

PUBLIC RECORD**Dates:** 30/05/2025 and 02/06/2025

Doctor: Dr Callum METCALFE

GMC reference number: 7672724

Primary medical qualification: MB ChB 2019 University of Manchester

Type of case	Outcome on impairment
Review - Conviction / Caution	Not Impaired
Review - Misconduct	Not Impaired
XXX	XXX

Summary of outcome

Conditions, 12 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Mrs Julia Oakford
Lay Tribunal Member:	Mr John Kelly
Registrant Tribunal Member:	Dr Sarah Marwick

Tribunal Clerk:	Ms Hinna Safdar
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr David Morris, Counsel, instructed by Richard Nelson LLP.
GMC Representative:	Ms Harriet Dixon, 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 Impairment - 30/05/2025

1. This determination will be handed down in private. However, as this case concerns Dr Metcalfe's misconduct and conviction, a redacted version will be published at the close of the hearing.
2. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Metcalfe's fitness to practise is impaired by reason of misconduct; XXX; and a conviction for a criminal offence.

The Outcome of Applications Made during the Impairment Stage

3. The Tribunal granted the GMC's application, made by Ms Harriet Dixon, Counsel, pursuant to Rule 41 XXX of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), for the hearing to be partly in private relating to the issues that involve XXX. This application was not opposed by Mr David Morris, Counsel on behalf of Dr Metcalfe.

Background

4. Dr Metcalfe qualified as a doctor with an MB ChB from the University of Manchester in 2019. At the time of the misconduct related events, he was working as a Trust Grade practitioner at the Accident and Emergency Department at South Tees Hospitals NHS Foundation Trust, ('the Trust'.)
5. After a meeting at the Trust with his line manager and others on 21 January 2022, Dr Metcalfe self-reported the misconduct related events to the GMC. Subsequently, in May 2023, during the period of time while the misconduct issues were being investigated, Dr Metcalfe was convicted of a criminal offence. He was referred to the GMC by North Wales Police on 15 June 2023. XXX.
6. The facts that Dr Metcalfe admitted, and the December 2024 subsequently found proved, can be summarised as that on 2 January 2022, while registered under the Medical Act 1983, Dr Metcalfe attended Tesco Pharmacy in Bangor, presenting a self-prescribed prescription falsely claiming to be Patient B and giving misleading details about its origin to

obtain the medication for personal use. Dr Metcalfe's actions were determined to be dishonest. Separately, on 21 September 2023, Dr Metcalfe was convicted of being in charge of a motor vehicle whilst under the influence of alcohol, resulting in a six-month driving ban. XXX.

7. The December 2024 Tribunal analysed the evidence presented to it. It determined that public confidence in the profession would be seriously undermined if a finding of impaired fitness to practise were not made in relation to the misconduct as it involved serious dishonesty. Further, the December 2024 Tribunal concluded that Dr Metcalfe's fitness to practise was impaired by reason of his conviction XXX. The December 2024 Tribunal identified that the risk to the public was low but nevertheless existed. It further identified the need to declare and uphold proper standards of behaviour and to maintain public confidence in the profession.

8. Taking all the circumstances into account, the December 2024 Tribunal determined that imposing a period of five months' suspension was appropriate and proportionate. In the December 2024 Tribunal's view this period of time would satisfy the need to promote and maintain public confidence and to send out a clear message to the profession that both the misconduct and a conviction of this nature is unacceptable. The December 2024 Tribunal decided that such a period was necessary in order to promote and maintain proper professional standards. The December 2024 Tribunal decided that this period of time would give Dr Metcalfe the time that he needs to develop his insight and remediation and continue his work on XXX. It should also be long enough for Dr Metcalfe to return to a review hearing and demonstrate how he has developed full insight into misconduct, conviction XXX. The December 2024 Tribunal was of the view that it may assist the reviewing Tribunal if Dr Metcalfe provides:

- XXX,
- XXX,
- XXX,
- A further reflective statement detailing what he has learnt and how he has developed his insight,
- Evidence that he has kept his knowledge and skills up to date,
- XXX,
- Any recent testimonial(s) from paid and/or unpaid work,
- Any CPD Courses that has attended to address the misconduct, and also to keep his clinical skills up to date, and
- Anything else Dr Metcalfe believes will assist the Tribunal in assessing whether he is fit to return to unrestricted practice.

The Evidence

9. The Tribunal has taken into account all the evidence received.

10. Dr Metcalfe gave oral evidence at the hearing.

11. The documentary evidence included but was not limited to:

- Record of Determination, dated 16 December 2024
- Email from MPTS to Dr Metcalfe’s representative dated 27 January 2025, attaching:
 - o Letter from MPTS to Dr Metcalfe’s representative dated 27 January 2025
- Email exchange between the GMC and Dr Metcalfe dated 23 February 2025 – 3 March 2025, attaching:
 - o XXX
- Emails from Dr Metcalfe to the GMC attaching:
 - o CPD certificate in Stroke Management, dated 18 March 2025
 - o XXX
 - o Reflective Statement, received 21 March 2025
 - o Letter from Dr A, received 29 March 2025
- Email from Dr Metcalfe to the GMC, sent on 7 May 2025 attaching:
 - o XXX
 - o XXX
 - o XXX
- CPD Certificate - Doctors with Probity: Healthcare Ethics and Standards, dated 18 May 2025 and Dr Metcalfe’s reflections
- Dr Metcalfe’s Reflection on Intuitive Thinking Course, dated March 2025
- Reflection on Independent CPD and Knowledge Maintenance During Suspension, dated May 2025
- Letter from Previous Employer Mr B, dated 19 May 2025
- Letter from Current Employer Mr C, dated 19 May 2025
- Letters from GP March 2025 and May 2025
- Reflective statements from Dr Metcalfe, dated March 2025 and May 2025
- Apology letter from Dr Metcalfe, dated 16 December 2024

Submissions

On behalf of the GMC

12. Ms Dixon submitted that the onus rests on Dr Metcalfe to demonstrate that he is now fit to return to unrestricted practice. At this stage, the GMC is not required to prove impairment, as the burden lies with the doctor to satisfy the tribunal that his fitness to practice is no longer impaired. Ms Dixon set out that the GMC maintains a neutral stance regarding impairment by reason of misconduct and conviction XXX.

13. Regarding misconduct, Ms Dixon acknowledged that Dr Metcalfe has made significant progress in developing insight and remediation since the last hearing. He has provided a written apology to the pharmacist and dispenser involved, reflecting on the impact of his actions on them and on public trust in the profession. She said that his oral evidence today further suggests a deeper understanding of the difficulties he caused his colleagues.

Additionally, XXX—a significant factor in his misconduct—appears to be under control. These developments may reduce the risk of repetition.

14. However, Ms Dixon highlighted that dishonesty, a fundamental breach of professional standards, is inherently difficult to remediate. While Dr Metcalfe has been transparent with his non-medical employers about his circumstances during his suspension, she stated that the Tribunal must carefully weigh whether his level of insight and remediation is sufficient to conclude that a finding of impairment is no longer necessary to uphold public confidence, patient safety, and professional standards.

15. Ms Dixon acknowledged that in his oral evidence today, Dr Metcalfe provided a reasoned apology, suggesting improved insight. That said, Ms Dixon submitted that his reflective statements from March and May 2025 only briefly address the conviction, with the latter focusing more on XXX—a linked issue. Given that there has been no repetition of the criminal conduct since May 2023, the Tribunal may consider this an isolated incident, XXX. Ms Dixon acknowledged that it would not be inconsistent for the Tribunal to find Dr Metcalfe's fitness to practice no longer impaired by reason of conviction XXX. Ultimately, she submitted, the Tribunal must assess whether his insight and remediation are sufficient to mitigate the risk of recurrence and uphold public confidence.

16. XXX

17. XXX

On behalf of Dr Metcalfe

18. Mr Morris outlined that the December 2024 Tribunal expressed concerns that Dr Metcalfe had initially minimised his misconduct, describing his dishonesty in a 2023 appraisal as an "error of judgment" and "a moment of folly." While he demonstrated improved understanding in his November 2024 reflective statement, the December 2024 Tribunal noted he had not yet apologised to the affected pharmacy staff (Ms D and Ms E) and remained unsatisfied with his remediation.

19. Mr Morris submitted that, since the suspension, Dr Metcalfe has taken significant remedial steps; he issued an immediate apology (dated 16 December 2024) and drafted a letter acknowledging his dishonesty without reservation, recognising the stress he caused, and admitting his breach of trust and professional ethics. Further, Dr Metcalfe provided a detailed reflection to the GMC (March 2025), emphasising his internalisation of probity and ethical standards. Dr Metcalfe explained that he now understands that transparency is fundamental to patient trust and that his past actions had far-reaching consequences. XXX. Dr Metcalfe has also completed a Recent 4.5-hour probity course in May 2025 on Probity and Healthcare Ethics, reinforcing his ongoing reflection, transparency, and professional accountability. Critically, Mr Morris submitted that XXX in May 2025 ironically demonstrated his integrity as he did not conceal or excuse it but instead openly acknowledged his flawed approach and is now taking further steps to address XXX.

20. Mr Morris reminded the Tribunal that the December 2024 Tribunal found that Dr Metcalfe did not fully grasp the seriousness of his drink-driving conviction, particularly as it occurred during the GMC's misconduct investigation. However, the December 2024 Tribunal acknowledged his partial insight XXX, which was linked to the conviction. Mr Morris submitted that, since then, Dr Metcalfe has recognised the reputational damage his conviction caused the profession and acknowledged the gravity of being in charge of a vehicle with excess alcohol, which occurred whilst he was under GMC investigation. Further, he has taken steps to remediate XXX, which also addresses his conviction. Additionally, Mr Morris invited the Tribunal to note that no repetition of criminal conduct has occurred, XXX.

21. XXX

22. XXX

23. Mr Morris submitted that in relation to his misconduct, Dr Metcalfe has demonstrated full insight and remediation, with no repetition over 3.5 years. His recent employment references (marina work, medico-legal firm) confirm his trustworthiness and integrity. In regard to Dr Metcalfe's conviction, while XXX remains a work in progress, his conviction itself has been sufficiently remediated with no reoffending. XXX.

24. Ultimately, Mr Morris concluded that Dr Metcalfe's fitness to practise is no longer impaired by misconduct or conviction XXX.

The Relevant Legal Principles

25. The Tribunal reminded itself that the decision on impairment is a matter for the Tribunal's judgment alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for Dr Metcalfe to satisfy it that he would be safe to return to unrestricted practice.

26. This Tribunal must determine whether Dr Metcalfe's fitness to practise is impaired today, taking into account his 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.

27. In its decisions making process the Tribunal had, as a primary concern, regard to the statutory overarching objective as set out in S.1 of the Medical Act 1983 namely 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.

The Tribunal's Determination on Impairment

28. The Tribunal has taken into account all the documentary evidence received, the December 2024 Tribunal’s findings and the submissions from both Ms Dixon and Mr Morris.

Misconduct

29. The Tribunal accepted that Dr Metcalfe’s misconduct had been inextricably linked with XXX and the submissions made by the GMC and Mr Morris in reaching this determination. It reminded itself of the circumstances in which Dr Metcalfe’s misconduct occurred.

30. The Tribunal noted the remediation Dr Metcalfe has completed. Dr Metcalfe had attended courses on Probity and Professionalism and he had sent apologies to the pharmacist and dispenser involved. Further, there was no evidence of repeated misconduct over the past three and a half years, during which he had been under strict scrutiny.

31. On this basis, the Tribunal concluded that he is no longer impaired by reason of misconduct.

Conviction

32. The Tribunal considered Dr Metcalfe’s conviction, XXXX. It was clear that Dr Metcalfe acknowledged XXX, and the offence—being in charge of a vehicle with excess alcohol—was a direct consequence XXX. The Tribunal was of the view that there was little more it could require of Dr Metcalfe in terms of remediation relating to his conviction as, like his misconduct, XXX.

33. During his evidence, Dr Metcalfe demonstrated insight by drawing a clear connection between his offence and the public interest. XXX.

34. Further, the Tribunal was of the view that Dr Metcalfe’s five-month suspension he had already served is sufficient to address the conviction, particularly as there had been no further evidence of criminal behaviour since the incident.

35. The Tribunal accepted the submissions made by the GMC and Mr Morris in reaching this determination. On this basis, the Tribunal concluded that he is no longer impaired by reason of conviction.

XXX