

PUBLIC RECORD**Dates:** 24/09/2025- 25/09/2025

Doctor: Dr Collen NKOMO

GMC reference number: 6081972

Primary medical qualification: MB ChB [Zimbabwe] 2002 University of Zimbabwe

Type of case

Restoration following disciplinary erasure

Summary of outcome

Restoration application refused. No further applications allowed for 12 months from last application.

Tribunal:

Legally Qualified Chair:	Mr Gerry Wareham
Lay Tribunal Member:	Ms Alice Robertson Rickard
Registrant Tribunal Member:	Dr Ann Walton
Tribunal Clerk:	Ms Hinna Safdar

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Ms Niamh Ingham, 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 Restoration - 25/09/2025

1. The Tribunal convened to consider Dr Nkomo's application for his name to be restored to the Medical Register following his erasure for disciplinary reasons. The Tribunal concluded in December 2018 with the erasure coming into effect in January 2019.
2. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended ('the Act') and Rule 24 of the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules'). It has also given close reference to the guidance set out in the published document 'Guidance for Medical Practitioners Tribunals on restoration following disciplinary erasure' ('the guidance').
3. This is Dr Nkomo's first application to be restored to the Medical Register.

Background

4. Dr Nkomo qualified in 2002 from the University of Zimbabwe and subsequently moved to the UK and obtained UK citizenship. At the time of the events that led to Dr Nkomo's erasure he was practising as a Locum General Practitioner ('GP') with a special interest in Paediatrics.
5. The circumstances that led to Dr Nkomo's erasure were that on 26 October 2015 at Manchester and Salford Magistrates Court Dr Nkomo was convicted of having driven a vehicle and having been required to provide a specimen or specimens of breath for analysis in the course of an investigation into whether he had committed an offence, and failing without reasonable excuse to do so, contrary to section 7(6) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988; having driven a motor vehicle on a road otherwise than in accordance with a licence authorising him to drive a motor vehicle of that class, contrary to section 87(1) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988; and failing, without a reasonable excuse, to co-operate with a preliminary test in pursuance of a requirement imposed under section 6 of the Road Traffic

Act 1988, contrary to section 6(6) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988.

6. Further, on 13 November 2015, Dr Nkomo was sentenced in relation to the above convictions to carry out unpaid work for 60 hours and was disqualified from holding or obtaining a driving licence for 2 years. Dr Nkomo failed to notify the GMC without delay that he had been charged with and convicted of the above criminal offences.

7. Additionally, on 30 May 2017 at Manchester, Minshull Street Crown Court, Dr Nkomo was convicted on indictment of fraud, and, on 24 July 2017, he was sentenced for this conviction to 20 months imprisonment suspended for 24 months. Dr Nkomo failed to notify the GMC without delay that he had been charged with and convicted of the above criminal offence.

The Current Restoration Hearing

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

9. Dr Nkomo provided a personal statement and also gave oral evidence at the hearing.

10. The Tribunal was provided with the following documentary evidence:

- Record of Determination, dated from 17 December 2018- 20 December 2018
- Dr Nkomo's application for restoration, dated 17 March 2025
- Copy of Dr Nkomo's passport, dated 23 January 2015
- Character reference, (undated)
- Certificate from Salford University: Master of Science in Drug Design and Discovery, dated 4 November 2022
- CPD Certificates and reflective logs
- Personal Development Plans
- Testimonial, dated 9 September 2025.

Submissions on behalf of the GMC

On behalf of the GMC

11. Ms Niamh Ingham, Counsel, submitted that the GMC opposed Dr Nkomo's application for restoration. She stated that it was a well-established principle that misconduct which

impacts upon a doctor's integrity, particularly when it involves dishonesty, is inherently more difficult to remediate. While she acknowledged that Dr Nkomo appeared genuinely remorseful and has undertaken a number of courses, particularly since October 2024, significant concerns remained.

12. Ms Ingham submitted that a primary concern for the GMC was Dr Nkomo's heavy reliance in his oral testimony before this Tribunal on assertions that were not supported within the documents supplied to the GMC and before the Tribunal. This included references to courses for which there was no documentary evidence, claims of support from colleagues and of attempts to obtain clinical attachments none of which were documented in the bundle nor in Dr Nkomo's personal statement. Ms Ingham submitted that for these reasons there persisted a deficit in the available evidence as to Dr Nkomo's insight and remediation. Although there was some evidence available to the Tribunal of his efforts to remediate his conduct, she contended that it was inconsistent and incomplete. She also noted a scarcity of courses specifically relevant to the issues that led to his erasure; while the bundle contained a certificate from an ethics-related course, Dr Nkomo asked the Tribunal to place reliance on his claim to have attended many more for which there was no documentary evidence, for reasons that remained unclear.

13. When questioned about his Continuing Professional Development (CPD) since his erasure, especially during his studies, Ms Ingham submitted that Dr Nkomo's efforts were concentrated on his Master's qualification, rather than on broader medical CPD. He claimed that this included some modules on ethics, though again this was unsupported by any documentary evidence. Ms Ingham submitted that his response regarding any CPD undertaken separately from his Master's course was unclear. She also indicated to the Tribunal that there was limited specific CPD related to Dr Nkomo's previous specialist area of practice, and it was unclear if he intended to return to that field. The majority of the courses for which there was supporting evidence, such as conflict resolution and the fundamentals of medical ethics, were completed only five months prior to this application. Ms Ingham reminded the Tribunal of Paragraphs B29 and 30 of the guidance regarding the relative weight that ought to be attached to online courses as against those attended in-person, and she noted that all of Dr Nkomo's courses were conducted online.

14. Ms Ingham submitted that the length of time Dr Nkomo has spent out of clinical practice, approximately six years, must be of concern. She submitted that while he had undertaken varied theoretical courses, these have been within a limited window of time and there has been no practical 'hands-on' clinical experience. She noted that the references to a life-saving course made by Dr Nkomo during the hearing were unsupported by any documentary evidence. Ms Ingham submitted that Dr Nkomo's explanation of his attempts to

secure clinical opportunities and the timing of them was unclear, and that there was no evidence of any efforts made prior to the months leading up to this hearing. This led to a genuine concern about his understanding of the requirement on him to be ready and fit to return to unsupervised clinical practice after such a significant absence.

15. Ms Ingham submitted that Dr Nkomo's lack of clarity and precision during the hearing was concerning, specifically surrounding his inability to accurately relate his employment history. There was, in the GMC's view, no proper explanation for omitting in the history provided in the application for reinstatement details of two jobs in an industry associated with health care, which he suggests are particularly relevant, while including "buying and selling", which he stated in his oral testimony was not formal employment.

16. In considering the application, Ms Ingham reminded the Tribunal that it must have regard to the circumstances that led to the erasure, which involved persistent dishonesty, and subsequent attempts to delay notifying the GMC. She also noted that the Tribunal at that hearing had noted elements of evasiveness and a lack of clarity from Dr Nkomo during his oral testimony to them. She submitted that while Dr Nkomo has expressed an understanding of why erasure occurred, full insight has not been demonstrated.

17. On the issue of whether the conduct is likely to be repeated, Ms Ingham submitted that there is a sparsity of information. Dr Nkomo's own evidence that he has continued to miss XXX payments and is in arrears, without any documentary evidence of his claimed communication with XXX, means the Tribunal cannot be satisfied that the risk of repetition has been fully mitigated.

18. Ms Ingham also submitted that the Tribunal must also consider what Dr Nkomo has done since his erasure. While he has completed a medicine-related Master's degree, he now asks the Tribunal to take note of employment not referenced in his bundle and not evidenced in any other way. Paragraphs B29 and 30 of the guidance stresses the importance of in-person courses, clinical placements, or overseas practice, none of which are present in this case, should be considered as strong indicators for the maintenance of knowledge and skills. Ms Ingham submitted that a period of six years away from clinical practice is significant, and that the guidance states that the longer the absence, the greater the likelihood that knowledge and skills have deteriorated, potentially placing patients at risk.

19. Overall, Ms Ingham submitted that restoring Dr Nkomo to the register would not meet the overarching objective of protecting the public. There was insufficient evidence provided by Dr Nkomo of adequate maintenance of his professional skills following such a long absence from practice. For all these reasons, the application for restoration is opposed.

Dr Nkomo

20. Dr Nkomo began his submissions by offering a full and unequivocal apology for his past actions, which he describes as '*despicable, crass, and a result of foolishness and bad judgment*'. He acknowledged that he provided misleading information to XXX, and while he referenced his conduct being triggered by personal issues and cultural pressures, he was adamant that these factors in no way minimise or excuse his conduct, which he recognised was fundamentally wrong and out of character.

21. Dr Nkomo submitted that over the six years since his erasure, he has actively sought to gain insight and learn from his errors. He emphasised that his efforts to remediate began long before his application for restoration, including during the COVID period. Dr Nkomo highlighted the relevance of his Master's degree in Drug Design, a two-year course of continuous learning which he feels has been undervalued. He submitted that this course, which he passed with distinction, was deeply relevant to medical practice as it included components on professional practice and research ethics, providing him with valuable, transferable knowledge about the professional conduct required of both researchers and doctors. Dr Nkomo told the Tribunal that he undertook this study not merely to return as a GP, but to come back with enhanced skills that would allow him to contribute meaningfully to patients and the profession, specifically by researching hard-to-treat infections, an area in which he hoped to positively contribute.

22. Regarding his insight, Dr Nkomo drew a clear contrast between his thinking at the time of the offences and his understanding now. He explained that he previously failed to appreciate how his actions harmed patients, colleagues, and the profession, and mistakenly believed that his personal conduct was separate from his professional life. Through reflection on GMC guidance, he submitted that he now fully understood that honesty is fundamental to medical practice and that a doctor represented the profession at all times. He further asserted that he has gained practical insight into conflict resolution to directly address the situational triggers for his past behaviour.

23. Dr Nkomo addressed the criticism of his CPD. He acknowledged that recent courses have been online but explains this was due to severe financial constraints, as attending over 100 courses in person would have been prohibitively expensive. He stressed that he did not let this barrier stop him from learning. He submitted that the value of his CPD should not be minimised; for each course, he invested significant time in reflection, comparing past and current practices to ensure he would be safe upon returning to work. He said that he had covered a wide range of GP-related topics and confirmed he undertook practical courses like

basic life support with organisations such as St John's Ambulance, though he conceded that the certificates were not included in the bundle.

24. Concerning his six-year absence from clinical practice, Dr Nkomo did not minimise the challenge he faced in returning to practise, but submitted that this period has been spent gaining valuable new skills in research. He stated he had regularly watched the television documentary series 'GPs Behind Closed Doors' in order to keep abreast of current issues and procedures, and regularly examined friends and relatives who had complaints; this was done with their consent and they were always told not to rely on his diagnosis but to see an NHS doctor. To prepare for a return, he stated that he has proactively researched the challenges of re-entering medicine after a long layoff and has contacted colleagues to establish a support network. He expressed confidence that by aiming to work within a GMC-approved training practice, he could return safely under supervision. He also reminded the Tribunal of his over fifteen years of prior clinical experience and suggested that this was a solid foundation upon which to rebuild.

25. On the central issue of risk, Dr Nkomo pointed out that the offences occurred a decade ago, between 2013 and 2015, and emphasised that he has not committed any criminal offences before or since that difficult period. He currently works in a role manufacturing tracers for cancer patients, which he sees as being as close to patient care as possible in his current circumstances. He concluded by reiterating his profound remorse and his desire to make amends by returning to his work and contributing through both clinical practice and research, while also fulfilling his personal responsibilities, including his financial obligations.

The Tribunal's Approach

26. The Tribunal reminded itself that its power to restore a practitioner to the Medical Register in accordance with Section 41 of the Act is a discretionary power. This power is to be exercised in the context of the Tribunal's primary responsibility to act in accordance with the statutory overarching objective to protect the public, as set out later in this determination.

27. While the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Nkomo's name to the Medical Register is a matter for this Tribunal exercising its own judgment. The Tribunal reminded itself that, if it directs that Dr Nkomo's name should be restored to the Medical Register, it can do so only without restrictions on his practice.

28. Throughout its consideration of Dr Nkomo's application for restoration, the Tribunal was guided by the approach laid out in the MPTS 'Guidance for medical practitioners tribunals on restoration following disciplinary erasure' ('the guidance').

29. The Tribunal reminded itself that the onus is on Dr Nkomo to establish that he is fit to return to unrestricted practice and that the Tribunal should not seek to go behind the original Tribunal's findings on facts, impairment and sanction.

30. The guidance sets out at B2 that the test for the Tribunal to apply when considering restoration is:

Having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective?

31. The Tribunal reminded itself that, in making its decision, it should consider the following five factors set out within paragraphs B4-B34 of the guidance which address:

- a. the circumstances which led to the erasure;
- b. whether Dr Nkomo has demonstrated insight into the matters that led to erasure, taken responsibility for his actions and actively addressed the findings about his behaviour or skills;
- c. what Dr Nkomo has done since his name was erased from the register;
- d. the steps Dr Nkomo has taken to keep his skills and knowledge up to date; and
- e. the lapse of time since erasure;

32. The Tribunal should then go on to determine whether restoration will meet the overarching objective.

33. The Tribunal was reminded that it should note the case of *Bolton v Law Society [1994] 1 WLR 512*, where it was made clear that the reputation of the profession as a whole is more important than the fortunes of any individual member, even if they pose no ongoing risk, and the consequences may be deeply unfortunate for them.

The Tribunal's Decision

34. The Tribunal considered the parties' submissions carefully and evaluated all the evidence in order to reach its decision as to whether Dr Nkomo is fit to practise.

The circumstances which led to Dr Nkomo's erasure

35. The Tribunal reminded itself of the background of this case, as set out in the original Tribunal determination. It noted a number of significant features. Dr Nkomo had been convicted of serious offences, including sustained dishonesty, and these offences were then not reported to the GMC in a timely manner as required. The Tribunal noted the observations and reasons given by the Tribunal when deciding to erase Dr Nkomo's name from the medical register.

36. This Tribunal was of the view that a member of the public would view these convictions as grave and serious, and that Dr Nkomo's actions had had a clear adverse impact on public safety and public confidence in the medical profession. It also noted that the 2018 Tribunal had found Dr Nkomo's insight not to be fully developed and that he had been inconsistent and imprecise in some elements of his oral testimony and that his actions had seriously undermined confidence in the profession and the maintenance of appropriate standards.

Whether Dr Nkomo has demonstrated insight into the matters that led to erasure, taken responsibility for his actions, and actively addressed the findings about his behaviour or skills

37. The Tribunal accepted that it is more difficult to demonstrate sufficient remediation in cases involving such serious behaviour. It recognised that fraud and dishonesty brought with it issues of integrity and probity, which are concerning attitudinal and underlying traits. It noted however, that the 2018 Tribunal had not decided that this offending was irremediable, and this Tribunal agreed with that view.

Insight and remorse

38. The Tribunal noted that Dr Nkomo had admitted the entirety of the Allegation during the 2018 hearing.

39. This Tribunal also considered Dr Nkomo's insight now, six years later. It considered the reflective statement that he had made and his oral testimony to the Tribunal. Dr Nkomo fully accepted both responsibility for his actions, and the reasoning behind the 2018 Tribunal's decision. Dr Nkomo explained his personal circumstances at the time, the cultural pressures that he felt, but was clear that this was in order to ensure he could avoid repetition, not to seek to excuse his actions.

40. In his oral evidence, Dr Nkomo appeared genuine, emotional, and remorseful. Specifically, he acknowledged that whilst in 2018 he may have viewed his misconduct as essentially a private matter, he now understood how and why it impacted the wider profession.

41. The Tribunal accepted that Dr Nkomo has demonstrated he fully understands the circumstances which led to his offending and dishonesty. There was evidence that his insight had genuinely developed, and the Tribunal noted the remorse he had demonstrated.

42. The Tribunal was satisfied therefore that there is evidence Dr Nkomo now has good insight into his actions, and the effect they have on public confidence and professional standards in the profession.

Remediation and risk of repetition

43. The Tribunal acknowledged the serious nature of the original offending, which involved dishonesty, which can be difficult to remediate. Despite this, the Tribunal was of the view that Dr Nkomo had made definite steps towards remediation of his misconduct, and demonstrated an understanding of the trigger causes and how to avoid and mitigate them. The courses he undertook in this regard relating to conflict resolution and single parents were considered pertinent, and although they were conducted online, the Tribunal did not believe this diminished their value.

44. The Tribunal noted GMC Counsel's concern that Dr Nkomo had not paid off all his debts with XXX. Dr Nkomo stated that he was unable to clear all his arrears due to his removal from the medical register, but had kept in constant contact with XXX and made them aware of his circumstances. The Tribunal was of the view that the core issue before the 2018 Tribunal was dishonesty, not financial management.

45. The Tribunal noted that the 2018 Tribunal felt that the risk of repetition in Dr Nkomo's case was low, and the same observation had been made in his Sentencing Report. The Tribunal concurred and concluded that the risk of repetition was low.

What Dr Nkomo has done since his name was erased from the register

46. The Tribunal took into account everything that Dr Nkomo has done since his name was erased from the medical register. The Tribunal remained uncertain of what exact employment Dr Nkomo had had since 2019, even after he had given his oral evidence. The

Tribunal was concerned by the lack of any work either voluntary or paid that could have enhanced or provided skill relevant to returning to medical practise.

47. The Tribunal noted the masters degree that Dr Nkomo has obtained, in Drug Design and Discovery which Dr Nkomo stated was relevant to his clinical practice. It also noted though that it had been provided with very few specifics as to what it entailed and how it assisted his contention that he was ready to return to unrestricted practice.

The steps Dr Nkomo has taken to keep his medical knowledge and skills up to date

48. The Tribunal reminded itself that the onus was on Dr Nkomo to demonstrate he has kept his medical knowledge and skills up to date and accordingly was fit and safe to resume unrestricted practice.

49. A particular concern was the Tribunal's view that Dr Nkomo had provided very little cogent evidence that he had maintained his professional skills. It found deeply concerning that a doctor of 15 years offered to the Tribunal as relevant evidence of his efforts to maintain his skills, the fact that he had watched a television show about general practitioners. He referenced this on a number of occasions and the Tribunal saw it as a worrying indication that he did not appreciate the importance of fully maintaining his skills and experience. Similarly he told the Tribunal he had read an article by 'Lucy Henshaw' on the problems GPs returning from sustained absence faced; however he provided little evidence into what actions this spurred him to take. Furthermore, he did not provide testimonials or references from colleagues with whom he claimed to have been engaging on a regular basis, and provided little evidence as to how the research he told the Tribunal he had undertaken assisted his readiness to return to practise.

50. While acknowledging that Dr Nkomo had provided evidence of a significant amount of online study in the nine months prior to the hearing and had reflected on it, the Tribunal observed that there was very little evidence for the previous five years. The Tribunal recognised the difficulties that Dr Nkomo had faced financially to attend live courses or arrange clinical attachments due to his erasure, but the burden to establish his fitness to return remained with him. Dr Nkomo had completed a Master's degree which was laudable, but while it may be in a potentially related subject he had provided very little indication how it assisted in keeping his clinical skills current. Similarly, his independent reading, though potentially relevant, was not presented in a way that demonstrated embedded knowledge.

51. The Tribunal was of the view that Dr Nkomo had provided very little evidence to demonstrate that his medical skills and knowledge had been kept up to date.

The lapse of time since erasure

52. The Tribunal noted that Dr Nkomo had been erased from the register in 2019. A minimum of five years must elapse before a doctor can apply for restoration, and Dr Nkomo applied fairly soon after the end of that time period.

53. The Tribunal noted that the criminal offending took place almost ten years ago. It took into account the insight Dr Nkomo has demonstrated, and the remedial steps that he had taken, since then. It recognised Dr Nkomo's academic achievements, his employment, and the changes that he has made to his lifestyle

54. However, the Tribunal took account of paragraph B34 of the guidance which states:

'The longer the doctor has been away from clinical practice, the greater the likelihood that their knowledge and skills will have deteriorated to a degree that may place patients at risk. Tribunals should pay close regard to how the doctor has maintained their knowledge during a lengthy period away from the register.'

55. The Tribunal was concerned that Dr Nkomo has not practised medicine for almost seven years, and set this alongside its concerns, as set out above, that he has not been keeping his medical skills up to date in that period.

Will restoration meet the overarching objective?

56. Having made the above findings as to whether Dr Nkomo is fit to practise, the Tribunal next had regard to the overarching objective. In so doing, it performed a balancing exercise, weighing its findings above with its obligations under the individual limbs of the overarching objective which are:

- a. To protect, promote and maintain the health, safety, and well-being of the public;
- b. To promote and maintain public confidence in the profession; and
- c. To promote and maintain proper professional standards and conduct for members of that profession.

57. The Tribunal noted the decision of the 2018 Tribunal that Dr Nkomo's behaviour had breached the fundamental tenets of the medical profession.

58. In respect of limb (a), the Tribunal concluded that Dr Nkomo had not demonstrated that his medical skills and knowledge were up to date. The onus is on him to demonstrate that he is fit to return to unrestricted practice. The Tribunal did not accept that the research he has done nor the employment he has undertaken were sufficient to satisfy the overarching objective.

59. The Tribunal decided that the absence of evidence that Dr Nkomo's medical skills were up to date poses a risk to the public. The Tribunal decided therefore that the health, safety, and well-being of the public would not be protected were his name to be restored to the medical register.

60. In respect of limb (b) and (c), the Tribunal took into account the insight and remorse that Dr Nkomo has demonstrated. It noted that patients and members of the public expect doctors to act with integrity and probity. The criminal convictions demonstrate that Dr Nkomo had not done so. However, the Tribunal concluded that Dr Nkomo had been punished by the criminal courts and then erased from the register of doctors by his regulator. The Tribunal was satisfied that this will have served to maintain public confidence in the profession and act as a deterrent to any colleagues, sending a clear signal to the profession and the public that offending of this nature is inconsistent with the role of a doctor.

Conclusion

61. Dr Nkomo has not demonstrated that his medical skills and knowledge are up to date. This could put patients at risk of harm.

62. The Tribunal was not satisfied therefore, that restoring Dr Nkomo's name to the medical register would satisfy limb (a) of the overarching objective, namely, to protect, promote and maintain the health, safety, and well-being of the public.

63. In summary, having carefully considered all the evidence and specific circumstances of this case, the Tribunal was not satisfied that Dr Nkomo is fit to return to unrestricted practice.

64. Accordingly, it determined that Dr Nkomo's name should not be restored to the medical register at this time.

Dr Nkomo's right to make further applications for restoration

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65. Dr Nkomo must automatically wait at least 12 months from the date of his restoration application (rather than from the date of this decision) before applying again. The Tribunal has no discretion to make this period longer or shorter unless the doctor has made two or more previous applications, which is not the case here.