Endeley said that he was sorry and that the victim had deserved better from him. He said that when he had found out that the victim was a refugee and the fear he had fled from, he had understood that rather than protecting him from this, he had worsened that situation. Dr Endeley said that he was aware that the victim still has panic attacks, and that he was responsible for that.

39. Dr Endeley said that he had not initially understood the extent of the victim's injuries. Full insight into the victim's injuries did not come until he was charged with inflicting grievous bodily harm, and he had understood that the victim had been seriously hurt and had later read the victim's personal statement. He now accepted the serious physical impact which the assault had had on the victim. He explained that he had seen that first hand in Court and could not run away from it. He had become aware of the victim's multiple consultations with a maxillofacial consultant and his ongoing difficulties some three years later.

40. Dr Endeley said that he regretted the attempts made by his defence lawyers to downplay the impact of the assault on the victim. He acknowledged the damage to the victim's self-esteem and the victim's tearfulness on the witness stand when explaining that. Dr Endeley said that he had felt ashamed of having tried to downplay this as part of his defence.

41. Dr Endeley accepted that he had not sent a letter of apology to the victim until some three weeks before the hearing before his professional regulator but said that he had been worried about retraumatising the victim by contacting him. He had sent the letter to the victim's former place of work but did not know whether he had received it. Dr Endeley confirmed that he had now paid the last instalment of the £2000 which he had been ordered by the Court to pay the victim.

42. Dr Endeley said the development of insight into his actions had begun the night after the offence but that it had been only after his conviction and sentence, when he had sat

down with his family and put everything together that he had really understood the harm he had done and that he needed to do better.

43. He described how his insight had developed over time. He had understood immediately following the offence that he had hurt someone but did not know the full extent of injuries caused at that time. He remembered going into work and feeling terrified of being recognised by someone who might have witnessed the event. He had tried to piece together what had happened, had stopped drinking and engaging in parties and had tried to rebuild his trust with XXX.

44. In the period after the incident, he had disclosed it to his workplace mentors and also to some of his mentees. He had told them that he had been involved in a fight, he did not know the extent of harm caused but understood that someone had been hurt and it had been significant enough for him to have been arrested but he had not been charged. He had also told others that he had been drinking prior to events.

45. He had understood that he could be facing a custodial sentence and had had to tell XXX about what had happened. Following his conviction he had understood that changes had to be made. He had lost his job and had found doing community service in a local charity shop a humbling experience. He had completed his 250 hours of unpaid work in January 2025. He had started work with the behavioural consultant and had written his Personal Development Plan.

46. Dr Endeley said that his character witnesses had been aware of the index offence prior to writing their testimonials. He said that it had been embarrassing having to explain his behaviour. However, most had now witnessed his remediation.

47. Dr Endeley said that there were a lot of positive aspects in his life right now brought about by the changes he has made. He said that he was closer to God and his family and now played a role in church activities and an active role in his community. He said that he believed he had grown in leadership and had also learned how to be more emotionally intelligent.

48. He said he wanted to be a positive role model for anyone who knows his story and to show them that what has happened does not define him and that he is now a much better person as a result. He hoped that he could be a positive role model for his family, XXX and his community. He said he would like people to see that he had made mistakes but had changed as a person and worked through it.

49. He told the Tribunal that he understood how fellow members of the profession would feel embarrassed and let down by his conviction and he hated the fact that his actions would trigger those feelings. He said he understood that the public, knowing of his conviction, would definitely bring down confidence in the medical profession. He said that he would seek to rebuild public confidence through his actions quoting the Bible *‘by your fruits you shall know them’*. He said that from a clinical perspective, he hoped that others would see his character at work and that his professional values would also be apparent out in the community. He said he had connected with Going the Distance which is a charity which mentors young men. He hoped that if the public were to see the work he was doing they would see there had been a distinct change from the doctor who had harmed someone.

Oral evidence from character witnesses

50. The Tribunal also heard oral evidence from the following character witnesses on Dr Endeley’s behalf by video link:

- Ms C, midwife and ward manager;
- Dr D, Junior Clinical Fellow in Obstetrics and Gynaecology;
- Ms E, advanced nurse practitioner.

51. Dr D was new to obstetrics and gynaecology when he worked with Dr Endeley, who was his senior colleague. He described Dr Endeley as an exceptional teacher and role model, more so than most senior doctors. He would still call him for advice when needed. Dr D told the Tribunal that, within the team, Dr Endeley was considered a “gentle giant” who was very caring towards his patients.

52. Dr D recalled that Dr Endeley had advised him of the assault before the conviction. Dr D had been very concerned about the serious nature of the conviction, and he could not reconcile what he heard with the person he knew.

53. The Tribunal heard from Ms C, who was Midwifery ward manager and later Matron of Midwifery acute services, at the time she worked with Dr Endeley. She told the tribunal that Dr Endeley had a very good reputation within the team, and he was incredibly calm under pressure, providing much needed reassurance to patients.

54. The Tribunal also heard from Ms E who worked as an Advanced Nurse Practitioner. She described Dr Endeley as a competent and dedicated doctor. She said that if he was on

call things would go very smoothly. He was always calm in a clinical crisis. She said that Dr Endeley was kind and empathetic towards patients and that they “adored him”.

Submissions

55. On behalf of the GMC, Ms Emsley-Smith stated that it was conceded by Dr Endeley that his fitness to practise is impaired. She said that impairment is a question of judgement for the Tribunal, but that the conviction stands for itself. Ms Emsley-Smith said it did not automatically follow that a registrant’s fitness to practise is impaired following a criminal conviction, but that this case involved drunken and aggressive behaviour, foul language and an assault resulting in serious injury, permanent deformity and has had a long-term psychological impact on the victim.

56. Ms Emsley-Smith submitted that, notwithstanding those who have positive comments to make about Dr Endeley’s professional practice, members of the profession would consider his conduct to be deplorable. She highlighted that Dr Endeley had conceded that members of the public would be shocked that a doctor, whose central philosophy should be do no harm, had committed a criminal assault causing permanent physical harm to an individual who was just doing his job.

57. Ms Emsley-Smith acknowledged that the Tribunal might consider, after reading the material and hearing from Dr Endeley’s witnesses, that there had been some careful reflection on his part in respect of his conduct, albeit that this appeared to have happened post-conviction rather than post incident. However, she submitted that irrespective of the Tribunal’s view on Dr Endeley’s reflection and remediation, the seriousness of the offence required a finding of impairment for the purposes of maintaining proper standards of conduct for members of the medical profession and to protect the reputation of the profession.

58. Ms Emsley-Smith reminded the Tribunal that Dr Endeley’s current position is that he has a period of imprisonment suspended over him until August 2026, notwithstanding that the unpaid work hours requirement of his sentence has been completed.

59. Ms Emsley-Smith referred the Tribunal to paragraph 119 of the Sanctions Guidance (the SG) which provides:

‘119 As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.’

60. She submitted that this applies in this case, because Dr Endeley’s offence can properly be characterised as a serious criminal offence because of the extent of the physical injury and psychological impact to the victim and based on the analysis of the offence set out in the judge’s sentencing remarks. Ms Emsley-Smith said that Dr Endeley had acknowledged as much in his oral evidence.

61. Ms Emsley-Smith submitted that it is for these reasons that Dr Endeley’s fitness to practise is currently impaired.

62. On behalf of Dr Endeley, Mr Gledhill stated that it was conceded by Dr Endeley that his fitness to practise is currently impaired and he noted the policy considerations which the GMC relied upon.

63. Mr Gledhill reminded the Tribunal of the evidence. He submitted that the fact that Dr Endeley had not admitted the offence at the Crown Court was not something which the Tribunal should take into account. However, the Tribunal was entitled to take into account the insight since that time.

64. Mr Gledhill submitted that whatever the past position, Dr Endeley’s insight is now very well developed; so much so that the Tribunal could be satisfied that the changes that Dr Endeley had made in his life were permanent. He submitted that even if Dr Endeley were to consume alcohol in the future, which at the moment was not his intention, the Tribunal could be satisfied that he would be much more alert to how he managed himself as a result of the events that have led to him appearing at this hearing.

65. Mr Gledhill submitted that it was important to focus on future risk and to look at whether Dr Endeley’s conduct, which had resulted in his conviction, was remediable.

66. Mr Gledhill accepted on Dr Endeley’s behalf that that it is a very serious departure for a doctor to harm another individual in society, particularly in the circumstances of this case. He said that Dr Endeley was ashamed of his conduct and had acknowledged its seriousness. Furthermore, Dr Endeley had sought to make amends to the victim and had apologised.

67. Mr Gledhill reminded the Tribunal that Dr Endeley had seen a life coach to support his remediation and submitted that his past conduct was remediable.

68. Mr Gledhill stated that Dr Endeley had continued to work in medicine since his conviction and had presented strong evidence to demonstrate that he is held in high regard. He said that Dr Endeley is a competent doctor and those who had provided testimonials described his conduct as being out of character and very much at odds with who he is on the front line.

69. Mr Gledhill stated that Dr Endeley was very mindful of what had placed him in this situation and that he had told the Tribunal that he is very much alert to not being that person again in the future. He said that Dr Endeley had become a different man, focussing on his family life and religion.

70. Mr Gledhill reminded the Tribunal of Dr Endeley's oral evidence of a family event he had attended the previous Christmas at which he had not been drawn into drinking alcohol when everyone around him was. Mr Gledhill said that this was evidence that Dr Endeley's abstinence had been tested and was something that he was content to live with.

71. Mr Gledhill submitted that the risk of repetition of the matters which had led to Dr Endeley's conviction was now very low indeed. He said that the fact that Dr Endeley had chosen not drink was reassuring in its own right because he identified that alcohol was one of the things that had got him here.

72. Mr Gledhill submitted that it was clear that Dr Endeley was someone who could make a real difference on the front line to patients. He reminded the Tribunal of the oral evidence of one of the testimonial witnesses who spoke of what a very able clinician he was. He referred the Tribunal to the other testimonial evidence provided on Dr Endeley's behalf and said that these testimonials speak of a very capable individual; somebody who others rely on and can turn to, and who was described by one character witness as *"a joy to work with"*.

73. Mr Gledhill said that Dr Endeley recognised that a finding of impairment was required in the circumstances but turning to the future, he could assure the Tribunal that he will not be back here again.

The Relevant Legal Principles

74. The Legally Qualified Chair (LQC) reminded the Tribunal that Dr Endeley had admitted, and the Tribunal had found proved that he was convicted on 8 August 2024 of the offence of assault occasioning Actual Bodily Harm and sentenced thereafter on 4 November 2024, to

- a. two years imprisonment suspended for 21 months;
- b. 250 hours unpaid work.

75. The LQC further reminded the Tribunal that, in his responses to the Tribunal's questions, Dr Endeley had not only admitted the fact of his conviction and sentence but had also accepted the factual analysis of his offence as set out in the sentencing remarks of Her Honour Judge Mallett dated 4 November 2024.

76. The Tribunal went on to consider whether Dr Endeley's fitness to practise is currently impaired by reason of his conviction. It took into account all the documentary evidence and the oral evidence from Dr Endeley and the three-character witnesses who attended to give evidence on his behalf.

77. The Tribunal reminded itself that, at this stage of proceedings, there is no burden or standard of proof and that whilst Dr Endeley had conceded that his fitness to practise is currently impaired, the decision was a matter for the Tribunal's judgement alone.

78. The Tribunal had regard to the advice of the LQC that it should consider whether the nature, circumstances and seriousness of the matters which led to the conviction are such that Dr Endeley's fitness to practise is currently impaired by reason of it. There is no set standard of seriousness or culpability for these purposes; it is a question of fact and degree and will depend on the Tribunal's evaluation of the circumstances of this particular case.

79. The LQC advised the Tribunal that it should have regard to the trial judge's sentencing remarks but reminded the Tribunal that its role is different to that of the criminal courts and that it must have regard to the GMC's overarching objective:

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

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

80. The Tribunal reminded itself that it must determine whether Dr Endeley's fitness to practise is impaired today, taking into account his conduct at the time of the events and any other relevant factors such as whether the matters are remediable, whether they have been remedied and any likelihood of repetition.

81. The Tribunal should have regard to any evidence it has as to events subsequent to the commission of the offence and to the conviction. It should consider any evidence it has as to the Dr Endeley's insight, or expressions of remorse or apology. Where there have been admissions, the Tribunal should consider the timeliness of those admissions and the circumstances in which they were made.

82. The Tribunal acknowledged that the questions of insight and risk of repetition are distinct questions but are closely related. A lack of insight can often be highly relevant to the question of whether there is a risk of repetition and in particular to an assessment of the degree of that risk.

83. When considering whether Dr Endeley's fitness to practise is currently impaired by reason of his conviction, the Tribunal reminded itself that it must consider all three limbs of the overarching objective and must ask itself not only whether the doctor continues to present a risk to members of the public in his current role but also whether the need to uphold proper professional standards and public confidence in the medical profession would be undermined if a finding of impairment were not made in the particular circumstances.

The Tribunal's Determination on Impairment

84. The Tribunal first considered the nature, circumstances and seriousness of the matters which have led to Dr Endeley's conviction.

Nature, circumstances and seriousness of the conviction

85. The Tribunal had regard to the sentencing remarks of Her Honour Judge Mallett who described the offence as *"a headbutt but used by a very physically imposing man who was under the influence of alcohol, and also the lesser element of this case of the restriction of the airway."* She described the injury to the victim as *"a serious physical injury with a substantial*

impact by the standards of section 47 injuries". She further noted that the victim had been carrying out a service to the public at the time of the offence.

86. The Tribunal reminded itself that the offence was sufficiently serious as to warrant a sentence of two years' imprisonment, albeit that the sentence was suspended for a period of 21 months. The Tribunal considered that this was a significant sentence.

87. The Tribunal was in no doubt that this was a serious offence and noted that Dr Endeley had accepted this in both his written and oral evidence. The Tribunal determined that a criminal offence of violence by a doctor against a member of the public who was carrying out their job at the time was a falling far short of the standards expected of doctors.

88. The Tribunal found that Dr Endeley had breached the following paragraphs of Good Medical Practice 2024 ('GMP'):

'Domain 4

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.

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

Further, he had breached both the law and a fundamental tenet of the profession that a doctor must "*first do no harm*".

89. The Tribunal found that that Dr Endeley's conviction inevitably damaged and undermined public confidence in the medical profession. The Tribunal noted that the victim, on learning that Dr Endeley was a doctor had written:

"Having learned that he is a Doctor, someone who should care for people and someone we should trust, this angers me. I hope he is ashamed of himself because I did nothing to him and someone who is a Doctor should not do things to hurt people."

90. The Tribunal considered that fellow professionals and other members of the public would be appalled and dismayed by Dr Endeley's offence and conviction.

Insight, remorse and expressions of apology

91. The Tribunal went on to consider whether there was evidence that Dr Endeley has demonstrated remorse or insight into the seriousness of his offence, conviction, and damage to the reputation of the profession.

92. In assessing Dr Endeley's insight, the Tribunal reminded itself that Dr Endeley had pleaded 'not guilty' at trial. Dr Endeley had denied headbutting the victim and had alleged that the victim had put his thumb in Dr Endeley's eye socket such that he had punched the victim to the head in self-defence; that account was not accepted by the jury.

93. The Tribunal noted that the strategy of Dr Endeley's defence team had been to suggest that the victim had exaggerated his injuries when, on Dr Endeley's own account, the victim's physical and psychological injuries had been clear to see during the trial. He had, however, conceded during the trial that a fracture to the skull was a serious injury.

94. The Tribunal concluded that at the time of his trial in August 2024, some three years after the offence there appeared to be little evidence of real insight into his actions, the harm he had done or remorse for it.

95. The Tribunal reminded itself, however, that it is judging Dr Endeley's fitness to practise as at today. It had regard to Dr Endeley's oral evidence about how his insight had developed over time and that it was only following his conviction and sentence, when he had sat down with his family and put everything together that he had really understood the harm he had done and that he needed to do better.

96. The Tribunal accepted that Dr Endeley's insight into his offending behaviour and the impact of it had developed over time. The Tribunal had regard to the various reflective pieces which he had written and carefully scrutinised the evidence of insight within them.

97. The Tribunal concluded that Dr Endeley now has good insight into the triggers and risk factors for his offending behaviour, which he identifies as excessive alcohol consumption, impulsive reactions, poor decision-making, unmanaged stress, poor emotional regulation and

poor judgement. The Tribunal took into account that Dr Endeley has undertaken work with a behavioural coach to improve his understanding of his actions on the night of the offence.

98. The Tribunal also concluded that Dr Endeley now has good insight into the impact of his offence on the victim, the victim's family and community, the profession and the wider public.

99. The Tribunal reminded itself of Dr Endeley's written reflection about the harm caused by his offence in which he wrote:

"The greatest harm caused by my actions is to the victim. This is the part I struggle with the most, because what happened cannot be undone. No amount of remorse or remediation can reverse the injury or the impact on his life."

100. In his written reflection, Dr Endeley acknowledges the physical and emotional harm done to his victim, the victim's family and friends and others and he accepts responsibility for them. He confirmed this in his oral evidence and recognised the impact it would have had on the victim as a refugee who had fled from fear. The Tribunal accepted that in his written reflections, Dr Endeley writes of his *"deep and lasting remorse for the harm I caused...I am ashamed that, as a doctor, someone trusted to protect others, I inflicted harm instead. I accept full responsibility. My regret is profound and genuine."*

101. Further, the Tribunal took into account that Dr Endeley had written a letter to the victim in which he had apologised and expressed remorse. The Tribunal had regard to the fact that the letter had been written only three weeks before Dr Endeley was due to appear before his regulator which might suggest that it was self-serving. However, Dr Endeley had explained his concerns about making contact with and retraumatising the victim. He had also taken steps to ask his mentor to review the letter to ensure that it was appropriate.

102. The Tribunal accepted Dr Endeley's insight into the harm done to the victim and his expressions of remorse for it as genuine, albeit relatively recent. The Tribunal found that he had understood the harm he had done to the victim and had taken responsibility for it. He had sent a letter of apology to the victim and throughout his various reflections had expressed his remorse and his desire to do better. He had also considered the wider impact of his offence on the victim's family, friends and community, and the public in general. The Tribunal was of the view that Dr Endeley has good insight into the harm he has done to the victim and is remorseful for it.

103. The Tribunal went on to consider whether Dr Endeley had insight into the damage done to public confidence in the profession by reason of his offence. The Tribunal had regard to his written reflection on his breaches of *Good Medical Practice*. It concluded that he now has good insight into how he has breached professional as well as personal standards of conduct. Elsewhere he writes:

“Most importantly, I have understood that being a doctor is not only about clinical knowledge, but about judgement, professionalism, and integrity in all aspects of life. I know that I betrayed the trust placed in me and harmed a patient, my colleagues, and the wider public’s confidence in doctors.”

104. The Tribunal accepted Dr Endeley’s oral evidence, that, knowing that a doctor had such a conviction, would diminish public confidence in the medical profession. He would not want to be known as the doctor who had hurt someone.

105. The Tribunal further noted the shame that he expressed in his oral evidence and his understanding that fellow practitioners would feel ashamed to learn that a doctor had acted as he had done. The Tribunal concluded that Dr Endeley now has good insight into the damage done to public confidence in the profession by reason of his offence and conviction.

Remediation

106. Having accepted that Dr Endeley now has good insight into the reasons for his offence and the harm done, the Tribunal went on to consider the steps he has taken to remediate his offending behaviour.

107. The Tribunal reminded itself that Dr Endeley no longer drinks alcohol. It accepted that he now understands the risks it posed to his judgement, and he is committed to maintaining abstinence.

108. The Tribunal noted that Dr Endeley had completed a two-day Mindfulness and Wellbeing course and a three-day retreat. He now practises meditation and breathing techniques daily, which he says allow him to pause and respond calmly under stress.

109. The Tribunal also noted that Dr Endeley had worked with a behaviour coach and life coach, who he said had helped him understand his offence, develop self-awareness, and practise conflict de-escalation.

110. The Tribunal took into account that Dr Endeley had engaged with a senior workplace mentor who had reviewed his reflections and provided feedback. He also keeps a personal reflective journal to build resilience and ensure ongoing accountability; extracts of this were provided to the Tribunal.

111. The Tribunal accepted Dr Endeley's evidence that he had revisited and re-established his relationship with God, recommitting himself to his Christian faith. He said that he had developed greater humility, self-awareness, and accountability and that his faith now serves as a moral compass that reinforces the values of integrity, restraint, and compassion, ensuring his conduct aligns with both his personal beliefs and professional standards.

112. The Tribunal had regard to the testimonials and oral evidence from professional colleagues who say that Dr Endeley's behaviour was out of character for the person they knew. It noted that there has been no complaint about his clinical practice where he appears to be held in high regard. The Tribunal had regard to Dr Endeley's positive patient feedback which states that he is a capable, caring and well-respected doctor.

113. The Tribunal accepted that Dr Endeley has made considerable strides in remediating his offending behaviour such that he is unlikely to repeat this in future. The Tribunal also accepted that Dr Endeley has provided significant evidence of having fully accepted his failings, of having reflected upon them and the harm caused by them, and of having taken steps to remediate them. The Tribunal therefore concluded that a finding of impairment is not necessary to protect, promote and maintain the health, safety and wellbeing of the public.

114. Having determined that a finding of impairment is not necessary to protect, promote and maintain the health safety and wellbeing of the public, the Tribunal went on to consider whether a finding of impairment is required on public interest grounds. Given the seriousness of his criminal conviction, the Tribunal determined that a finding of impairment was necessary to maintain public confidence in the medical profession and to uphold proper professional standards and conduct for members of the medical profession. Notwithstanding the extent of Dr Endeley's insight, remorse and remediation, the Tribunal considered that both fellow professionals and the public at large would be troubled and shocked if a finding of impairment were not made in this case. The Tribunal noted that Dr Endeley is still serving his sentence until August 2026, albeit suspended.

115. Therefore, the Tribunal concluded that Dr Endeley's fitness to practise is impaired by reason of his conviction.

Determination on Sanction - 27/10/2025

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

The Evidence

117. The Tribunal took into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction. The Tribunal also had regard to the submissions of both parties.

Submissions

GMC Submissions

118. On behalf of the GMC, Ms Emsley-Smith submitted that the decision as to the appropriate sanction was one for the Tribunal's own independent judgement. She referred the Tribunal to the Sanctions Guidance 2024 ('the SG'), in particular paragraphs 14, 16, 17, 18 and 19.

119. Ms Emsley-Smith referred the Tribunal to the case of *Professional Standards Authority for Health and Social Care v General Dental Council (Patel)* [2024] EWHC 243 (Admin). She said that this case explains the interplay between paragraph 119 of the SG and the need for a proportionate response.

120. Ms Emsley-Smith reminded the Tribunal that paragraph 119 of the SG states:

'As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.'

121. She said that paragraph 119 of the SG communicates a general principle to the Tribunal with regard to the way in which it should approach extant sentences. However, that general principle must always be viewed through the prism of proportionality and the need to reach a just outcome bearing in mind the purpose of the imposition of sanction. She

referred to the kind of anomaly, identified in *Patel*, which could arise if paragraph 119 of the SG were applied as an absolute rule but noted that that anomaly did not apply in the present case.

122. Ms Emsley-Smith reminded the Tribunal that Dr Endeley was sentenced in November 2024, to a sentence of imprisonment of two years, which was suspended for a period of 21 months. The operational period of the sentence therefore ended in August 2026 and that was the period with which the Tribunal should be concerned (rather than November 2026 which would have been the sentence expiry date had Dr Endeley received an immediate custodial sentence). However, that did not mean that the Tribunal should not have regard to paragraph 119 of the SG through the prism of proportionality.

123. Ms Emsley-Smith said that paragraph 20 of the SG provides further guidance on achieving proportionality by requiring the Tribunal to consider the least restrictive sanction first and then to work through the sanctions until an appropriate outcome is reached. That sanction must then be imposed, notwithstanding any difficulty that this may have for the registrant.

124. Ms Emsley-Smith submitted that it would plainly be inappropriate in the context of this case to take no action on Dr Endeley's registration. She said there were no exceptional circumstances which could justify taking no action. Furthermore, the Tribunal had identified the circumstances of the conviction to be of a serious nature and consequently, taking no action would be inconsistent with that particular finding.

125. Ms Emsley-Smith submitted that similarly, conditions would not be an appropriate response to the conviction and the circumstances of the conviction. She referred the Tribunal to paragraph 81 of the SG. She said this case was about the reputation of the profession and centres on upholding appropriate standards in the profession. Ms Emsley-Smith submitted that there are no workable conditions which could meet that particular identified concern.

126. With regard to suspension, Ms Emsley-Smith referred the Tribunal to paragraphs 91 to 98 of the SG. She noted the level of reflection and remediation by Dr Endeley and the absence of any evidence of repetition or similar behaviour since the matters leading to his conviction. She referred to the Tribunal's earlier finding that Dr Endeley has insight and does not pose a significant risk of repeating his previous behaviour. Ms Emsley-Smith said that all of the features which the SG suggests may be relevant to a decision to suspend are at play in this case.

127. Ms Emsley-Smith submitted that a period of suspension was the appropriate sanction. She said Dr Endeley's conduct which gave rise to the conviction was serious, but not fundamentally incompatible with continued registration.

128. With regard to paragraph 119 of the SG and the Tribunal's approach, Ms Emsley-Smith reminded the Tribunal that Dr Endeley was sentenced to a period of imprisonment, albeit that sentence was suspended. She reminded the Tribunal of its determination at the impairment stage. She said that Dr Endeley's sentence comprised a period of unpaid work and the custodial term which had been suspended. The fact that the unpaid work element of that sentence has been completed, did not, therefore, equate to the discharge of his sentence. She submitted that these were factors which the Tribunal should consider when determining whether grounds exist to depart from the general principle articulated in paragraph 119 the SG.

129. Ms Emsley-Smith submitted that any sanction imposed by the Tribunal must be sufficient and effective to uphold proper standards of conduct and protect the reputation of the profession. She said that the fact that Dr Endeley is still serving his sentence, whether suspended or not, is a relevant factor. If the Tribunal took the view that the principle articulated in paragraph 119 of the SG does not apply in this case, it must articulate reasons why it has come to that conclusion.

130. Ms Emsley-Smith reiterated her submission that a period of suspension was the appropriate sanction. She said that the GMC did not advance any particular length of suspension. Nor did it positively submit that there was a necessity for a review at the end of a period of suspension.

Defence Submissions

131. On behalf of Dr Endeley, Mr Gledhill referred the Tribunal to the evidence provided by the doctor of his insight and remediation. He took the Tribunal to the report of a peer discussion in which Dr Endeley and a colleague had worked through the circumstances leading to his conviction and what Dr Endeley had learned.

132. Mr Gledhill asked the Tribunal to note that Dr Endeley was leading improvements in patient care, notably by revitalising the fertility service at Blackpool Victoria Hospital, and improving patient access and outcomes. He submitted that the public interest was not merely about holding a doctor to account but also about returning a competent and capable doctor to clinical practice. He accepted the need for the Tribunal to uphold the overarching

objective by marking the seriousness of the departure from *Good Medical Practice* (GMP) with a sanction. However, he said that, running in parallel, there was the public interest in not having a lengthy suspension. He reminded the Tribunal that, at the impairment stage, it had acknowledged that Dr Endeley was a capable doctor, held in high regard. Mr Gledhill said that the doctor was someone who had shown genuine remorse and somebody whom the Tribunal could be assured would never be before it again.

133. Mr Gledhill referred the Tribunal to the written reference of Mr G, dated 5 September 2025, in which the author writes:

'I confirm that I have been made aware of the GMC allegations concerning Dr Endeley. I understand the seriousness of these matters. My statement is based on my personal knowledge and experience of working with Dr Endeley during his time at Blackpool Teaching Hospitals. In the time I have worked with Dr Endeley, I have found him to be a competent and reliable consultant within his clinical sphere. He has demonstrated sound clinical judgement, works within established protocols, and seeks appropriate support or advice when required. I have not observed any occasions where patient safety was compromised under his care. His communication with patients is clear and empathetic, and he is well regarded by both patients and colleagues for his calm and professional approach.

... based on my professional interactions with Dr Endeley, I can confirm that I have always found him to be competent, reliable, and professional. He has conducted himself with integrity during his time at Blackpool Teaching Hospitals, and I have not observed any behaviour that has given me concern regarding his ability to practise safely.'

134. Mr Gledhill said that this reference echoes the observations that the Tribunal had made in its determination at the impairment stage. He said that Dr Endeley was a competent, capable doctor, and at the forefront of fertility treatment. Mr Gledhill said that Dr Endeley was currently the only fertility lead because the colleague who was leading fertility treatments had gone on sabbatical overseas and would not be back for a significant period of time. Therefore, Dr Endeley had been building up that area of practice and this was something that would be compromised by a period of absence.

135. Mr Gledhill submitted that a three-month period of suspension with no review would be appropriate to mark the seriousness of Dr Endeley's conduct and the serious departure from GMP while enabling a very able doctor to return to practice in the near future.

136. Mr Gledhill referred the Tribunal to the case of *Patel* to which Ms Emsley-Smith had already referred. He said that this case clarified that the principle established in the earlier case of *Fleischmann*, that a practitioner convicted of a serious criminal offence should not resume unrestricted practice until they have satisfactorily completed their sentence, was a general principle and not a strict rule. He said that the judge in *Patel* had gone on to emphasise that this principle must bend to the overarching requirement to impose a sanction which is just, proportionate, and only that which is necessary to maintain public confidence.

137. Mr Gledhill said that Dr Endeley had been subject to interim conditions for some considerable time. He said that these had worked and Dr Endeley had not been in breach of these conditions which had been tested in his workplace. There had been no evidence of any compromising conduct by Dr Endeley since the index offence. Mr Gledhill submitted that this should be taken into account both when looking at the length of any suspension to be imposed, and when determining whether there needed to be a review with further conditions being imposed on the expiry of a period of suspension.

138. Mr Gledhill reminded the Tribunal that, at the impairment stage, it had acknowledged Dr Endeley's reflection and the evidence of remediation by him. He submitted that Dr Endeley had done a lot of remediation and reflection, albeit that the Tribunal had noted that some of it had been done close to the hearing. Mr Gledhill said that this recent remediation should be seen as a period of consolidation of his earlier work and that Dr Endeley understood where he had gone wrong and had made sustainable changes. Mr Gledhill submitted that the evidence that Dr Endeley was fit to practise in the future was very strong, such that a further review by a tribunal was not required.

139. Mr Gledhill said that during any period of suspension, Dr Endeley intends to review the whole case again, and to reflect further. Therefore, a shorter period of suspension should not be seen as 'a slap on the wrist'.

140. Mr Gledhill said it was clear that Dr Endeley was held in high regard by patients as well as members of staff. He referred the Tribunal to Dr Endeley's patient feedback forms.

141. Mr Gledhill reiterated that a short period of suspension with no review would meet the objective to maintain public confidence in the profession and would be the appropriate and proportionate disposal in this case.

The Tribunal's Determination on Sanction

Legal Advice

142. The Tribunal had regard to the advice of the LQC. The LQC reminded the Tribunal that the decision as to sanction is one for its independent judgment alone, having proper regard to the overarching objective and the GMC's Sanctions Guidance (SG).

143. The LQC reminded the Tribunal that the sanctions available to it under Section 35D Medical Act 1983 are:

- (1) To take no action.
- (2) To impose conditions on the doctor's registration for any period up to 3 years.
- (3) To direct the suspension of the doctor's registration for any period up to 12 months.
- (4) To direct that the doctor's name should be erased from the register.

144. The LQC reminded the Tribunal of the paragraphs of the SG relating to each sanction and the guidance therein as to factors which may be relevant to the Tribunal's consideration as to the appropriate and proportionate sanction to impose. The LQC highlighted to the Tribunal that paragraph 109(g) of the SG lists an offence of violence as one of the factors which, if present, may indicate that erasure is the appropriate outcome.

145. The LQC reminded the Tribunal that if it decided to impose conditions on the doctor's registration or to direct his suspension, it must then go on to consider the appropriate and proportionate duration of those conditions or suspension. In the case of a suspension, it must also determine whether a further review is required at the end of the period or suspension. The LQC reminded the Tribunal that paragraph 164 of the SG provides guidance on situations where a review may not be required.

146. The LQC reminded the Tribunal that whilst both parties had submitted that a period of suspension, without a review, was the appropriate and proportionate sanction, this remained a matter for the Tribunal's judgement alone.

147. The Tribunal had regard to the principle that the purpose of sanctions is not to punish a doctor for past wrongs but rather to protect patients and the wider public interest, which includes maintenance of public confidence in the profession and declaring and upholding proper standards of conduct and behaviour. However, a sanction may have a punitive effect.

148. The LQC reminded the Tribunal that any sanction imposed must be proportionate, weighing both the interests of the public with those of the practitioner. The Tribunal must consider the impact of any sanction upon the doctor both in financial and reputational terms, but the Tribunal must necessarily bear in mind that the reputation of the profession is more important than the interests of an individual practitioner. Therefore, whilst there is a public interest in enabling a doctor to return to safe practice, the Tribunal's primary concern remained the protection of the public.

149. In considering what, if any, sanction is necessary, and to ensure that it is proportionate, the Tribunal was advised that it should start with consideration of the least restrictive sanction and only if it determined that that sanction was insufficient to protect the public should it go on to consider the next available sanction. The LQC reminded the Tribunal to apply its mind to any aggravating or mitigating factors found on the evidence. She referred the Tribunal to those sections of the SG that set out a non-exclusive list of matters of mitigation and aggravation.

150. The LQC noted that the Tribunal had been provided with a large number of testimonials from former and current colleagues of Dr Endeley and reminded the Tribunal of the guidance within the SG on matters it should take into account when considering what weight to give those testimonials. She reminded the Tribunal that because sanctions imposed by it are not primarily punitive, it followed that testimonials and considerations which weigh in mitigation of punishment in criminal courts have less effect on the exercise of decisions in fitness to practise proceedings. The negative effect of a conviction for a serious offence, on public confidence in the profession is essentially a consequence of the fact of conviction. The role of personal mitigation is likely to be more muted in those circumstances given that the role of the regulator is to maintain public confidence rather than punish.

151. The LQC reminded the Tribunal that Dr Endeley is serving a suspended sentence for a criminal offence and highlighted that paragraphs 112 to 119 of the SG deal specifically with how a Tribunal should consider convictions at the sanction stage or proceedings. The Tribunal must necessarily consider the seriousness of the criminal conviction and the sentence imposed. However, paragraph 117 of the SG reminds tribunals that the sentence or sanction imposed by the criminal court is not necessarily a definitive guide to the seriousness of the offence. There may have been personal circumstances that led the court or regulatory body to be lenient.

152. The LQC reminded the Tribunal of paragraph 119 of the SG, to which counsel for both parties had referred in their submissions and which states:

“As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.”

153. The LQC advised the Tribunal that this ‘general principle’ derives from case of *the Council for the Regulation of Health Care Professionals v GDC v Fleischmann* [2005] EWHC 87 and had been considered in 2024 in the case of *the Professional Standards Authority for Health and Social Care v General Dental Council (Patel)* [2024] EWHC 243 (Admin), which postdated the SG. The LQC advised that in *Patel*, this general principle was reiterated but that it was said that the general principle can bow to the circumstances of a particular case and cannot be applied as if it were a rule. It must bend to the overarching requirement to impose a sanction which is just, proportionate and only that which is necessary to maintain public confidence. The LQC reminded the Tribunal of the need to give reasons for any decisions that it makes, including where it decides to depart from the SG.

The Tribunal’s Decision on Sanction

154. In determining what, if any, sanction to impose on Dr Endeley’s registration, the Tribunal reminded itself of its finding at the impairment stage of proceedings that this was a serious conviction for an offence of violence against a member of the public. The victim suffered lasting physical, emotional and psychological harm as a direct result of Dr Endeley’s actions. The Tribunal has found that he breached the public’s trust in the profession and a fundamental tenet of the profession to ‘first do no harm’.

155. The Tribunal reminded itself that Dr Endeley received a significant sentence for the offence, albeit that the sentence was suspended. Whilst the Tribunal accepted that Dr Endeley has completed the unpaid work element of his sentence and has paid the final instalment of the £2,000 he was ordered to pay to the victim, the operational period of his suspended sentence does not end until August 2026.

Mitigating Factors

156. The Tribunal considered whether there were any factors which mitigated the seriousness of Dr Endeley’s conviction and its impact on public confidence in the profession.

157. The Tribunal reminded itself that, at the impairment stage, it had found that Dr Endeley had undertaken a significant amount of reflection and remediation, as well as developing good insight into the triggers and risk factors associated with his offending behaviour, the harm done to the victim, and the damage to public confidence in the profession. He has expressed remorse and apologised to the victim for his behaviour. He has also developed strategies and taken steps to prevent his behaviour from happening again.

158. The Tribunal accepted that there has been no repetition of Dr Endeley's offending behaviour in the four years since he committed the assault in September 2021, and no evidence that he has further damaged public confidence in the profession since the date of his conviction in August 2024.

159. The Tribunal acknowledged the large number of positive references and testimonials on behalf of Dr Endeley from colleagues and positive patient surveys. It reminded itself of its earlier finding that Dr Endeley is a competent and well-regarded doctor. It took into account the submissions of Mr Gledhill that Dr Endeley is the fertility lead in his current workplace.

160. However, the Tribunal reminded itself of the legal advice it had received that the negative effect of a conviction for a serious offence on public confidence in the profession is essentially a consequence of the fact of conviction. In those circumstances, the role of personal mitigation is more muted given that the role of the Tribunal is to maintain public confidence rather than to punish. Any mitigating factors that have been identified need to be weighed appropriately against the seriousness of the conviction.

Aggravating factors

161. The Tribunal also considered whether there were any factors which aggravated the seriousness of Dr Endeley's conviction and its impact on public confidence. It considered that the fact that this was a conviction for violence against a member of the public who was carrying out his job was an aggravating factor. Individuals should be entitled to carry out their work without fear of violence.

162. The Tribunal also considered that the fact that Dr Endeley had been drinking alcohol aggravated the seriousness of his offending behaviour and consequent conviction.

163. The Tribunal acknowledged that Dr Endeley has a previous conviction for an offence of violence. It noted that the trial judge at the time of sentence had considered this to be of peripheral relevance. The Tribunal noted that the offence was committed when Dr Endeley

was eighteen years old and prior to his commencing any form of medical training. Further, it appeared that it had not been a bar to his initial registration as a doctor. The Tribunal therefore concluded that this earlier offence did not aggravate the current position to any real degree.

164. Throughout its deliberations on the appropriate and proportionate sanction to impose, if any, the Tribunal bore in mind the mitigating and aggravating factors which it had identified.

165. It reminded itself that, at the impairment stage of proceedings, it had determined that a finding of impairment was necessary to maintain public confidence in the medical profession and to uphold proper professional standards and conduct for members of the medical profession; it had not found that Dr Endeley presents a risk to patients. It followed, therefore, that any sanction it imposed must be the minimum to meet those objectives. The Tribunal considered each sanction in ascending order of severity, starting with the least restrictive.

No Action

166. The Tribunal first considered whether to conclude the case by taking no action.

167. The Tribunal took into account the guidance within the SG that where a doctor's fitness to practise is impaired, it will usually be necessary to take action to protect the public. It acknowledged the guidance that there may be exceptional circumstances to justify a tribunal taking no action but that such cases are likely to be very rare.

168. The Tribunal found that there were no exceptional circumstances in the current case that would justify it taking no action. Dr Endeley was convicted of a serious offence involving violence against a member of the public who was carrying out his job and which led to lasting physical, psychological and emotion harm.

169. Further, the Tribunal reminded itself that Dr Endeley remains within the operational period of his suspended sentence. The Tribunal could see no reason to depart from the general principle set out in paragraph 119 of the SG that where a doctor has been convicted of a serious criminal offence, they should not be permitted to resume unrestricted practice until they have completed their sentence.

170. The Tribunal did not consider that this was a case where there were reasons to depart from this general principle and to take no action against Dr Endeley's registration.

171. Weighing the seriousness of Dr Endeley's conviction against the identified mitigating and aggravating factors, the Tribunal determined that to take no action would be wholly insufficient to maintain public confidence in the medical profession and to uphold proper professional standards and conduct for members of that profession.

Conditions

172. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Endeley's registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

173. The Tribunal accepted that Dr Endeley has worked under interim conditions of practice since his conviction without evidence of any further matters which might undermine public confidence in the profession. However, a finding had now been made that Dr Endeley's fitness to practise is impaired by reason of his conviction. Further, the Tribunal reminded itself of the guidance within the SG that conditions may be most appropriate in cases involving a doctor's health or where there are issues around the doctor's performance or specific shortcomings in an area of their practice. The Tribunal considered that this was not such a case.

174. The Tribunal found that conditions would not be an appropriate outcome to address a conviction for a serious offence involving violence against a member of the public who was carrying out his job and which led to lasting harm. The Tribunal could think of no conditions which could be formulated to address Dr Endeley's offending behaviour. Further, weighing the seriousness of Dr Endeley's conviction against the identified mitigating and aggravating factors, the Tribunal determined that conditions would be insufficient to maintain public confidence in the medical profession and to uphold proper professional standards and conduct for members of that profession.

Suspension

175. The Tribunal next considered whether it would be appropriate and proportionate to suspend Dr Endeley's registration.

176. The Tribunal noted that Mr Gledhill had in effect conceded on Dr Endeley's behalf that a period of suspension was the minimum sanction required to maintain public confidence in the medical profession and to uphold proper professional standards and conduct. Ms Emsley-Smith had also indicated that the GMC's position was that a period of suspension was the appropriate and proportionate sanction. However, the Tribunal reminded itself that the question of sanction was a matter for its own judgement alone.

177. The Tribunal considered that the following paragraphs of the SG were applicable and indicated that suspension may be an appropriate sanction in the circumstances of this case:

'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 (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.

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 (i.e. for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).

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. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions...

178. The Tribunal recognised that a sanction of suspension does have a deterrent effect and can be used to send a signal to Dr Endeley, the profession, and the public about what is regarded as behaviour unbefitting a registered doctor.

179. The Tribunal also acknowledged that suspension is an appropriate response to misconduct which is sufficiently serious that action is required in order to maintain public confidence in the profession, but which falls short of being fundamentally incompatible with continued registration. Whilst acknowledging that this is a conviction case, rather than a misconduct case, the Tribunal considered that the same principle must apply.

180. The Tribunal was in no doubt that Dr Endeley's conviction was very serious. It has determined that a criminal offence of violence by a doctor against a member of the public who was carrying out their job at the time was a falling far short of the standards expected of doctors and a breach of a fundamental tenet of the profession. The Tribunal reminded itself again of the lasting physical, emotional and psychological harm suffered by the victim as a result of Dr Endeley's offending behaviour.

181. The Tribunal considered that a message must be sent to the medical profession and the public that Dr Endeley's behaviour was entirely unacceptable. Dr Endeley's conviction was so serious that significant action is required to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession.

182. The Tribunal acknowledged that, when considering whether suspension is the appropriate and proportionate sanction to impose, it must necessarily consider whether Dr Endeley's behaviour is so serious as to be fundamentally incompatible with his continuing to be a doctor, thereby warranting a sanction of erasure.

183. The Tribunal considered paragraph 109 (a), (c) and (g) of the SG to be relevant:

'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.

...

c Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients (see further guidance below at paragraphs 129–132 regarding failure to provide an acceptable level of treatment or care)

...

g Offences involving violence.'

184. However, the Tribunal was satisfied that Dr Endeley has readily and fully engaged in the regulatory process and that he has taken responsibility for his actions. Further, it was satisfied that Dr Endeley's apologies and expressions of remorse are genuine. In addition, the Tribunal has found that Dr Endeley has made good use of the time since his conviction and

has undertaken a significant amount of reflection and remediation. The Tribunal has found, at the impairment stage of proceedings, that Dr Endeley has developed good insight into the triggers and risk factors to his offending behaviour, the harm done to the victim, and the damage done to public confidence in the profession. There has been no repetition of the conduct which led to Dr Endeley's conviction, and the Tribunal was satisfied that Dr Endeley has made considerable strides in remediating his offending behaviour such that he is unlikely to bring the profession into disrepute in the future.

185. The Tribunal therefore determined that Dr Endeley's conviction, and the offending behaviour which lay behind it, was not such that it was fundamentally incompatible with continued registration and that a sanction of erasure would not be proportionate.

The Tribunal's Decision

186. The Tribunal determined a period of suspension to be the appropriate and proportionate sanction to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession. It considered that a period of suspension would send a clear message that Dr Endeley's behaviour was wholly unacceptable of a member of the medical profession and that this behaviour undermines professional standards and public confidence.

187. In determining the length of the suspension, the Tribunal reminded itself that the operational period of Dr Endeley's suspended sentence does not end until August 2026. It had regard to paragraph 119 of the SG, which states:

'119 As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.'

188. The Tribunal further reminded itself of the advice it had received in relation to the case of *Patel* [2024] EWHC 243 (Admin) that this general principle can bow to the circumstances of a particular case and cannot be applied as if it were a rule. It must bend to the overarching requirement to impose a sanction which is just, proportionate and only that which is necessary to maintain public confidence.

189. The Tribunal reminded itself that the GMC had advanced no view as to the appropriate length of any suspension. Mr Gledhill had submitted that a short period of

suspension would be sufficient to meet the overarching objective and had suggested a period of three months.

190. The Tribunal carefully considered the minimum period of suspension required to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession.

191. The Tribunal reminded itself again of the seriousness of Dr Endeley's conviction and the lasting physical, psychological and emotional harm to a member of the public who had simply been carry out his job. The Tribunal weighed this against the mitigating and aggravating factors it had identified and concluded that a period of 12 months was the minimum period required to meet the overarching objective.

192. In reaching that decision, the Tribunal carefully considered whether a lesser period would suffice but concluded that it would not, due to the seriousness of the conviction and the lasting harm caused to the victim. The Tribunal took into account the public interest in depriving the public of the services of an otherwise competent doctor for a lengthy period. It also had regard to Dr Endeley's own financial and reputational interests. However, the Tribunal concluded that a period of suspension of less than 12 months would be insufficient to meet the public interest concerns in the case.

193. The Tribunal therefore determined that Dr Endeley's registration should be suspended for a period of 12 months.

194. The Tribunal next considered whether a review would be required at the end of that period. The Tribunal reminded itself that neither party had submitted that a review was necessary.

195. The Tribunal took into account that following the expiry of the 12-month period of suspension, Dr Endeley would no longer be within the operational period of his suspended sentence. The general principle articulated in paragraph 119 of the SG would therefore no longer apply.

196. The Tribunal further reminded itself that it had concluded that a finding of impairment by reason of Dr Endeley's conviction was necessary to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession; it had not considered that a finding of impairment was required to protect, promote and maintain the health,

safety and wellbeing of the public. The Tribunal concluded that these objectives would be met by the 12-month suspension imposed on Dr Endeley's registration. It did not consider that there would be any further purpose served by a review of the case by another tribunal at the end of that period.

197. The Tribunal has therefore determined to impose a 12-month period of suspension on Dr Endeley's suspension without directing a review at the end of that period.

Determination on Immediate Order - 27/10/2025

198. Having determined to suspend Dr Endeley's registration for a period of 12 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order of suspension.

Submissions

199. On behalf of the GMC, Ms Emsley-Smith submitted that the GMC is neutral on the subject of an immediate order. She stated that the matter is entirely one for the Tribunal to determine.

200. On behalf of Dr Endeley, Mr Gledhill submitted that an immediate order was opposed as there were no immediate patient concerns.

The Tribunal's Determination

201. In reaching its decision, the Tribunal considered the relevant paragraphs of the Sanctions Guidance and exercised its own independent judgment. In particular, it took account of paragraphs 172, 173 and 178:

'172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor

...

173 *An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example... where immediate action must be taken to protect public confidence in the medical profession.*

...

178 *Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'*

202. The Tribunal did not consider that an immediate order is necessary to protect members of the public, or is in the best interests of Dr Endeley. The Tribunal went on to consider whether an immediate order is otherwise in the public interest.

203. The Tribunal reminded itself again of the seriousness of Dr Endeley's conviction and the lasting physical, psychological and emotional harm to a member of the public who was carrying out his job.

204. The Tribunal further reminded itself that Dr Endeley is currently serving a two-year suspended sentence following that conviction. The operational period of that suspended sentence ends in August 2026.

205. The Tribunal again considered paragraph 119 of the SG, which states:

'119 As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.'

206. The Tribunal could find no reason to depart from that general principle in determining the necessity for an immediate order. The Tribunal determined, having taken into account both the seriousness of Dr Endeley's conviction and the fact that he remains in the operational period of his suspended sentence, that an immediate order is otherwise in the public interest. The Tribunal considered that for it not to impose an immediate order would be inconsistent with its substantive determination.

207. This means that Dr Endeley's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

208. The interim order is hereby revoked.

209. That concludes this case.

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