

PUBLIC RECORD**Dates:** 22/09/2025 - 01/10/2025

Doctor: Dr Josevania MARTINS

GMC reference number: 7055434

Primary medical qualification: Medico 1993 Faculdade de Medicina de Valenca

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

Summary of outcome

Suspension, 9 months
Review hearing directed

Tribunal:

Legally Qualified Chair	Ms Louise Sweet
Lay Tribunal Member:	Mrs Christine McLoughlin
Registrant Tribunal Member:	Dr David Mabin

Tribunal Clerk:	Mr Michael Murphy
-----------------	-------------------

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Ms Katie Jones, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held 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 - 29/09/2025

1. Parts of this hearing were heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules). This determination will be handed down in private due to the confidential nature of matters under consideration and heard as evidence. However, as this case concerns Dr Martins' alleged misconduct a redacted version will be published at the close of the hearing.

Background

2. Dr Martins qualified in Brazil in 1993. Dr Martins has been registered as a medical practitioner in the UK since 2011. She has been practising as a doctor for 31 years. At the time of the allegation, she was practising at her own private gynaecology and fertility clinic in London.
3. The Allegation that has led to this hearing can be summarised as follows: Firstly, the GMC alleged that Dr Martins disclosed personal confidential information about Patient A to Mr B, namely that Patient A had been tested for and/or diagnosed with a sexually transmitted disease. Secondly, the GMC alleged that Dr Martins inappropriately prescribed medication to Mr B when she was engaged in a close personal relationship with him. Thirdly, the GMC alleged she informed Mr B that a colleague had prescribed the medication, when she knew she had prescribed them. Fourthly, the GMC alleged that she included inaccurate information in the prescriptions which suggested she held a clinical role at the Medical Express Clinic and then the Messine Clinic when she did not. The GMC further alleged, in relation to all her actions, that Dr Martins was dishonest.

4. The initial concerns were raised with the GMC by Mr B on 20 March 2024. His concerns included the fact that Dr Martins was not using her real name on dating applications and that she had not told him that she was a doctor.

The Outcome of Applications Made during the Facts Stage

5. The Tribunal refused Dr Martins' application, made pursuant to Rule 30 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that, the entirety of proceedings should be held in private session and for her name to be anonymised. The Tribunal's full decision on the application is included at Annex A.
6. The Tribunal granted Dr Martins' and the GMC's applications, made pursuant to Rule 34(1), that additional documents should be admitted into evidence. The Tribunal's full decision on the application is included at Annex B.
7. The Tribunal refused Dr Martins' application, made pursuant to Rule 36, that she should be treated as a vulnerable witness. The Tribunal's full decision on the application is included at Annex C.
8. The Tribunal refused Dr Martins' application, made pursuant to Rule 17(2)(g), that there was no case to answer for the remaining paragraphs of the Allegation. The Tribunal's full decision on the application is included at Annex D.

The Allegation and the Doctor's Response

9. The Allegation made against Dr Martins is as follows:

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

1. Between December 2023 and March 2024, you:
 - a. disclosed personal confidential information about Patient A to Mr B, in that you told Mr B:
 - i. Patient A had attended [XXX]; **To be determined**

- ii. Patient A had been tested for and/or diagnosed with a sexually transmitted disease; **To be determined**
 - b. prescribed to Mr B:
 - i. Ozempic pen, 1mg on 15 December 2023; **Admitted and found proved**
 - ii. Wegovy pen, 1mg on 22 February 2024. **Admitted and found proved**
2. In reference to your actions as set out in paragraph 1b you:
- a. informed Mr B that a colleague had prescribed the medications; **To be determined**
 - b. included inaccurate information in the prescriptions in that you made reference to:
 - i. 'Medical Express Clinic' in the prescription set out at paragraph 1bi which was not your clinical address; **To be determined**
 - ii. 'Messine Clinic' in the prescription set out at paragraph 1bii which was not your clinical address; **To be determined**
 - c. were engaged in a close personal relationship with Mr B. **Admitted and found proved**
3. You knew:
- a. you had prescribed the medications as set out in paragraph 1b; **Admitted and found proved**
 - b. you did not hold a clinical role at the:
 - i. 'Medical Express Clinic'; **To be determined**
 - ii. 'Messine Clinic'. **To be determined**
4. Your actions as set out in paragraph:
- a. 2a were dishonest by reason of paragraph 3a; **To be determined**

- b. 2bi were dishonest by reason of paragraph 3bi; **To be determined**
- c. 2bii were dishonest by reason of paragraph 3bii. **To be determined**

The Admitted Facts

10. At the outset of these proceedings, Dr Martins made admissions to some paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

Witness Evidence

11. The Tribunal received evidence on behalf of the GMC from the following witnesses:
- a) Mr B, the person who had made the complaints to the GMC;
 - b) Dr C, Lead Clinician and Medical Director of the Medical Express Clinic.
12. Dr Martins provided her own witness statement, dated 21 June 2025 and other statements variously dated and also gave oral evidence at the hearing.

Expert Witness Evidence

13. The Tribunal also received written evidence from expert witness Dr D who was instructed by the GMC. Dr D, a full time GP Partner, provided a report dated 27 March 2025, which was directed at assisting the Tribunal in understanding the care provided by Dr Martins to Patient A.

Documentary Evidence

14. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:
- a) Letter from Dr E, dated 21 July 2016;
 - b) Prescriptions, dated 15 December 2023 and 22 February 2024;
 - c) WhatsApp messages regarding Ozempic from February 2024;

- d) WhatsApp messages between Mr B and Dr Martins, from 4 to 7 March 2024;
- e) WhatsApp messages regarding Dr Martins identity, dated 16 March 2024;
- f) Email from Mr B to the GMC, dated 20 March 2024, annotated by Dr Martins;
- g) Emails regarding mediation from the Property Mediation Centre, dated 17 to 24 May 2024;
- h) A statement from the Risk Management Unit of XXX Neighbourhood Crime Unit, dated 15 August 2024;
- i) Dr Martins' appraisal and scope of work for 2025;
- j) Dr Martins' Rule 7 responses, dated 3 October 2024, 7 October 2024, 16 December 2024 and 20 December 2024;
- k) XXX;
- l) XXX;
- m) Documentation from Thames Valley Police following a subject access request by Dr Martins, dated 8 August 2025;
- n) Dr Martins' comments on the credibility of Dr C, dated 12 September 2025;
- o) Supplemental witness statement of Dr C, dated 17 September 2025;
- p) Dr Martins' written submissions and statements regarding the allegations made against him;
- q) Patient A's medical records;
- r) CPD certificates.

The Tribunal's Approach

15. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC, Dr Martins does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, whether it is more likely than not that the events occurred as alleged.
16. In its deliberations, the Tribunal had regard to the case of *Ivey v Genting Casinos (UK) Limited [2017] UKSC 67*, in which Lord Hughes set out the correct test for dishonesty, which is as follows:

'When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely

held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.'

The Tribunal's Analysis of the Evidence and Findings

17. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

Paragraph 1(a)(i) of the Allegation

18. The Tribunal considered whether, between December 2023 and March 2024, Dr Martins disclosed personal confidential information about Patient A to Mr B, when she told him Patient A had attended XXX.
19. It was agreed evidence that Dr Martins was hiding the fact she was a doctor from Mr B. It was also agreed evidence that Dr Martins was hiding her home address from Mr B. She had told him she lived in East London and shared a flat with other women. Dr Martins lived and practised in XXX.
20. The Tribunal therefore concluded that it was not likely that Dr Martins had told Mr B that Patient A had attended XXX as this would have revealed XXX her XXX address.
21. On the balance of probabilities, the Tribunal found paragraph 1(a)(i) of the Allegation not proved.

Paragraph 1(a)(ii) of the Allegation

22. The Tribunal considered whether, between December 2023 and March 2024, Dr Martins disclosed personal confidential information about Patient A to Mr B, in that she told him Patient A had been tested for and/or diagnosed with a sexually transmitted disease.
23. It was agreed evidence that Patient A was a person Dr Martins treated. Dr Martins had provided her notes of the consultations with Patient A to the GMC. It was agreed evidence that those notes did not support the contention that Patient A had been tested

for and/or diagnosed with a sexually transmitted disease. The notes had been examined by Dr D, the expert on behalf of the GMC, who gave agreed evidence as to the nature of Patient A's examinations undertaken and any diagnosis.

24. It was agreed that Patient A was married to a high profile professional footballer. Dr Martins gave evidence that XXX. Dr Martins had told Mr B she worked in healthcare but as a mobile medical secretary.
25. The Tribunal considered that fair allowance should be made for memories to be come back to a person at different times but it noted that this was not an allegation made by Mr B when he first approached the GMC in March 2024, when events were fresh in his mind. This allegation was made after Dr Martins had made allegations that had XXX. The Tribunal was of the view that this delay and history could have adversely affected Mr B's memory as to what he had been told by Dr Martins. The Tribunal was of the view that he was also at risk of being influenced by other sources of information in the public domain (whether true or not) during the relevant time period.
26. The Tribunal considered that it was reasonable to infer on the facts, that Dr Martins had told Mr B that the wife of a high profile footballer was being treated in a clinic she attended. This must have been how he knew of the footballer's wife being a Patient. However, given the delay in the complaint and the absence of any investigations or treatment relating to an STI in the notes, the Tribunal was not satisfied that Dr Martins told Mr B that Patient A had been tested for and/or diagnosed with a sexually transmitted disease.
27. On the balance of probabilities, the Tribunal found paragraph 1(a)(ii) of the Allegation not proved.

Paragraph 2(a) of the Allegation

28. The Tribunal considered whether Dr Martins informed Mr B that a colleague had prescribed him the medications Ozempic pen, 1mg, on 15 December 2023 and Wegovy pen, 1mg, on 22 February 2024.
29. The Tribunal considered if the evidence indicated whether Dr Martins did say that a colleague would prescribe the medication or whether Mr B had simply inferred that her

colleague at a clinic would be prescribing them. Dr Martins denied there had been any such conversation and that Mr B had made no inquiries.

30. In his first complaint email to the GMC, dated 20 March 2024, Mr B complained that Dr Martins was providing treatment via a colleague when in fact it was her writing the prescriptions. The Tribunal note that this email was sent not long after the relationship between Dr Martins and Mr B ended and was the first complaint he made to the GMC about her.
31. In his witness statement, Mr B said *'She told me that she knew a colleague who could get a prescription of Ozempic for me... the prescription is signed by Dr Martins, but I didn't think anything of it as I thought that was a random doctor who was a colleague of Dr Martins as she told me she knew someone who could get a prescription'*.
32. Dr Martins said in her written defence to the GMC *'NEVER DONE IT, TOLD HIM THAT I HAVE DONE IT WHEN HE ASKED ME 2 WEEKS AFTER THE BREAK UP'*. Dr Martins accepted that she was hiding the fact that she was a doctor from Mr B. She accepted that she had offered to get the medication for Mr B. It was agreed that a prescription was needed to get the medication. It followed logically, in the view of the Tribunal, that there must have been a conversation with Mr B as to who was going to provide the prescription.
33. Whilst the Tribunal accepted that no particular doctor was named, the Tribunal was of the view that Dr Martins had more likely said that a colleague would provide the prescription.
34. On the balance of probabilities, the Tribunal found paragraph 2(a) of the Allegation proved.

Paragraph 2(b)(i) of the Allegation

35. The Tribunal considered whether Dr Martins had included inaccurate information in the prescription, when she named 'Medical Express Clinic' on the prescription, when it was not her clinical address.
36. The Tribunal noted that Dr Martins did have practising privileges granted in 2016 at the Medical Express Clinic, as evidenced by the letter from Dr E, dated 21 July 2016, which stated *'This is to confirm that having interviewed the above named doctor; we have given*

her practicing[sic] privileges at our clinic. She is therefore going to use Medical Express Clinic as the designated body’.

37. The Tribunal noted Dr C’s supplemental witness statement, dated 17 September 2025, in which he said *‘[Dr E] told me that Dr Martins’ hearing was coming up soon for him. He told me that he had given Dr Martins practising privileges many years ago...He did not explain what he meant by giving practising privileges to Dr Martins, nor did he specify when he gave her practising privileges...I confirm that I do not recognise Dr Martins’ name, and that I have not seen her at the Clinic since 2004 to the present time. I conform (sic) that Dr Martins does not hold practising privileges at the Clinic between 2018 and the present time’.* Dr C confirmed in his oral evidence that he had not personally granted Dr Martins practising privileges and stated that therefore she did not have them “as far as he knew”. He stated he had not made further inquiry of Dr E of the status of her practising privileges since 2016.
38. The Tribunal considered the reasons put forward by Dr Martins for naming the Medical Express Clinic on the prescription. In Mr B’s witness statement, he said *‘The relationship progressed well in the months between December 2023 and March 2024, Dr Martins would always come to my house on weekends and we would spend a lot of time with each other. She would always come to my house; she would never let me come to her house. Dr Martins told me that she shared a house with two other women so I couldn’t visit her in her house. She told me stayed in shared house with other women [XXX]’.*
39. The Tribunal was satisfied that Dr Martins concealed the fact that she was a doctor and her home address, as that was XXX she was in a relationship with Mr B and did not wish him to know.
40. It was agreed between the parties that a doctor may have practising privileges at more than one clinic. It did not follow, therefore, that she did not have practising privileges at both the Medical Express Clinic and her own clinic, XXX, where she also held practising privileges.
41. The Tribunal was not satisfied that the information on the prescription was inaccurate as Dr E’s letter stated that she had been granted practising privileges at Medical Express Clinic. It noted that Dr E remained a major shareholder at the Clinic and that a letter of revocation for Dr Martins’ practising privileges had not been sent. Further, the GMC had not contacted Dr E to clarify his position post the 2016 letter.

42. On the balance of probabilities, the Tribunal found paragraph 2(b)(i) of the Allegation not proved.

Paragraph 2(b)(ii) of the Allegation

43. The Tribunal considered whether Dr Martins had included inaccurate information in the prescription when she named 'Messine Clinic' which was not her clinical address.
44. The Tribunal noted that Dr Martins' admitted motivation to name the Messine Clinic, on the prescription dated 22 February 2024, was again to hide her status as doctor and her home address from Mr B.
45. The Tribunal noted Dr Martins described it as a non-functioning clinic but accepted that Messine Clinic did not exist. It therefore took the view that Dr Martins did provide inaccurate information on the prescription as the Messine Clinic could not have granted her practising privileges or the right to refer to it on a prescription if it didn't exist.
46. On the balance of probabilities, the Tribunal found paragraph 2(b)(ii) of the Allegation proved.

Paragraph 3(b)(i) of the Allegation

47. The Tribunal considered whether Dr Martins knew that she did not hold a clinical role at the 'Medical Express Clinic'.
48. The Tribunal bore in mind that Dr Martins had named Medical Express Clinic as her designated body before she changed to XXX on 12 April 2023. This led the Tribunal to reasonably infer that she must have believed she had practising privileges when naming Medical Express Clinic, even if it could be established that she had not.
49. The Tribunal concluded that, as a result of the above and for all the reasons and decision reached, in relation to paragraph 2(b)(i), it followed that paragraph 3(b)(i) was also not proved.
50. On the balance of probabilities, the Tribunal found paragraph 3(b)(i) of the Allegation not proved.

Paragraph 3(b)(ii) of the Allegation

51. The Tribunal considered whether Dr Martins knew that she did not hold a clinical role at the 'Messine Clinic'.
52. This was agreed to be a fake name for a clinic named on the prescription dated 22 February 2024. The Tribunal concluded that, as a result of the reasons and decisions already made, in relation to paragraph 2(b)(ii), it followed that paragraph 3(b)(ii) was also proved.
53. On the balance of probabilities, the Tribunal found paragraph 3(b)(ii) of the Allegation proved.

Paragraph 4(a) of the Allegation

54. The Tribunal considered whether Dr Martins actions were dishonest when she informed Mr B that a colleague had prescribed the medication when she knew that she had prescribed them. It applied the principles set out in the case of *Ivey*.
55. The Tribunal first considered if Dr Martins' actions could subjectively be considered to have been dishonest. It took the view that she knew a colleague did not prescribe the medication to Mr B as she was the one who had prescribed the medication.
56. The Tribunal then considered whether Dr Martins' actions would objectively be considered to have been dishonest. It was satisfied that a reasonable and properly informed member of the public would find her behaviour to have been dishonest. It noted that, whilst she may have had compassionate motives for her actions as she wanted to help Mr B lose weight but also wanted to keep the fact that she was a doctor private until her relationship with Mr B was more well-established. She accepted that she was aware of her obligations set out in GMP 2013 as follows:

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

66 You must always be honest about your experience, qualifications and current role.

68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.'

57. The Tribunal took the view that Dr Martins made a deliberate decision to disregard her obligations to be open about who had written the prescription, in order to hide that she was a doctor from Mr B and none the less provide him with medical treatment. Once Dr Martins provided Mr B with a prescription this amounted to medical treatment and he became her patient and therefore her obligations pursuant to GMP were engaged.

58. On the balance of probabilities, the Tribunal found paragraph 4(a) of the Allegation proved.

Paragraph 4(b) of the Allegation

59. The Tribunal considered whether Dr Martins actions were dishonest when she made named 'Medical Express Clinic' on Mr B's December 2023 prescription.

60. The Tribunal concluded that, as a result of the reasons and decisions already made, in relation to paragraphs 2(b)(i) and 3(b)(i), it followed that paragraph 3(b)(i) was not proved.

61. On the balance of probabilities, the Tribunal found paragraph 4(b) of the Allegation not proved.

Paragraph 4(c) of the Allegation

62. The Tribunal considered whether Dr Martins actions were dishonest when she named the 'Messine Clinic' on Mr B's February 2024 prescription, which was not her clinical address and when she knew she did not hold a clinical role there. It assessed her dishonesty applying the principles set out in the case of *Ivey*.

63. It considered whether Dr Martins' actions could subjectively be considered to have dishonest. The Tribunal noted that all of the other details on the prescription were accepted by the GMC to have been genuine.

64. However, The Tribunal noted that Dr Martins knew the Messine Clinic did not exist at all, so she must have known she was being dishonest by writing a fake clinic name. This remained the case, even when she could have been traced in the event that close attention was paid to the other genuine details on the prescription.
65. The Tribunal considered Dr Martins' actions would also be objectively dishonest. It was satisfied that a reasonable and properly informed member of the public would find her behaviour to have been dishonest when writing a fake clinic name on a prescription.
66. On the balance of probabilities, the Tribunal found paragraph 4(c) of the Allegation proved.

The Tribunal's Overall Determination on the Facts

67. The Tribunal has determined the facts as follows:

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

1. Between December 2023 and March 2024, you:
 - a. disclosed personal confidential information about Patient A to Mr B, in that you told Mr B:
 - i. Patient A had attended [XXX]; **Not proved**
 - ii. Patient A had been tested for and/or diagnosed with a sexually transmitted disease; **Not proved**
 - b. prescribed to Mr B:
 - i. Ozempic pen, 1mg on 15 December 2023; **Admitted and found proved**
 - ii. Wegovy pen, 1mg on 22 February 2024. **Admitted and found proved**
2. In reference to your actions as set out in paragraph 1b you:
 - a. informed Mr B that a colleague had prescribed the medications; **Determined and found proved**

- b. included inaccurate information in the prescriptions in that you made reference to:
 - i. 'Medical Express Clinic' in the prescription set out at paragraph 1bi which was not your clinical address; **Not proved**
 - ii. 'Messine Clinic' in the prescription set out at paragraph 1bii which was not your clinical address; **Determined and found proved**
 - c. were engaged in a close personal relationship with Mr B. **Admitted and found proved**
3. You knew:
- a. you had prescribed the medications as set out in paragraph 1b; **Admitted and found proved**
 - b. you did not hold a clinical role at the:
 - i. 'Medical Express Clinic'; **Not proved**
 - ii. 'Messine Clinic'. **Determined and found proved**
4. Your actions as set out in paragraph:
- a. 2a were dishonest by reason of paragraph 3a; **Determined and found proved**
 - b. 2bi were dishonest by reason of paragraph 3bi; **Not proved**
 - c. 2bii were dishonest by reason of paragraph 3bii. **Determined and found proved**

Determination on Impairment - 30/09/2025

68. Parts of this hearing were heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules). This determination will be handed down in private due to the confidential nature of matters under consideration.

However, as this case concerns Dr Martins' alleged misconduct a redacted version will be published at the close of the hearing.

69. The Tribunal now has to decide in accordance with Rule 17(2)(I) of the Rules whether, on the basis of the facts which it has found proved, Dr Martins' fitness to practise is impaired by reason of misconduct.

The Evidence

70. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary.

Submissions

71. On behalf of the GMC, Ms Jones submitted that Dr Martins' conduct breached the following paragraphs of GMP 2013:

'16 In providing clinical care you must:

...

g wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.

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

66 You must always be honest about your experience, qualifications and current role.

68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

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

a You must take reasonable steps to check the information is correct.

b You must not deliberately leave out relevant information.'

72. Ms Jones also submitted that Dr Martins' conduct breached the following paragraphs of GMP 2024:

'24 All patients have the right to be involved in decisions about their treatment and care, and be supported to make informed decisions if they are able to. You must start from the presumption that all adult patients have capacity to make decisions about their treatment and care.

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

82 You must always be honest about your experience, qualifications, and current role. You should introduce yourself to patients and explain your role in their care

88 You must be honest and trustworthy, and maintain patient confidentiality in all your professional written, verbal and digital communications.

89 You must make sure any information you communicate as a medical professional is accurate, not false or misleading. This means:

a you must take reasonable steps to check the information is accurate

...

97 You must, wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship. You must follow our more detailed guidance on Good practice in proposing, prescribing, providing and managing medicines and devices.'

73. Ms Jones went on to submit that Dr Martins' conduct also breached paragraph 66 of the GMC Guidance entitled 'Good practice in proposing, prescribing providing and managing medicines and devices', dated 5 April 2021, which states:

'Wherever possible, you must avoid prescribing for yourself or anyone you have a close personal relationship with.'

74. Ms Jones submitted the misconduct demonstrated multiple breaches of GMP. She stated that Dr Martins did not disclose her identity to Mr B meaning that he could not provide informed consent for her to treat him, as he did not know it was her writing the prescriptions. Ms Jones also submitted that the Tribunal has made significant findings of dishonesty. She submitted that it would be difficult to see how those matters found proved do not amount to serious misconduct.
75. Ms Jones submitted that Dr Martins' fitness to practise should be found impaired in order to maintain public confidence in the medical profession and to uphold proper standards of conduct for members of the profession.
76. Dr Martins submitted, on her own behalf, that her prescribing to Mr B, when he did not know she was a doctor, did not amount to serious misconduct. She relied on the fact that she never took any payment from him. She explained that what she did was in the best interests of his health and that no harm was caused by her actions. She explained that she wrote the prescriptions for him as she contended it was a medical emergency, due to Mr B being XXX and his own GP failing to act.
77. Dr Martins submitted that nor did her naming of the non-existent clinic (the Messine Clinic) constitute serious misconduct. She submitted that a fully informed member of the public would recognise that this was a protective measure taken for her privacy. Further the public would appreciate that no patient safety risk arose and that she was acting out of compassion and so therefore her actions did not undermine trust in the medical profession.
78. Dr Martins acknowledged that naming a non-existent clinic could be misinterpreted if viewed without the context. She stated that she has reflected on this and is committed to ensuring all prescriptions are accurate in the future. Dr Martins submitted that the use of a non-functioning clinic name was a minor lapse in administrative accuracy intended to protect her privacy and did not adversely impact her professional integrity or public trust. She stated it would never happen again.
79. Dr Martins also submitted that the Tribunal's findings that she told Mr B that a colleague prescribed his medication, rather than her, did not constitute serious misconduct. She submitted that the Tribunal's finding appears to rely on logical inference rather than any documented fact. However, she stressed again that no patient harm occurred and that there is no indication the public trust in her or the medical profession has been affected.

She acknowledged the importance of transparency and honesty in professional communications and stated, upon reflection, that she is now committed to avoiding any ambiguity regarding who prescribes medication and ensuring all clinical interactions are clearly documented in patient records.

80. Dr Martins submitted that the matters in this case arose within a personal relationship context, outside formal clinic processes. She maintained she felt that there was no formal doctor/patient relationship, even if the Tribunal has found that there was. Dr Martins stated that the Tribunal should categorise any breaches as minor, isolated lapses, with mitigation and reflection and not amounting to serious misconduct. She submitted that her fitness to practise is not impaired.

The Relevant Legal Principles

81. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.
82. In approaching the decision, the Tribunal was mindful of the two stage process to be adopted: firstly, whether the facts as found proved amounted to misconduct, which was serious and then secondly, whether the finding of that misconduct as serious, could lead to a finding of impairment.
83. The Tribunal must determine whether Dr Martins' fitness to practise is impaired today, taking into account her conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.
84. In its deliberations, the Tribunal had regard to the case of *Nwachuku v GMC [2017] EWHC 2085* which states:

'Dishonesty encompasses a very wide range of different facts and circumstances. Any instance of it is likely to impair a professional person's fitness to practise...'

'Dishonesty constitutes a breach of a fundamental tenet of the profession of medicine... A finding of dishonesty lies at the top end in the spectrum of gravity of misconduct...'

The Tribunal's Determination on Impairment

Misconduct

Facts Overview:

85. The Tribunal first set out to summarise their findings. The Tribunal found that in December 2023 and February 2024 Dr Martins wrote prescriptions for weight loss drugs for Mr B, when she was in a close personal relationship with him. At the time of doing so, she did not tell him that she was a doctor but instead told him that a colleague had prescribed each medication. She further purported to have practising privileges at 'The Messine Clinic' when she wrote the clinic's name on the prescription in February 2024, fully aware that this was untrue, as the Messine Clinic did not exist. The Tribunal found that she acted dishonestly both when she said a colleague prescribed the medication and when she gave a fake name for a clinic on the prescription.
86. The consequence of Dr Martins' actions was that Mr B could not give informed consent to Dr Martins treating her, as he did not know that she was the doctor writing the prescription or treating him. He had no idea of the experience or specialisation of the doctor giving him treatment. Further, not knowing who treated him would restrict any actions Mr B could take should any problems have arisen with his health or any recourse he could take with third parties to get a second opinion or raise complaint as Dr Martins was hiding her identity. The Tribunal considered that a member of the public would expect a patient to be fully aware of who their treating doctor is and be able to have open and ongoing discussions about any treatment. As well as having recourse if a member of the public wished to complain.
87. The Tribunal was satisfied that this behaviour engaged with paragraphs 16(g), 65, 66, 68, 71(a), and 71(b) of GMP 2013 and as such, amounted to misconduct which was serious.
88. The Tribunal was of the view that the misconduct has an evident adverse impact on public confidence in Dr Martins and in the medical profession as a whole. Her misconduct breached a fundamental tenet of the medical profession namely, to act with honesty and integrity. Dr Martins also failed to make a clinical record of the consultations with Mr B that led her to prescribing the medication. As a consequence, Mr B's medical records are incomplete. No future doctor treating him has an opportunity to consider this treatment when providing Mr B with medical care.

89. The Tribunal considered that Dr Martins naming of the Messine clinic, which does not exist, was an intentional attempt by her to mislead. No matter what the reasons even when attempting to safeguard her privacy, it is wholly unacceptable to make up the name of a clinic and write it on a prescription. It is both misleading and seriously dishonest. All details on a medical prescription must be genuine and be able to be relied upon by colleagues and the public.
90. The Tribunal was satisfied that this behaviour engaged with paragraphs 24, 81, 82, 88, 89(a) and 97 of GMP 2024 and as such, amounted to misconduct which was serious. The Tribunal accepted that Dr Martins had made no financial gain and was motivated to write the prescription in order to assist Mr B in losing weight. Nonetheless, the Tribunal did not accept that there is any evidence provided by Dr Martins to support her contention that her actions were necessary as a medical emergency. There was ample opportunity for Mr B to go to a different GP to seek a second opinion, if he was not happy with his current GP's opinion. The Tribunal were of the view that saving Mr B money was not a good reason to write the prescriptions to a man she was involved in a close personal relationship with. This was wholly contrary to GMP and demonstrated poor judgement on her part.
91. The Tribunal therefore concluded that her misconduct taken individually and as a whole falls far below the standards expected of a doctor and therefore is serious.

Impairment

92. The Tribunal, having found that the facts found proved amounted to serious misconduct, went on to consider whether Dr Martins' fitness to practise is currently impaired.
93. In its deliberations the Tribunal noted that Dr Martins had set out to demonstrate some insight by admitting at the outset that she was in a close personal relationship with Mr B and that she prescribed him the weight loss medicine.
94. However, Dr Martins did not accept that there was a doctor/patient relationship once she started to treat Mr B. She described this medical relationship as "informal". She explained, therefore, that she had no duty to tell him that she was a doctor or any duty to tell him that it was she who had provided the medicine rather than a colleague. She maintained that she was entitled to do so for reason of her personal privacy.

95. The Tribunal noted that Dr Martins maintained that as her actions were due, in her words, to her “compassionate” motivation and that they remained acceptable to her as a medical professional. Further, for the same reasons, she maintained that her actions would be acceptable to the public. In her submission to the Tribunal, Dr Martins has not engaged at all with her breaches of GMP and has shown no insight as to how her actions would adversely affect public confidence in her and the medical profession as a whole.
96. The Tribunal accepted there was no evidence that her actions had presented a risk to patient safety. Mr B had stated he did not regret the treatment. None the less the Tribunal took the view that Dr Martins’ dishonesty would inevitably have an adverse impact upon public confidence in her and the medical profession as a whole. Her actions fell far below the standards that are acceptable for a medical practitioner.
97. Dr Martins has included CPD certificates and reflections on her actions which includes a paragraph entitled ‘*Reflection on Professional Boundaries*’ in which she stated:
- *‘Context: I reflected on a situation where I prescribed medication to an individual with whom I had a close personal relationship. This raised important concerns about the maintenance of professional boundaries.*
 - *Feelings: Although I believed I was acting helpfully, I now realise that emotional involvement compromised my objectivity and risked blurring personal and professional lines’*
98. However, the Tribunal took the view that these written assertions were undermined by Dr Martins’ continued assertion that there was no doctor/patient relationship and that the public would find it acceptable for her to continue to hide the fact that she was a doctor when treating Mr B by prescribing and administering weight loss drugs to maintain her privacy.
99. The Tribunal noted that it is difficult to remediate dishonesty but to continue to maintain that there was no doctor/patient relationship and to maintain that it would be acceptable to make up the name of a clinic when prescribing a medicine, even for ‘*compassionate reasons*’, showed a lack of insight and undermined her assertions as to reflection and remediation.

100.The Tribunal considered that Dr Martins' CPD did not assist very much in demonstrating that she had developed insight and remediation into the matters it considered amounted to serious misconduct.

101.The Tribunal has therefore determined that Dr Martins' fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 01/10/2025

102.This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules), to sit in private when the matters under consideration were confidential.

103.Having determined that Dr Martins' fitness to practise is impaired by reason of misconduct, 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

104.The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

105.On behalf of the GMC, Ms Jones submitted that Dr Martins' registration should be suspended and for a lengthy period of between 9 to 12 months. She stated that Tribunals are likely to take more serious action, even where conduct arises in a doctor's personal life such as issues relating to probity. Ms Jones included Dr Martins' lack of insight as an aggravating factor in this case and submitted that there are no mitigating factors due to Dr Martins' complete lack of insight and absence of any evidence of remediation.

106.Ms Jones submitted that there are no exceptional circumstances to justify taking no action in this case. She submitted that taking no action or imposing conditions would be completely inappropriate in this case and it would not be sufficient to meet the misconduct. She stated, further, that Dr Martins has shown no insight into her misconduct nor has she provided any evidence of remediation.

107. Ms Jones submitted that whilst this was very serious misconduct and included findings of dishonesty a suspension would be the more appropriate and proportionate sanction in this case rather than erasure. She referred the Tribunal to the following paragraphs of the SG:

'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 (ie 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).

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.'

108. Ms Jones stated that it is well known that dishonesty is difficult to remediate but not impossible, depending on the facts of the case. She stated that the aim of the overarching objective was to protect the public. She submitted that the public could be protected in this case by a sanction of suspension. She submitted erasure would be a disproportionate outcome. She submitted that Dr Martins' misconduct was not fundamentally incompatible with continued registration. She went on to submit that a period of suspension for 9 to 12 months, with a review, would be appropriate in this case due to the serious findings.

109. Dr Martins submitted that her prescribing for Mr B was an isolated, low risk lapse, when she was acting for compassionate motives. Her medical treatment had been safe and clinically appropriate. She submitted that her “perceived dishonesty” was based on an assumption by the Tribunal when, she asserted, the prescription itself was otherwise transparent and accurate, there was no evidence to show that it was her intent to mislead. Dr Martins submitted that the incident constituted a minor boundary or ethical lapse and not deliberate dishonesty.
110. Dr Martins submitted that she recognised her emotional involvement with Mr B could compromise her objectivity but that she has now developed procedures to avoid prescribing to close contacts. She informed the Tribunal that she has completed CPD on “dual relationships”, ethical prescribing and professional boundaries.
111. Dr Martins accepted that using a “non-functional” clinic name could be misinterpreted and said that she has implemented crosschecking of prescription headers. She stated that she has engaged in workshops on ethical prescribing, consent and maintaining public trust along with reflective practice exercises and peer supervision. She also stated that she recognised that even “minor lapses” can affect public confidence and that she is committed to maintaining transparent, honest communication in all future practice.
112. Dr Martins submitted that there was no harm to patients, Mr B expressed satisfaction with his treatment and that the public would perceive her actions as isolated and compassionate in a long, unblemished career. She stated that her impairment is low level, remediable and that there is minimal risk to patients and to public trust. She acknowledged the Tribunal’s duty to protect public confidence but considered her long and previously unblemished career, her candour during these proceedings and the absence of any patient harm to support the conclusion that confidence in the profession remains intact. Dr Martins submitted that a sanction of conditions would be appropriate in this case so she could work, albeit under supervision, if necessary.

The Tribunal’s Determination on Sanction

113. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement.
114. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (2024) (SG) and GMP (2013 and 2024). It has borne in mind that the purpose of a sanction is not

to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

115. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Martins' interests with the public interest. It has taken account of the overarching objective and has already given a detailed determination on impairment. It has taken those matters into account during its deliberations on sanction.

116. Before the Tribunal considered the aggravating and mitigating facts it reminded itself that in December 2023 and then in February 2024 Dr Martins wrote prescriptions for weight loss drugs for Mr B, when she was in a close personal relationship with him. Dr Martins did not tell him that she was a doctor but instead told him that a colleague had prescribed each medication. She also wrote a made up name for a clinic where she purported to have practising privileges (The Messine Clinic). She acted dishonestly both when she said a colleague prescribed the medication and when she gave a fake name for a clinic on the prescription. Her intention was to deceive Mr B as to her identity and hide her XXX address XXX.

Aggravating and Mitigating factors

117. The Tribunal then identified what it considered to be the aggravating and mitigating factors in this case. It was mindful that it needed to consider and balance any such factors against the central aim of sanctions, which is to uphold the overarching objective to protect the public.

Aggravating Factors

118. The Tribunal considered the aggravating factors in this case to be:

- a) Dishonesty that was repeated and maintained over a period of two months;
- b) Dishonesty is a breach of a fundamental tenet of the medical profession;
- c) A lack of familiarity with her professional obligations and standards as set out in GMP;
- d) Multiple breaches of the GMP 2013 and 2024 and the guidance entitled '*Good Practice in proposing, prescribing, providing and managing medicines and devices*' (the Prescribing Guidance), published 18 February 2021;
- e) Dr Martins prioritising her personal life ahead of her professional obligations;

- f) A continued lack of insight;
- g) No apology or expression of regret that related to the consequences to Mr B or the wider public impact of her actions.

Mitigating Factors

119.The Tribunal considered the mitigating factors in this case to be:

- a) This was serious dishonesty but not at the criminal end or at the most serious end of the spectrum that was incapable of remediation;
- b) Her actions were not for financial gain;
- c) Her actions did not impact upon patient safety;
- d) There were no complaints about her clinical competence;
- e) An attempt to reflect and show insight albeit at a rudimentary stage (and undeveloped) as evidenced in the CPD and reflections provided;
- f) Genuine remorse in her oral submissions, at the sanction stage, when a greater understanding of the impact of her actions became clearer to her;
- g) Her misconduct was set in an unusual factual context that was less likely to be repeated (but proper assessment could not be made by the Tribunal of any future risk on the current evidence provided).

120.The Tribunal then went on to assess the appropriate and proportionate sanction on the facts of this case, working up from the least serious.

No action

121.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.

122.No party suggested there existed facts that made this case exceptional. Nor could the Tribunal discern any.

123.The Tribunal therefore determined that there were no exceptional circumstances to justify taking no action in this case and that none were put forward by any party. It considered that taking no action would not meet the overarching objective.

Conditions

124. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Martins' registration. In doing so the Tribunal had regard to para 81 and 85 of SG which state:

'In which cases can conditions be imposed?

81 *Conditions might be most appropriate in cases:*

a involving the doctor's health

b involving issues around the doctor's performance

c where there is evidence of shortcomings in a specific area or areas of the doctor's practice

d where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.

...

85 *Conditions should be appropriate, proportionate, workable and measurable.'*

125. This was not an appropriate case for conditions, in the view of the Tribunal, given the nature of the misconduct. The Tribunal did not consider that any conditions could be formulated to address the risks identified in this case. It did not consider conditions to be appropriate, proportionate, workable or measurable. Dr Martins would have to personally develop insight into her lapse in standards and probity and its impact on the public trust in her and the wider profession. Nor would conditions be an adequate outcome to meet the concerns of this case.

126. The Tribunal therefore concluded that conditions are inappropriate and insufficient to ensure protection of patients, to meet the public interest or to maintain proper professional standards of conduct for the members of the profession.

Suspension

127. The Tribunal went on to consider whether imposing a period of suspension of Dr Martins' registration would be appropriate and proportionate. In doing so it had regard to the following paragraphs 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 (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 (ie 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.

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.

128. The Tribunal took the view that Dr Martins needed to further reflect on her misconduct. She remained a risk until her insight developed. The Tribunal noted that dishonesty is difficult to remediate but, as stated, did not consider the dishonesty in this case to be at the irremediable end of the spectrum.

129. It also noted that Dr Martins' dishonesty was in the context of a personal relationship. It noted Dr Martins' acceptance that she was not adequately familiar with GMP. The Tribunal also observed that she had gained more insight as a result of the proceedings but needed to do much more work.

130. Based on the evidence received, applying paragraph 91 of the SG, the Tribunal took the view that it was necessary to impose a sanction in this case which sends a message to the medical profession that the misconduct in this case is unbefitting of a registered medical practitioner.

131. The Tribunal then had regard to the paragraphs of the SG which relate 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.*

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 the principles set out in Good medical practice and/or patient safety.*

120 *Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession.*

124 Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.

125 Examples of dishonesty in professional practice could include:

...

e failing to take reasonable steps to make sure that statements made in formal documents are accurate.

126 For further detail on a doctor's obligations see Good medical practice paragraphs 69–71 on the duty to keep clear, accurate and legible records, and paragraphs 88–89 and 92 regarding writing reports and CVs, giving evidence and signing documents. See also separate guidance on writing references and Acting as a witness in legal proceedings.'

132. Dr Martins' dishonesty was sustained over a period of two months and was serious. The Tribunal also noted it was limited to the length of time she was in a relationship with Mr B and arose out of the single fact she did not want him to know she was a doctor but at the same time wanted to help him lose weight. Given this unusual factual context, the Tribunal was of the view that it was not at the most serious end of the spectrum for dishonesty and was potentially remediable. Dr Martins had been a doctor for 31 years and she had not lapsed before or since. It did not consider Dr Martins' misconduct to be fundamentally incompatible with continued registration.

133. The Tribunal therefore determined that a sanction of erasure was not proportionate and that a sanction of suspension was appropriate in this case. This would give time to allow Dr Martins to develop insight and provide evidence of remediation.

134. The Tribunal therefore determined that a period of suspension would be an appropriate and proportionate sanction which would protect public confidence in the profession and promote and maintain proper standards of conduct and behaviour.

Length of suspension

135. In considering the appropriate period of suspension, the Tribunal was aware that the maximum period of suspension is 12 months. Given the serious nature of the misconduct which included dishonesty and multiple breaches of GMP, only a suspension at the top end of the range would be adequate to send the message that this was conduct unbefitting of a register doctor.

136. The Tribunal determined that 9 months suspension would be appropriate and proportionate and allow sufficient time for Dr Martins to develop her insight and to provide evidence of remediation.

137. The Tribunal determined to direct a review of Dr Martins' case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Martins to demonstrate how she has remediated and developed insight. It may assist the reviewing Tribunal if Dr Martins provided:

- a) Information demonstrating insight into her misconduct;
- b) Any other information that she considers will assist a future Tribunal.

Determination on Immediate Order - 01/10/2025

138. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules), to sit in private when the matters under consideration were confidential.

139. Having determined that Dr Martins' registration should be suspended, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether her registration should be subject to an immediate order.

Submissions

140. On behalf of the GMC, Ms Jones submitted that there is no need for an immediate order in this case as no risk to patients has been identified and it would not be necessary to maintain public confidence in the medical profession.

141. Dr Martins supported Ms Jones' submissions that an immediate order was not necessary.

The Tribunal's Determination

142. In its deliberations, the Tribunal had regard to the following paragraphs of the SG:

'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. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.'

173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or 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.'

143. The Tribunal noted the serious nature of Dr Martins' misconduct. It noted that the misconduct arose from an unusual set of factual circumstances, there had been no regulatory matters before or since and there were no concerns about patient safety. Therefore, the Tribunal took the view that an immediate order was not necessary to protect public confidence in the medical profession. It concluded that public confidence is sufficiently protected by the substantive suspension of 9 months.

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

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

146.That concludes the case.

ANNEX A – 22/09/2025

Application for anonymisation and for hearing to be held in private

147. This determination will be handed down in private due to the confidential nature of matters under consideration. However, as this case concerns Dr Martins' alleged misconduct a redacted version will be published at the close of the hearing.

148. At the outset of these proceedings, Dr Martins renewed her application for the entirety of the hearing to be held in private session or in the alternative for her name to be anonymised to Dr M. XXX.

Submissions

149. XXX

150. XXX

151. Ms Jones submitted that the matters raised by Dr Martins are exactly the same as those raised XXX with no new information. She stated that XXX. Ms Jones submitted that it was not in the interests of justice to reopen these matters.

The Tribunal's decision

152. XXX

153. XXX

154. XXX. The Tribunal was satisfied that there has been no material change in circumstances.

155. XXX

156. The Tribunal therefore determined to reject Dr Martins' application for the entirety of proceedings to be held in private session and her application for her name to be anonymised to Dr M.

ANNEX B – 22/09/2025

Application for additional documents to be admitted

157. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules), to sit in private when the matters under consideration were confidential.

158. Ms Jones and Dr Martins both applied for additional documents to be admitted into evidence.

Submissions

159. Dr Martins applied for a letter of reference from Dr E, dated 21 July 2016, her comments on the credibility of Dr C, dated 12 September 2025, an annotated email, dated 20 March 2024 and an annotated GMC referral form to be admitted into evidence.

160. Ms Jones submitted that Dr Martins Rule 7 responses, dated 3 October 2024, 7 October 2024, 16 December 2024 and 20 December 2024 along with the supplemental witness statement of Mr C, dated 17 September 2025, should be admitted into evidence.

The Tribunal's Decision

161. In its deliberations, the Tribunal had regard to Rule 34(1) which states:

'The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.'

162. The Tribunal noted that the letter of reference from Dr E has already been included in the evidence and so no determination was required.

163. The Tribunal looked at each of the remaining four documents in turn. It agreed that all of the documents contain material that was relevant to the issues that were to be determined. The Tribunal agreed therefore that it was in the interests of justice for those documents to be included as part of the evidence.

164. The Tribunal therefore determined to grant the GMC's and Dr Martins' applications to admit new evidence.

ANNEX C – 22/09/2025

XXX

ANNEX D – 24/09/2025

Application of no case to answer under Rule 17(2)(g)

165. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules), to sit in private when the matters under consideration were confidential.

166. Dr Martins made an application pursuant to Rule 17(2)(g) which states:

'the practitioner may make submissions as to whether sufficient evidence has been adduced to find some or all of the facts proved and whether the hearing should proceed no further as a result, and the Medical Practitioners Tribunal shall consider any such submissions and announce its decision as to whether they should be upheld'

Submissions

On behalf of Dr Martins

167. Dr Martins submitted that there was no case to answer for those paragraphs of the Allegation she had not admitted. In relation to paragraphs 1(a)(i) and 1(a)(ii) of the Allegation, Dr Martins submitted that in cross examination Mr B could not name the patient, could not remember the STI and that he had admitted that he sourced pictures online to support his claim. She submitted that Mr B never attended her clinic and that the duty of confidentiality only applies to formal clinical relationships. Dr Martins went on to submit that these Allegations were fabricated, uncorroborated and incapable of being found proved.

168. In relation to paragraphs 2(a), 2(b)(i) and 2(b)(ii) of the Allegation, Dr Martins submitted that, although the prescriptions were issued on inactive clinic letterhead other details were correct such as the prescribers name, GMC number and that her details were contained in the signature block. All of these details she stated made the prescription traceable to her. She stated that the prescriptions were sent directly to an online registered pharmacy or handed by her face to face to the pharmacy and were not given to Mr B. Dr Martins submitted that the prescriptions were dispensed lawfully and were independently verified as appropriate by a pharmacist. She stated that the prescriptions were clinically justified, transparent and dispensed appropriately.
169. In relation to paragraphs 3(b)(i) and 3(b)(ii) of the Allegation, Dr Martins submitted that practising privileges were granted to her in 2016, that they were still fully valid and had never been revoked or suspended. She stated that any lack of awareness by the current clinic director is irrelevant. She was therefore fully authorised under GMC regulations to prescribe and treat patients from the Medical Express Clinic. She also stated that she used an alternative clinical address, XXX, for safety and confidentiality.
170. In relation to paragraphs 4(a), 4(b), 4(c) of the Allegation, Dr Martins submitted that she has not acted dishonestly. She submitted that there was no intent to deceive nor was there any financial gain. Dr Martins submitted that Mr B never asked who prescribed the medication and that he initially assumed it was another doctor but later discovered that it was her. Dr Martins went on to submit that Mr B's inconsistency undermines his credibility and that she subsidised his medication personally incurring financial loss.
171. Dr Martins further submitted that Mr B's Allegations were malicious and retaliatory as they arose after their personal relationship ended. Dr Martins stated that all the matters she relied upon meant the evidence was tenuous, weak and unreliable and the submissions were pursuant to limb two (*R v Galbraith [1981] 2 All ER 1060*).

On behalf of the GMC

172. In relation to paragraphs 1(a)(i) and 1(a)(ii) of the Allegation, Ms Jones submitted that there is clear evidence from Mr B that he was told by Dr Martins that she was treating the wife of a famous footballer (Patient A). She accepted that Mr B could no longer remember her name but that was not surprising given the passage of time. She noted the uncontested evidence that Patient A was treated by Dr Martins and that Patient A was the wife of a footballer. She submitted this was only explicable by the strong inference

that Dr Martins gave this confidential information to Mr B. Ms Jones submitted that, as a registered medical professional, Dr Martins is under a clear duty of confidentiality in respect of any patient she treats.

173. In relation to paragraph 2(a) of the Allegation, Ms Jones submitted that Mr B gave clear evidence that Dr Martins told him a colleague had prescribed the medications. She stated that Dr Martins accepts that she did not tell anyone that she was a doctor and that she had prescribed the medications. This leads to the conclusion she must have told him a colleague at her workplace had written the prescriptions.

174. In relation to paragraphs 2(b)(i), 2(b)(ii), 3(b)(i), 3(b)(ii), 4(a), 4(b) and 4(c) of the Allegation, Ms Jones submitted that there is evidence before the Tribunal that the information included in the two prescriptions was inaccurate. She noted Dr C's evidence that Dr Martins did not hold practising privileges at the Clinic at the time she prescribed the weight loss drugs, the subject of the Allegation. Ms Jones stated that Dr Martins admitted in her Rule 7 response that the Messine Clinic does not exist. Ms Jones submitted that it must have been obvious to Dr Martins that she did not have practising privileges at either clinic thus making her actions dishonest. She also submitted that there is clear evidence that Dr Martins knew she had prescribed the medications to Mr B and so asserting that colleagues had done so, when she knew it was her, was evidence of dishonesty.

175. Accordingly, Ms Jones submitted that there is cogent evidence for all of the outstanding Allegations, when the GMC's case is taken at its highest, upon which the Tribunal could find the Allegations proven. As such, she invited the Tribunal to refuse the application of no case to answer in its entirety.

The Tribunal's Decision

176. In its deliberations, the Tribunal had regard to the test to be applied, as set out in *R v Galbraith [1981] 2 All ER 1060* which states:

'(1) If there is no evidence that the crime alleged has been committed by the defendant, there is no difficulty. The judge will of course stop the case. (limb 1)

(2) The difficulty arises where there is some evidence but it is of a tenuous character, for example because of inherent weakness or vagueness or because it is inconsistent

with other evidence. (limb2)

(a) Where the judge comes to the conclusion that the prosecution evidence, taken at its highest, is such that a jury properly directed could not properly convict upon it, it is his duty, upon a submission being made, to stop the case.

(b) Where however the prosecution evidence is such that its strength or weakness depends on the view to be taken of a witness's reliability, or other matters which are generally speaking within the province of the jury and where on one possible view of the facts there is evidence upon which a jury could properly come to the conclusion that the defendant is guilty, then the judge should allow the matter to be tried by the jury. It follows that we think the second of the two schools of thought is to be preferred.'

Paragraphs 1(a)(i) and 1(a)(ii) of the Allegation

177. The Tribunal considered the evidence that was relevant to that part of the test in Galbraith (limb 2) which states:

'The difficulty arises where there is some evidence but it is of a tenuous character, for example because of inherent weakness or vagueness or because it is inconsistent with other evidence.'

178. The Tribunal considered the submissions made by Dr Martins that:

- a) Mr B could not name Patient A;
- b) Mr B could not remember the particular STI;
- c) The medical records of Patient A demonstrated that she was being treated for fertility issues, not for an STI;
- d) Mr B didn't know she was a doctor so why would she tell him she was treating anybody;
- e) Mr B never attended her clinic or saw her patient notes.
- f) Mr B admitted that he sourced pictures online to support his claim;
- g) The duty of confidentiality only applies to formal clinical relationships

- h) The Allegations were fabricated, uncorroborated and incapable of being found proved.

179. The Tribunal also considered the submission made by Ms Jones which included:

- a) There is clear evidence from Mr B that he was told by Dr Martins that she was treating the wife of a famous footballer (Patient A);
- b) It was clear from Mr B's evidence that Dr Martins made disclosures about Patient A;
- c) It did not matter that Mr B did not know she was a doctor at the time he was told this confidential information;
- d) As a doctor, Dr Martins is under a clear duty of confidentiality in respect of any patient she treats.

180. The Tribunal noted that Mr B may have used images from Google as he admitted doing a google search in order to get the name of Patient A. However, at this stage, it agreed with the submission of the GMC and took the view that although the points raised are proper points to make as to the quality of the evidence, they are matters to be considered at the close of all the evidence.

181. The Tribunal determined that a Tribunal considering the evidence, and taking it at its highest, could find these paragraphs proved. It therefore found that there was a case to answer for paragraphs 1(a)(i) and 1(a)(ii) of the Allegation.

Paragraphs 2(a), 2(b)(i) and 2(b)(ii) of the Allegation

182. Regarding paragraph 2(a) of the Allegation, the Tribunal considered the submission made by Dr Martins that there was no evidence to support the assertion by Mr B that she told him a colleague prescribed the medication, it was only his word and her case is that he had not asked her who wrote the prescriptions.

183. Regarding paragraphs 2b(i) and 2(b)(ii) of the Allegation, the Tribunal considered the submissions made by Dr Martins about the accuracy or otherwise of the information provided by her on the prescription, namely that:

- a) The prescribers name, GMC number and current clinic were clearly in the signature block;

- b) The prescriptions were sent directly to an online registered pharmacy or handed face to face to the pharmacy;
- c) The prescriptions were dispensed lawfully and were independently verified as appropriate by a pharmacist;
- d) The prescriptions were clinically justified, transparent and dispensed appropriately.

184. The Tribunal considered Ms Jones' submissions.

185. Regarding paragraph 2(a) of the Allegation:

- a) Mr B gave clear evidence Dr Martins told him a colleague had prescribed the medications; there was no requirement for there to be corroboration;
- b) Dr Martins' acceptance, in her written evidence, that she did not tell Mr B that she was a doctor, nor that she had prescribed the medications so this led to the conclusion she said a colleague had done so.

186. Regarding paragraphs 2(b)(i) and 2(b)(ii) of the Allegation:

- a) the information included in both prescriptions was inaccurate as the clinical director of Medical Express Clinic, Dr C gave evidence Dr Martins did not hold practising privileges at the Clinic in 2023 and 2024;
- b) Dr Martins admitted in her Rule 7 response that the Messine Clinic does not exist so cannot have had practising privileges at that clinic.

187. In relation to paragraph 2(a) of the Allegation, the Tribunal noted that it was agreed that there was no need for there to be supporting evidence for a Tribunal to find a case to answer. The fact there was none was a relevant factor for the Tribunal to consider when assessing the weight or strength of the evidence.

188. Further, the Tribunal considered that those matters Dr Martins relied upon in her submissions were relevant as to the quality of the evidence and the credibility of Mr B. The question of which should be assessed at the close of all of the evidence. The Tribunal was therefore of the view that there was a case to answer.

189. In relation to paragraph 2(b)(i) of the Allegation, the Tribunal considered the submissions made on both sides. There is evidently a clear dispute of fact between the parties as to whether Dr Martins held practising privileges by virtue of which she would

hold a clinical role. That dispute of fact should be determined at the close of all of the evidence as it depends on the Tribunal's assessment on the quality and credibility of the witnesses. The Tribunal was therefore of the view that there was a case to answer.

190. In relation to paragraph 2(b)(ii) of the Allegation, the Tribunal considered Dr Martins' submission that putting a false name for a clinic did not make the entirety of the prescription inaccurate. The GMC alleged that the Messine clinic does not exist and therefore that is the inaccurate information that was included in the prescription regardless of what other information was provided in the prescription. The fact that she provided the name Messine clinic, admitted by her to not exist, in the prescription provides a case to answer that she provided some inaccurate information in the prescription. Accordingly, the Tribunal took the view that there was a case to answer.

191. The Tribunal determined that a Tribunal considering the evidence as a whole and taking it at its highest, could find these paragraphs proved. It therefore found that there was a case to answer for paragraphs 2(a), 2(b)(i) and 2(b)(ii) of the Allegation.

Paragraphs 3(b)(i) and 3(b)(ii) of the Allegation

192. The Tribunal considered the submissions on both sides.

193. In relation to paragraphs 3(b)(i) and 3(b)(ii), the Tribunal considered that there was a clear dispute of fact as to whether Dr Martins held a clinical role at either clinic. This dispute of fact is to be resolved at the end of all of the evidence. Accordingly, the Tribunal took the view that there was a case to answer.

194. The Tribunal determined that a Tribunal considering the evidence, and taking it at its highest, could find these paragraphs proved. It therefore found that there was a case to answer for paragraphs 3(b)(i) and 3(b)(ii) of the Allegation.

Paragraphs 4(a), 4(b), 4(c) of the Allegation

195. The Tribunal considered the submissions made by Dr Martins that:

- a) She has not acted dishonestly as there was no intent to deceive nor was there any financial gain;

- b) Mr B never asked who prescribed and that he initially assumed it was another doctor but later alleged that it was her;
- c) Mr B's inconsistency undermines his credibility.

196. The Tribunal considered Ms Jones' submissions, that:

- a) It must have been obvious to Dr Martins that she did not have practising privileges at either clinic thus making her actions dishonest;
- b) There is clear evidence Dr Martins knew she had prescribed the medications to Dr B so asserting that colleagues had prescribed them was also dishonest.

197. Dr Martins submitted that, whatever the Tribunal's findings on the facts, there is insufficient evidence of dishonesty.

198. The Tribunal considered that dishonesty is a matter that ordinarily depends on the Tribunal's assessment of witness credibility and on the facts presented and should be considered at the end of all of the evidence. Accordingly, the Tribunal took the view that there was a case to answer.

199. The Tribunal determined that a Tribunal considering the evidence and taking it at its highest, could find these paragraphs of the Allegation proved. It therefore found that there was a case to answer for paragraphs 4(a), 4(b), 4(c) of the Allegation.

200. As such, the Tribunal determined to refuse Dr Martins' application of no case to answer.