

PUBLIC RECORD

Dates: 12/05/2025 - 15/05/2025

Doctor: Dr James Allison

GMC reference number: 3329610

Primary medical qualification: MB BS 1989 University of London

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

Summary of outcome

Suspension, 6 months.
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Sean Ell
Registrant Tribunal Member:	Dr Kamran Shahid
Registrant Tribunal Member:	Dr Marta Babores
Tribunal Clerk:	Mr Sewa Singh

Attendance and Representation:

Doctor:	Not present, not represented
Doctor's Representative:	None
GMC Representative:	Mr Jacob Dyer, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 13/05/2025

1. Throughout the decision-making process, the Tribunal has borne in mind the statutory overarching objective as set out in s1 of the Medical Act 1983 (the 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.

Background

2. Dr Allison qualified in 1989 from the University of London. Upon qualifying, he worked in a hospital setting before moving to Australia. He returned to the UK in 1992 and completed his GP training in 1996 in Wales. He then worked as a locum GP, before joining the Castle Gate Medical Practice ('the Practice') as a partner in 1997, later becoming a senior GP Partner at the Practice. In 2022, Dr Allison retired from the partnership. He continued to undertake ad-hoc locum work at the Practice and at another local surgery until his retirement in March 2024. Since these events, Dr Allison no longer holds a licence to practise and has removed his name from the NHS Wales Performers List.

3. The background events which have given rise to this hearing are that on or around 8 June 2023, Dr Allison completed a Firearms Licensing Medical Information Proforma ('the Form') on behalf of Mr A, with statements which were untrue. This included confirming that he had access to Mr A's full medical record when completing the Form and that he had placed a 'firearms application made' flag on Mr A's record. Further, it is alleged that Dr Allison inappropriately used the Practice's stamp on the form when he was not acting in the capacity of a GP at the Practice.

4. It is alleged that Dr Allison knew he had made untruthful statements when completing the Form. It is alleged that his actions were dishonest.

The Outcome of Applications Made during the Facts Stage

5. The Tribunal accepted submissions by Mr Jacob Dyer, counsel for the GMC, that the Notice of the Hearing had been served on Dr Allison in accordance with Rule 40 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'). The Tribunal granted Mr Dyer's application, made pursuant to Rule 31 of the Rules, that the

Tribunal should proceed to hear the case in Dr Allison's absence. The Tribunal's full decision on these matters is included at Annex A.

6. The Tribunal granted the GMC's application to adduce into evidence Dr Allison's Rule 7 response, dated 20 August 2024, in accordance with Rule 34 of the Rules. The Tribunal's full decision is included at Annex B.

The Allegation and the Doctor's Response

7. The Allegation made against Dr Allison is as follows:

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

1. On or around 8 June 2023 you completed a Firearms Licensing Medical Information Proforma ('the Form') on behalf of Mr A and:

a. you ticked 'yes' to the question(s):

i. *'have you had access to the patient's full medical record to complete this report?';*

ii. *'have you placed a 'firearms application made' flag on the patient record?';*

which was untrue;

To be determined

b. on the section of the Form which stated 'date records began', you wrote '*childhood*', which was untrue;

To be determined

c. you inappropriately added the practice stamp of Castle Gate Medical Practice to the Form when you had:

i. retired from Castle Gate Medical Practice in 2022;

To be determined

i. not completed the form whilst acting in your capacity as a GP at Castle Gate Medical Practice.

To be determined

2. You knew that:

a. you did not have access to Mr A's full medical record when you completed the Form;

To be determined

- b. you had not placed a ‘firearms application made’ flag on Mr A’s patient record;

To be determined

- c. the medical records which you had access to when you completed the Form only went back ten years and did not cover Mr A’s childhood;

To be determined

- d. you were not acting in your capacity as a GP at Castle Gate Medical Practice when you completed the Form.

To be determined

3. Your actions as described at paragraph(s):

- a. 1ai were dishonest by reason of paragraph 2a;

To be determined

- b. 1aii were dishonest by reason of paragraph 2b;

To be determined

- c. 1b were dishonest by reason of paragraph 2c;

To be determined

- d. 1c were dishonest by reason of paragraph 2d.

To be determined

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

The Facts to be Determined

8. As Dr Allison was neither present nor represented, and no facts were admitted, the Tribunal had to consider and make a determination in relation to each paragraph of the Allegation, as set out above.

Witness Evidence

9. The Tribunal received a witness statement from Mr D, Practice Manager at the Practice, dated 10 May 2024, together with associated exhibits.

Documentary Evidence

10. The Tribunal had regard to the documentary evidence provided by the parties, which included:

- Correspondence from Gwent Police dated 7 December 2023 raising concerns about Dr Allison using the Practice stamp on the Form;
- The GMC online referral form completed by Dr Allison;
- Correspondence from Gwent Police to the GMC, dated 7 December 2023, in which they raised concerns about Dr Allison's conduct;
- A copy of the Form completed by Dr Allison, dated 8 June 2023;
- An email from Gwent Police to the GMC, dated 30 May 2024, in which they provided details of their communications with the Practice following receipt of the Form;
- Mr A's redacted medical records from 1 November 2022 to 31 December 2023;
- Dr Allison's Rule 7 response dated 20 August 2024.

The Tribunal's Approach

11. The Tribunal accepted the Legally Qualified Chair's advice.

12. In reaching its decision on facts, the Tribunal bore in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Allison does not need to prove anything. The standard of proof applied is that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it is more likely than not that the events occurred.

13. The Tribunal reminded itself that it must form its own judgment about the evidence presented to it.

14. The Tribunal was mindful that its task at this stage is to consider the evidence and submissions and make findings in relation to the factual allegations in dispute. Each paragraph of the Allegation has to be considered separately and in turn.

15. The Tribunal noted the test for dishonesty as set out in *Ivey v Genting Casinos (UK) Limited (t/as Crockfords Club) [2017] UKSC 67* ('Ivey') in that it must,

'...first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts...[and] 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 had done is, by those standards, dishonest'

The Tribunal's Analysis of the Evidence and Findings

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

Paragraph 1

1. On or around 8 June 2023 you completed a Firearms Licensing Medical Information Proforma ('the Form') on behalf of Mr A and:

- a. you ticked 'yes' to the question(s):
 - i. *'have you had access to the patient's full medical record to complete this report?';*
 - ii. *'have you placed a 'firearms application made' flag on the patient record?';*

which was untrue;

17. The Tribunal considered paragraph 1a(i) and (ii) together.

18. It was provided with a copy of the Form completed by Dr Allison on 8 June 2023. It noted in the Form there is a question which reads 'Have you had access to the patient's full medical record to complete this report?', and 'Have you placed a 'firearms application made' flag on the patient record?' Against each question, Dr Allison ticked the box labelled 'Yes'.

19. The Tribunal noted in the report prepared by Inspector C of Gwent Police Firearms Licensing Team, dated 4 September 2023, she states:

'I have since spoken to [Ms B] and she explains that on 24th May this year [Mr A] did make a GDPR application for the last 10 years of his medical records which were supplied to him but they don't know why he wanted it.'

20. The Tribunal noted that the Form was completed by Dr Allison on 8 June 2023, a couple of weeks after Mr A obtained his medical records. By his own admission, Dr Allison in his self-referral to the GMC, and communication with the police, accepts that he completed the Form. In the self-referral form he stated:

'I was asked by a friend, Mr [A] to complete a firearms certificate. I was reluctant to do this as he had never been a patient of mine. However he requested a copy of his medical records from his practice which I then had sight of, which enabled me to complete the report.'

21. The Tribunal then had regard to the letter from Inspector C of Gwent Police to the GMC, dated 7 December 2023, in which she states:

**Record of Determinations –
Medical Practitioners Tribunal**

'When Dr Allison was spoken to on the phone, he confirmed that he was a friend of [Mr A] as they were [XXX], and he had known him for 10 years. Dr Allison completed the GP pro forma by [Mr A] obtaining his records from his surgery for the last 10 years (we need from birth or earliest date of care, hence the enquiry to the surgery).'

22. In a letter addressed to the Practice, also dated 7 December 2023, Inspector C stated '*Dr Allison confirmed that he had sight of [redacted] medical notes from his actual practice for the last 10 years and completed the GP pro forma to save him money.*'

23. At the time he completed the form Dr Allison was not Mr A's registered GP nor was Mr A a patient at the Practice, as such Dr Allison would have been unable to put a flag on Mr A's medical record himself. In communication with the police, it was confirmed that the GP Surgery where Mr A was registered was unaware of the application prior to the inquiry by the police. As such the Tribunal was satisfied that when completing the form, Dr Allison untruthfully recorded that a flag had been placed on Mr A's medical record.

24. From the evidence before it, the Tribunal was satisfied, on the balance of probabilities, that Dr Allison completed the Form in which he ticked the box 'Yes' to indicate that he had access to the patient's full medical record to complete the Form when he did not. Further, the Tribunal determined that Dr Allison ticked the 'Yes' box to indicate that he had placed a 'firearms application made' flag on the patient's record, when he had not.

25. The Tribunal therefore found paragraph 1(a)(i) and (ii) of the Allegation proved.

b. on the section of the Form which stated 'date records began', you wrote '*childhood*', which was untrue;

26. The Tribunal has already found, as set out above, that Dr Allison only had access to Mr A's medical records for a ten-year period.

27. It had regard to the report prepared by Inspector C, in which she wrote:

'I have now spoken to Dr James Allison, I asked him to comment on the medical report. He explained that he thinks he has responded to the question 'dates records begin' with the word 'Childhood''

28. Dr Allison's response to Inspector C appears consistent with the answer recorded on the Form. The Tribunal was therefore satisfied that the answer "*childhood*" recorded by Dr Allison was untrue.

29. The Tribunal therefore found paragraph 1(b) of the Allegation proved.

c. you inappropriately added the practice stamp of Castle Gate Medical Practice to the Form when you had:

- i. retired from Castle Gate Medical Practice in 2022;
- i. not completed the form whilst acting in your capacity as a GP at Castle Gate Medical Practice.

30. The Tribunal considered paragraph 1(c)(i) and (ii) together.

31. The Tribunal had regard to the statement of Mr D, dated 10 May 2024. At paragraph 7 he stated:

'Dr Allison left the practice in August 2022 but has worked for the practise as a locum doctor on several occasions since. The last locum session completed by Dr Allison for the practice was 29 February 2024.'

32. Mr D continued to confirm in his statement that on the 8 June 2023, the day the Form was signed, that Dr Allison was not working at the Practice.

33. In his self-referral form, Dr Allison states:

'I was asked by a friend, Mr [A] to complete a firearms certificate. I was reluctant to do this as he had never been a patient of mine. However he requested a copy of his medical records from his practice which I then had sight of, which enabled me to complete the report.'

and

'I was, and am, working occasionally as a locum GP in 2 local practices, including Castle Gate Medical Practice, which I left as a partner in the summer of 2022.'

and then

'When I completed the report, I used my "stamp" from Castle Gate. I thought at the time whether I should use it or not, but do not have a stamp on with my home address on. The firearms report requires a stamp.'

34. The Tribunal was therefore satisfied that Dr Allison had retired from Castle Gate Medical Practice in 2022.

35. The Tribunal noted that the patient, Mr A, was not registered with the Practice where Dr Allison had worked before his retirement and where he undertook Locum work. At the time of the event, Mr A was registered as patient at a different practice, namely, the XXX Surgery. In paragraph 9 of his statement, dated 10 May 2024, Mr D states:

'Using the same system, I confirm that [redacted] is not currently a registered patient at the practice. He was previously registered with the practice, this registration ended

in 1991. As such, [redacted]’s medical records cannot be accessed from the practice management system.’

36. Further, in all of his correspondence, Dr Allison acknowledges that he had known Mr A for around ten years as a friend as they were [XXX]. The Tribunal was therefore satisfied that Dr Allison was not acting in the capacity of a GP for the Practice when he completed the Form, particularly when he had retired from the Practice in August 2022.

37. Based on the evidence before it, the Tribunal therefore found paragraph 1(c)(i) and (ii) of the Allegation proved.

Paragraph 2

2. You knew that:

- a. you did not have access to Mr A’s full medical record when you completed the Form;
- b. you had not placed a ‘firearms application made’ flag on Mr A’s patient record;
- c. the medical records which you had access to when you completed the Form only went back ten years and did not cover Mr A’s childhood;
- d. you were not acting in your capacity as a GP at Castle Gate Medical Practice when you completed the Form.

38. The Tribunal considered paragraphs 2(a) – (d) together.

39. It has already found that Dr Allison had sight of only ten years of medical records for the patient, Mr A. The Tribunal again had regard to the correspondence received from the police in which multiple reference is made about Dr Allison knowing Mr A as a friend, and to Mr A having obtained his medical records only for ten years, as set out above. It is as a matter of fact, that Dr Allison did not have access to Mr A’s full medical records. Having considered the medical record when completing the Form, Dr Allison would have known that the medical record was incomplete and only went back 10 years.

40. The Tribunal again took account of the report prepared by Inspector C, dated 4 September 2023, where she states:

‘I have since spoken to [Ms B] and she explains that on 24th May this year [Mr A] did make a GDPR application for the last 10 years of his medical records which were supplied to him but they don’t know why he wanted it.’

41. This clearly indicates that the practice where Mr A is registered as a patient did not know about Mr A's application for a firearms licence. Dr Allison, therefore, must have known he had not placed a 'firearms application made' flag on Mr A's patient record. Further, the Tribunal considered that this could not be possible as Dr Allison was not Mr A's GP; Mr A was not registered with the Practice at the time of Dr Allison completing the Form; and Dr Allison could not therefore have had access to Mr A's medical records to place the 'firearms application made' flag.

42. And again, in his self-referral, Dr Allison states:

'I was asked by a friend, Mr [A] to complete a firearms certificate. I was reluctant to do this as he had never been a patient of mine. However he requested a copy of his medical records from his practice which I then had sight of, which enabled me to complete the report.'

and

'I was, and am, working occasionally as a locum GP in 2 local practices, including Castle Gate Medical Practice, which I left as a partner in the summer of 2022.'

and then

'When I completed the report, I used my "stamp" from Castle Gate. I thought at the time whether I should use it or not, but do not have a stamp on with my home address on. The firearms report requires a stamp.'

43. The Tribunal is satisfied that at the time Dr Allison completed the Form, he knew that he was acting in a private capacity and not as a GP at Castle Gate Medical Practice.

44. Based on the evidence before it, therefore, the Tribunal found paragraphs 2(a), (b), (c) and (d) of the Allegation proved.

Paragraph 3

3. Your actions as described at paragraph(s):

- a. 1ai were dishonest by reason of paragraph 2a;
- b. 1aii were dishonest by reason of paragraph 2b;
- c. 1b were dishonest by reason of paragraph 2c;
- d. 1c were dishonest by reason of paragraph 2d.

45. The Tribunal was required to determine whether Dr Allison's actions in knowingly providing false information on the Form was dishonest.

46. The Tribunal has already ascertained Dr Allison's subjective state of knowledge and belief at the time he completed the form. It was satisfied that it was more likely than not that he knew the information provided was untrue and that the use of the Practice stamp was inappropriate.

47. The Tribunal then proceeded to consider the second element of the test in *Ivey v Genting Casinos*.

48. The Tribunal was mindful that the issuing of a firearms licence is an important process, which carries with it serious public safeguarding considerations. In considering an application for a firearms licence, the issuer must be satisfied of the individual's fitness to possess a firearm, based on the information presented to them. A report completed by a GP stating that they had seen all of the required information is an important safeguard in the assessment process. Members of the public would expect that in completing a form, a GP would answer all of the questions truthfully.

49. The Tribunal has found that Dr Allison made false statements when completing the Form. He stated he had seen Mr A's medical records from childhood when he had not; ticked the 'Yes' box against the question 'have you placed a 'firearms application made' flag on the patient record; and was not acting in his capacity as a GP at the Practice when he used the Practice's stamp. The Tribunal determined that, objectively, ordinary decent people would conclude that Dr Allison had acted dishonestly when completing the Form.

50. The Tribunal therefore found Dr Allison's actions were dishonest, as alleged. It found proved paragraphs 3(a), (b), (c) and (d) of the Allegation proved.

The Tribunal's Overall Determination on the Facts

51. The Tribunal has therefore made the following findings:

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

1. On or around 8 June 2023 you completed a Firearms Licensing Medical Information Proforma ('the Form') on behalf of Mr A and:

a. you ticked 'yes' to the question(s):

i. '*have you had access to the patient's full medical record to complete this report?*';

ii. '*have you placed a 'firearms application made' flag on the patient record?*';

which was untrue;

Determined and found proved

- b. on the section of the Form which stated 'date records began', you wrote '*childhood*', which was untrue;

Determined and found proved

- c. you inappropriately added the practice stamp of Castle Gate Medical Practice to the Form when you had:

- i. retired from Castle Gate Medical Practice in 2022;

Determined and found proved

- i. not completed the form whilst acting in your capacity as a GP at Castle Gate Medical Practice.

Determined and found proved

2. You knew that:

- a. you did not have access to Mr A's full medical record when you completed the Form;

Determined and found proved

- b. you had not placed a 'firearms application made' flag on Mr A's patient record;

Determined and found proved

- c. the medical records which you had access to when you completed the Form only went back ten years and did not cover Mr A's childhood;

Determined and found proved

- d. you were not acting in your capacity as a GP at Castle Gate Medical Practice when you completed the Form.

Determined and found proved

3. Your actions as described at paragraph(s):

- a. 1ai were dishonest by reason of paragraph 2a;

Determined and found proved

- b. 1aii were dishonest by reason of paragraph 2b;

Determined and found proved

- c. 1b were dishonest by reason of paragraph 2c;

Determined and found proved

d. 1c were dishonest by reason of paragraph 2d.

Determined and found proved

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

Determination on Impairment - 14/05/2025

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

The Evidence

2. In reaching its determination, the Tribunal took into account all the evidence received during the facts stage of the hearing. No further evidence was received at this stage.

Submissions on Impairment

On behalf of the GMC

3. Mr Dyer submitted that Dr Allison's fitness to practise is currently impaired. He submitted that the findings made by the Tribunal on the facts amounted to serious misconduct. Mr Dyer submitted that contrary to what was said by Dr Allison in the Rule 7 response letter, this was misconduct very much in the context of Dr Allison's clinical profession.

4. Mr Dyer submitted that applications for a firearm license carried with it safeguarding concerns and therefore it was important for the licence issuer to be able to rely on the accuracy and declarations in the Form. Mr Dyer submitted that Dr Allison had made multiple misrepresentations in completing the Form including his knowledge of and relationship with the patient, the material which was available to him at the time and the capacity in which he had completed and signed the Form.

5. Mr Dyer referred the Tribunal to the overarching objective and said that the Tribunal will no doubt have regard to the seriousness of Dr Allison's conduct. Mr Dyer submitted that the paragraphs of Good Medical Practice (GMP) (2013 version) relating to acting with honesty and integrity were engaged in this case.

6. In relation to insight, Mr Dyer acknowledged that there was some evidence of insight as demonstrated in Dr Allison's Rule 7 response and in his email to the GMC on 12 May 2025. He said that Dr Allison had made full admissions, apologised, and expressed regret for his

actions. However, Mr Dyer submitted that Dr Allison's absence from these proceedings meant the absence of any explanation of his actions, in particular why he ticked the 'Yes' box against the question about placing a 'flag' on the patient's record. Mr Dyer submitted that Dr Allison's evidence about his insight has not been tested.

7. Mr Dyer submitted that, in all the circumstances of this case, Dr Allison's fitness to practise is impaired and he invited the Tribunal to find as such.

The Relevant Legal Principles

8. The Tribunal reminded itself that, in reaching a decision as to whether Dr Allison's fitness to practise is impaired as a result of his misconduct, there is no burden or standard of proof, and the decision on impairment is a matter for the Tribunal's judgement alone.

9. The Tribunal was mindful of the case of *Cohen v GMC (2008) EWHC 581* in which the Court held that the task of the panel, in considering impairment, is to take account of the practitioner's misconduct and then consider it in light of all the other relevant factors known to them. The Court stated that it will be highly relevant in determining if fitness to practise is impaired to consider:

- whether the practitioner's misconduct is easily remediable;
- whether the misconduct has been remedied; and
- whether the misconduct is likely to be repeated.

10. The Tribunal must determine whether Dr Allison's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then. It should also consider whether a finding of impairment is warranted taking into account the wider public interest.

11. Throughout its deliberations, the Tribunal has been mindful of its responsibility to uphold the overarching objective as set out in the Medical Act 1983 (as amended). That objective is the protection of the public and involves the pursuit of the following:

- a. to protect, promote and maintain the health, safety, and wellbeing of the public
- b. to maintain public confidence in the profession
- c. to promote and maintain proper professional standards and conduct for members of the profession

12. The Tribunal considered the overall risk to public safety and the impact of its findings on all three elements of the overarching objective. It also considered whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of current impairment was not made.

13. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Grant*. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

'..the tribunal should consider whether the findings of fact in respect of the doctor. ... show that his fitness to practise is impaired in the sense that he:

- a. *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d. *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The Tribunal's Determination on Impairment

Misconduct

14. The Tribunal first considered whether the facts found proved amounted to misconduct.

15. The Tribunal had regard to its findings at the facts stage. The Tribunal has found that Dr Allison acted dishonestly when he completed a Firearms Licensing Medical Information Proforma on 8 June 2023 and stated that had access to the patient's full medical record when he only had access to ten years of records; and that he had placed a 'firearms application made' flag on the patient's record when he had not done so. Dr Allison had also added the Practice stamp to the Form when, at that time, he had retired from the Practice and was not acting in the capacity as a GP of that Practice.

16. The Tribunal had regard to the following paragraphs of GMP, all of which it considered were relevant in this case:

'1. Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.

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.'*

17. The Tribunal considered that it was clear from the evidence before it that Dr Allison had significantly and seriously departed from GMP. The Tribunal considered that being able to trust doctors and be confident that they will act with integrity and within the law is fundamental to ensuring public confidence in the medical profession.

18. The Tribunal was mindful that although this was an isolated incident, there were multiple dishonest statements within the Form. Dr Allison completed a Firearms Licensing Medical Information Proforma in which he provided false and untrue information. The result of his completing the Form as he did would have misinformed those assessing the application for the purpose of issuing a firearm licence to the individual. The issuer of the firearms licence would have relied upon the accuracy of the Form as part of their assessment process. By dishonestly completing the Form, and without having checked the patient's full medical records, Dr Allison's conduct undermined the trust expected of doctors.

19. Dr Allison's actions brought the profession into disrepute and undermined public confidence in the medical profession. His actions breached fundamental tenets of the medical profession and all three limbs of the overarching objective. In light of this, the Tribunal concluded that Dr Allison's actions fell below the standards expected of a doctor and amounted to serious professional misconduct.

Impairment by reason of misconduct

20. The Tribunal having found that the facts found proved amounted to serious misconduct, went on to consider whether, as a result of that misconduct, Dr Allison's fitness to practise is currently impaired. Throughout its deliberations, the Tribunal had regard to all three limbs of the statutory overarching objective, as set out above.

21. The Tribunal considered whether the misconduct was remediable, had been remedied by Dr Allison and whether there was any likelihood of repetition.

Insight

22. The Tribunal had regard to Dr Allison's Rule 7 response, dated 20 August 2024. His legal representatives stated:

'Dr Allison admits the allegations at Annex A. He wishes to place on record his sincerest apologies for his actions, which he accepts were inappropriate and fell far below the standard to be expected of a doctor. Dr Allison cannot now believe that he acted in such a manner and he deeply regrets his behaviour.'

Dr Allison has carefully reflected on how he came to act in a manner that was so out of character. He believes that he was swept up in a desire to help a friend, and having agreed to complete the form, he did not reconsider and change his decision once he looked at it more carefully. Dr Allison did not have any concerns about his friend holding a firearm certificate (and there was nothing in the medical records that caused him concern) and Dr Allison recognises now that this gave him a false sense of reassurance because, in some ways, he knew his friend far better than many of the patients for whom he has filled out forms in the past. Dr Allison fully acknowledges that by completing the form he bypassed an important safeguarding framework, something that he did not sufficiently consider at the time. He is very sorry indeed.'

23. The Tribunal also had regard to Dr Allison's emails to the GMC, dated 12 May 2025, in which he stated:

'I apologise and regret that my actions have taken so much time and resources of the GMC and Tribunal and await the outcome which I will happily accept.'

24. In his self-referral to the GMC, Dr Allison stated:

'When I completed the report, I used my "stamp" from Castle Gate. I thought at the time whether I should use it or not, but do not have a stamp on with my home address on. The firearms report requires a stamp.

I have since realised that this was a significant and misleading error and I wish to apologise for it, as I was not a partner, nor a regular employee of the practice when I completed the report and I should not have used it.'

25. Dr Allison has apologised and expressed regret for his actions, as set out above. Whilst this demonstrated some level of insight, the Tribunal was of the view that this was limited. For example, in reference to his self-referral, the Tribunal noted that Dr Allison's regret for his actions was limited to his using the Practice stamp. There is no evidence of insight into his dishonest actions in stating that he had access to the patient's full medical records, nor why he had placed a 'firearms application made' flag on the patient's medical record. There is limited reflective evidence before the Tribunal that Dr Allison understands and appreciates the seriousness of, and the impact of, his dishonest actions on the medical profession, the wider public interest and the public's confidence in the medical profession.

Remediation and Risk of Repetition

26. The Tribunal considered whether Dr Allison's misconduct was remediable, whether it had been remedied and whether there was any likelihood of repetition. It took into account, the level of Dr Allison's insight.

27. The Tribunal was mindful that Dr Allison has relinquished his licence to practise and removed his name from the NHS Wales Performers List and he is retired from practice.

28. The Tribunal noted the CPD undertaken by Dr Allison. This included an online course entitled 'Professional Boundaries in Health and Social Care – Level 2' completed on 14 August 2024. It was of note that whilst the course material placed before the Tribunal set out the 'Course Aims' and 'Learning Outcomes', there was no evidence of the learning Dr Allison personally gained from the course, or his reflections on how he would apply his learning.

29. Beyond what Dr Allison has provided in his Rule 7 response, his self-referral form and his email to the GMC, there was no evidence before the Tribunal of what steps Dr Allison has taken to remediate his misconduct or to develop insight into his actions. Dr Allison has not provided any meaningful or objective evidence to demonstrate the steps he has taken to remediate his misconduct. There is no evidence of personal reflections from him to persuade the Tribunal that he fully understood the impact of his actions, nor an explanation as to why he did what he did. Whilst the Tribunal drew no adverse inference from Dr Allison's non-attendance at these proceedings, it was mindful that the limited evidence Dr Allison placed before it could not be tested by way of cross examination and/or questioning. Dr Allison has not provided evidence to demonstrate that he understood the impact his actions had or could have had on his colleagues, the medical profession, and the wider public interest and the public's confidence in the medical profession.

30. The Tribunal noted the testimonials received from Dr Allison's clinical colleagues, all of whom speak highly of him and attest to his work and good character. The Tribunal was mindful that Dr Allison has no previous adverse history with the GMC. However, the Tribunal gave limited weight to these, given the seriousness of Dr Allison's actions.

31. In the Rule 7 response, Dr Allison's legal representatives stated that the alleged dishonesty was outside a professional context and no harm was caused to any patient or member of the public. The Tribunal rejected this assertion. It accepted Mr Dyer's submission that Dr Allison's conduct was undertaken in a clinical context. Dr Allison completed the Form in his role and capacity as a doctor and then inappropriately used the Practice stamp.

32. The Tribunal considered that limbs (b), (c) and (d) of Dame Janet Smith's helpful guidance endorsed in the case of *CHRE v NMC and Grant* were engaged in this case. In light of the evidence before it, the Tribunal considered that there was a risk, albeit low, of Dr Allison repeating his misconduct.

33. The Tribunal considered that Dr Allison's conduct had brought the medical profession into disrepute and breached a fundamental tenet of the medical profession. A member of the

public, aware of the full facts of the case, would be concerned that a doctor had acted in the way Dr Allison did. Further, the Tribunal was of the view that a fellow professional and the public would consider Dr Allison's actions as deplorable, morally unacceptable and disgraceful conduct.

34. The Tribunal was of the view that given its finding of serious misconduct and Dr Allison's lack of insight and remediation, a reasonably informed member of the public would be concerned if a finding of impairment were not made. A finding of impaired fitness to practise is required to mark the seriousness of Dr Allison's conduct, and to send a message to the medical profession that this type of behaviour is unbefitting of a doctor.

35. The Tribunal determined that Dr Allison's fitness to practise is impaired on all three limbs of the overarching objective. The Tribunal therefore considered that a finding of impairment was needed to protect, promote and maintain the health, safety, and wellbeing of the public, to maintain public confidence in the profession and to uphold proper professional standards.

36. The Tribunal therefore determined that Dr Allison's fitness to practise is currently impaired by reason of his misconduct.

Determination on Sanction - 15/05/2025

1. Having determined that Dr Allison's fitness to practise is impaired by reason of his misconduct, the Tribunal must now decide in accordance with Rule 17(2)(n) of the Rules what action, if any, it should take with regard to Dr Allison's registration.

The Evidence

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

Submissions

On behalf of the GMC

3. Mr Dyer acknowledged that whilst the question as to the appropriate sanction in this case is a matter for the Tribunal, on behalf of the GMC, he submitted that the appropriate sanction is suspension. He reminded the Tribunal that sanction must be proportionate and will involve balancing the interests of the public with Dr Allison's interests.

4. Mr Dyer submitted that the Tribunal would want to consider the seriousness of the misconduct as well as the aggravating and mitigating factors in this case. He said that all three limbs of the overarching objective are engaged. He added that Dr Allison's actions were

a serious departure from GMP and involved multiple misrepresentations albeit on a single form. Mr Dyer acknowledged that Dr Allison has no previous adverse history with the GMC and that there was some evidence of insight and remediation.

5. Mr Dyer submitted that in considering the appropriate sanction to be imposed, the Tribunal should start with the least restrictive. He submitted that in the absence of exceptional circumstances, taking no action would not be appropriate, adding that nor would conditions be appropriate in this case given no conditions that could apply. In relation to a period of suspension, Mr Dyer referred the Tribunal to paragraphs 91 – 93, 95 and 97 of the Sanctions Guidance (SG) (February 2024 version). He submitted that paragraphs 97(a), (e), (f) and (g) were relevant in this case.

6. Mr Dyer submitted that this is not a case where the GMC considers the misconduct to be fundamentally incompatible with continued registration. He acknowledged that Dr Allison's misconduct was not persistent nor covered up.

7. Mr Dyer submitted that the Tribunal may consider, having regard to the risk to public safety and public protection, taking account of the seriousness of its findings, the aggravating and mitigating factors, and to allow time for further remediation, that a review may be necessary in this case.

8. In all the circumstances, Mr Dyer invited the Tribunal to impose a period suspension for up to twelve months.

The Tribunal's Approach

9. The Tribunal noted that the decision as to the appropriate sanction, if any, is a matter for its own independent judgement, having regard to the SG, the overarching objective and the circumstances of the case. The Tribunal should consider the overarching objective as a whole, not giving excessive weight to any one limb.

10. The Tribunal must bear in mind that the purpose of imposing a sanction is not to punish a doctor for past wrongdoing, however it is an obvious consequence that a sanction may have a punitive effect.

11. In reaching a decision, the Tribunal should evaluate any aggravating and mitigating factors and balance them against each other. It should also again consider whether Dr Allison's actions giving rise to his misconduct are remediable and whether they have been remediated. It should also consider the level of Dr Allison's insight.

12. The Tribunal was mindful that, in reaching a decision on sanction, it should consider the least restrictive sanction first, before moving on to consider the other available sanctions in ascending order of severity.

13. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Allison's interests with the public interest.

The Tribunal's Determination on Sanction

Aggravating and Mitigating Factors

14. In reaching its decision, the Tribunal considered the aggravating and mitigating factors in this case. The Tribunal considered the potential aggravating factors listed at paragraphs 50 to 60 of the SG and identified some features relevant in this case.

Aggravating factors

15. Dr Allison completed a Firearms Licensing Medical Information Proforma in which he gave multiple dishonest answers and used a stamp for the Practice he was not entitled to use. He has demonstrated limited insight into the seriousness of his actions on patient safety, the medical profession and the public interest. Whilst he has undertaken some remediation, this is limited.

Mitigating factors

16. Dr Allison admitted and apologised for his wrongdoing early on, in his communications with the police, and with the GMC in his Rule 7 response. He did not seek to cover up what he had done. Dr Allison has demonstrated some insight into his actions and has evidenced some remediation. This included completion of an online course entitled 'Professional Boundaries in Health and Social Care – Level 2' completed on 14 August 2024.

17. Dr Allison has no previous adverse regulatory history with the GMC. There is no information before the Tribunal to suggest that since these events, which occurred in 2023, Dr Allison has repeated his behaviour. The Tribunal has been provided with positive testimonials from his clinical colleagues who speak highly of him and attest to his clinical work and probity.

18. Having balanced the aggravating and mitigating features in this case, the Tribunal determined that the mitigating features outweighed the aggravating features. It bore in mind all the aggravating and mitigating factors throughout its deliberations as regards the appropriate and proportionate sanction. The Tribunal considered each sanction in ascending order of severity, starting with the least restrictive.

No action

19. The Tribunal first considered whether to conclude the case by taking no action. The Tribunal considered paragraphs 68-70 of the SG which highlight that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

20. The Tribunal determined that, given the seriousness of the misconduct found in this case, and the absence of any identified exceptional circumstances, it would not be sufficient or proportionate, or in the public interest to meet the overarching objective, to conclude this case by taking no action.

Undertakings

21. No undertakings were submitted to the Tribunal.

Conditions

22. The Tribunal next considered whether to impose conditions on Dr Allison's registration. It bore in mind that any conditions imposed should be proportionate, workable and measurable, as well as appropriate in the context of the statutory overarching objective.

23. The Tribunal reminded itself of its conclusions regarding Dr Allison's insight, his remediation and the risk of repetition, as previously outlined in its determination on impairment. It considered that in the circumstances, appropriate conditions could not be formulated which would be workable and proportionate. Further, the Tribunal took into account the seriousness of Dr Allison's misconduct. It determined that a sanction of conditional registration would not be sufficient to protect the public, maintain public confidence in the profession and uphold proper professional standards.

Suspension

24. The Tribunal then considered whether imposing a period of suspension on Dr Allison's registration would be appropriate, proportionate and sufficient to satisfy the overarching objective. In doing so, the Tribunal had regard to paragraphs 91 - 93, and sub-paragraphs (a), (e) and (f) of paragraph 97 of the SG, which read as follows:

'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.

b

c

d

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.'

25. The Tribunal considered what factors, if any, in paragraph 97 indicated that suspension was the appropriate and proportionate sanction and noted paragraphs 97(a), (e) and (f) of the SG all applied.

26. Paragraph 97(a) of the SG states that a serious departure from GMP would indicate that suspension may be appropriate. The Tribunal found that Dr Allison had significantly and seriously departed from GMP. The Tribunal was satisfied that this was a single incident rather than persistent dishonesty and as such that it would not be difficult for Dr Allison to remediate, as such complete removal from the register would not be in the public interest in this case.

27. Paragraph 97(e) states that no evidence which demonstrates remediation is unlikely to be successful would indicate suspension may be appropriate. The Tribunal found that Dr Allison has demonstrated some insight into his actions, and has undertaken some steps to remediate his conduct. He apologised and expressed regret for his actions early on, he did not deny what he had done and made full admissions in his Rule 7 response. The Tribunal

considered that while Dr Allison has demonstrated only limited insight, there is the potential for him to develop further insight into his actions and undertake further remediation.

28. Paragraph 97(f) states that no evidence of repetition of a similar behaviour since the incident would indicate suspension may be appropriate. There is no evidence before the Tribunal to suggest Dr Allison has repeated his misconduct since these events.

29. The Tribunal was mindful that suspension may be appropriate where there has been an acknowledgment of fault and in a case where there was a low risk of repetition. In this regard, the Tribunal took account of its findings in its determination on impairment. It had already determined that there was a low risk of Dr Allison repeating his behaviour. It took into account the apologies made by Dr Allison.

30. In light of all of the above, the Tribunal considered carefully whether Dr Allison's actions were fundamentally incompatible with his continued registration. It took account of its findings at the impairment stage, and as set out in the paragraphs above in relation Dr Allison's apology and expression of regret, his admissions at an early stage, and his limited insight and remediation. Further, Dr Allison has no previous adverse history with the GMC.

31. The Tribunal considered that a sanction of suspension would mark the seriousness with which the Tribunal viewed Dr Allison's conduct. A suspension will have a deterrent effect and would send a message to Dr Allison, the profession, and the wider public about what is regarded as behaviour unbefitting of a registered doctor. The Tribunal acknowledged that suspension is the appropriate response to misconduct which is sufficiently serious that action is required in order to maintain public confidence in the profession, but which falls short of being fundamentally incompatible with continued registration.

Erasure

32. In view of the seriousness of Dr Allison's misconduct, however, the Tribunal also carefully considered whether erasure would be an appropriate sanction. The Tribunal considered paragraphs 107 – 109 of the SG, particularly 109 (a):

'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 fundamentally incompatible with being a doctor'

33. The Tribunal found that Dr Allison's behaviour was a serious departure from GMP, and was serious involving him answering multiple questions dishonestly in a Firearms Licensing Medical Information Proforma. However, the Tribunal determined that Dr Allison's actions were not fundamentally incompatible with his continued registration on the medical register. The Tribunal took into account the insight, albeit limited, Dr Allison had shown into

his actions, his early acceptance that he should not have done what he did and that he had apologised. The Tribunal also noted that this was a single incident at the end of a long career.

34. The Tribunal therefore determined that a period of suspension was the appropriate and proportionate sanction in this case. It would also allow Dr Allison the opportunity to further develop and demonstrate his insight into his actions and undertake further remediation.

Length of suspension

35. In determining the length of the suspension, the Tribunal had regard to paragraphs 99 – 102 of the SG.

36. The Tribunal considered the seriousness of Dr Allison's misconduct. It had regard to the matters set out in the table associated with paragraph 102 within the SG which deals with the factors relevant in determining the length of a suspension.

37. In considering proportionality, the Tribunal was of the view that the length of suspension should recognise the seriousness of Dr Allison's misconduct and be sufficient to maintain public confidence and uphold proper professional standards of behaviour.

38. Having considered all the evidence before it, the Tribunal determined that a period of six months suspension is appropriate and proportionate in this case. The Tribunal considered that any lesser period would fail to mark the seriousness of his misconduct or uphold the overarching objective. A longer period of suspension would be disproportionate.

Review

39. Paragraphs 163 and 164 of the SG deals with review hearings and state:

'163 It is important that no doctor is allowed to resume unrestricted practice following a period of conditional registration or suspension unless the tribunal considers that they are safe to do so.

164 In some misconduct cases it may be self-evident that, following a short suspension, there will be no value in a review hearing.'

40. The Tribunal has determined to direct a review of Dr Allison's 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 Allison to demonstrate further evidence of his insight and remediation.

41. It therefore may assist the reviewing Tribunal to receive evidence of the following:

- Dr Allison's insight into the impact of his dishonest actions on the medical profession, the wider public interest and the public's confidence in the medical profession by further reflection and explanation following the Tribunal's findings;
- Dr Allison's personal reflections on the CPD and his learning from them;
- Any other information Dr Allison may consider relevant to his case.

Determination on Immediate Order - 15/05/2025

1. Having determined to suspend Dr Allison's registration for a period of six months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order of suspension.
2. The Tribunal has borne in mind the test to be applied with regard to imposing an immediate order; it 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.

Submissions

3. On behalf of the GMC, Mr Dyer submitted that an immediate order is not necessary for the protection of the public. Mr Dyer confirmed that there is no interim order to revoke.

The Tribunal's Determination

4. The Tribunal took account of the submissions made by Mr Dyer. It also considered the relevant paragraphs 172 to 178 of the SG and exercised its own judgement. In particular, it took account of paragraphs 172, 173 and 178 which state:

'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...'

'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.'

**Record of Determinations –
Medical Practitioners Tribunal**

5. The Tribunal considered all the evidence adduced in this case, including its findings on facts, impairment and sanction. It took into account that there are no concerns regarding patient safety. Dr Allison has relinquished his licence to practise and removed his name from the NHS Wales Performers List. He is retired from clinical practice, and there is no evidence to suggest he has repeated his misconduct since these matters came to light. However, the Tribunal bore in mind that there were serious breaches of GMP. It found that there was a risk, albeit low, of Dr Allison repeating his misconduct, and if repeated, it could have serious consequences for members of the public. Having balanced its findings in these proceedings against the public interest, the Tribunal was of the view that not to impose an immediate order would undermine public confidence in the profession, given the serious nature of the misconduct in this case.

6. The Tribunal therefore determined that in all the circumstances of this case, an immediate order is necessary to maintain public confidence and to uphold and maintain high standards in the medical profession.

7. This means that Dr Allison's registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, unless he appeals in the interim. If he does appeal, the immediate order will remain in force until the appeal has concluded.

8. The Tribunal noted that there is no interim order to revoke.

9. That concludes the case.

ANNEX A – 13/05/2025

Service and Proceeding in Absence (Rule 40)

Service of Notice of the Hearing

1. Dr Allison is neither present nor represented at this hearing.
2. The Tribunal considered the submissions made by Mr Jacob Dyer, Counsel, on behalf of the General Medical Council (GMC), that notification of this hearing has been properly served upon Dr Allison in accordance with Rule 40 of the General Medical Council ('GMC') ('Fitness to Practise') Rules Order of Council 2004 ('the Rules') and that the hearing should proceed in Dr Allison's absence.
3. Mr Dyer referred the Tribunal to the proof of service bundle which included a screenshot of the GMC database respectively showing Dr Allison's registered postal and email address. The Tribunal noted that, on 8 April 2025, the GMC sent the Rule 34(9) letter and the Rule 15 allegations, to Dr Allison at his registered postal address and by email to his registered email address. The GMC's letter also set out the dates and time of today's hearing.
4. Dr Allison responded on the same date, via email, confirming receipt of the correspondence and stated:

'I confirm receipt of correspondence and documents relating to the upcoming hearing. I also confirm that I will not be attending the hearing and I will not have legal representation at the hearing.'

4. The Tribunal noted that, the MPTS also sent the Notice of Hearing (NoH) to Dr Allison on 8 April 2025 to his registered email address. This NoH contained details of the date and time of this hearing and also stated that the hearing would be conducted virtually commencing at 09:30 am. It included details of the proceedings as required by the Rules. It also advised Dr Allison that the Tribunal can hear and make a decision about his case in his absence under the relevant rule.

6. In an email on the same date, Dr Allison responded stating:

'I confirm that I have received all the correspondence.'

7. From the information before it, the Tribunal was satisfied that the NoH, which included details of today's hearing, had been served upon Dr Allison in accordance with Rule 40 of the Rules.

Proceeding in Absence

8. Having determined that the NoH has been properly served, the Tribunal went on to consider, under Rule 31, whether it should proceed with the hearing in Dr Allison's absence.

9. Mr Dyer submitted that it was clear from Dr Allison's email of 8 April 2025 to the GMC that he did not wish to attend this hearing. Mr Dyer invited the Tribunal to proceed in Dr Allison's absence.

10. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

11. The Tribunal noted the email from Dr Allison to the GMC, dated 8 April 2025, as set out above, noting that Dr Allison stated '*I also confirm that I will not be attending the hearing and I will not have legal representation at the hearing.*'

12. In the circumstances, the Tribunal determined that Dr Allison was aware of today's hearing, and that he had voluntarily absented himself from it. It noted that no request for an adjournment has been submitted by Dr Allison to the Tribunal or to the MPTS Case Manager to enable him to attend on a later date. The Tribunal was therefore satisfied, from the information before it, that an adjournment would not result in Dr Allison's attendance at a hearing in the future.

13. Having decided that Dr Allison's absence was voluntary, the Tribunal determined, given the seriousness of the issues raised in this case, and the public interest, that it was appropriate to proceed with the case in Dr Allison's absence.

14. The Tribunal has balanced the public interest against Dr Allison's interests and concluded that the wider public interest in the case proceeding expeditiously outweighed Dr Allison's own interests in adjourning, particularly when no useful purpose would be served by adjourning to a later date.

15. In accordance with Rule 31, the Tribunal determined to proceed in Dr Allison's absence.

ANNEX B - Application under Rule 34 to adduce evidence – 13/05/2025

1. On day one of the hearing, 12 May 2025, Mr Dyer made an application under Rule 34(1) of the Rules, to admit into evidence Dr Allison's Rule 7 response, dated 20 August 2024.

Submissions by Counsel for the GMC

2. Mr Dyer submitted that Dr Allison's Rule 7 response contained information that was relevant to the case and should be admitted. He said that the document had been provided on Dr Allison's behalf by his then legal representatives, setting out the doctor's position in

relation to the allegations against him. Mr Dyer added that the document may, in due course, be of assistance to Dr Allison.

3. Mr Dyer invited the Tribunal to find that it was relevant and fair, and in the interests of justice to admit Dr Allison's Rule 7 response into evidence.

Dr Allison

4. The Tribunal was provided with a copy of Dr Allison's response to an email from the GMC on 12 May 2025 asking him whether he had any objections to the Rule 7 response being provided to the Tribunal. Dr Allison stated:

*'I'm very happy for the Tribunal to see the Rule 7 response.
I apologise and regret that my actions have taken so much time and resources of the
GMC and Tribunal and await the outcome which I will happily accept.'*

Legal Advice

5. The Legally Qualified Chair (LQC) drew attention to relevant legal principles, and Rule 34(1) of the Rules:

'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.'

6. The Tribunal should consider whether Dr Allison's Rule 7 response is relevant to the Allegation. If deemed relevant, the Tribunal must consider whether it is fair to admit it into evidence.

The Tribunal's Decision

7. The Tribunal took account of Rule 34(1) and its discretion to admit any evidence it considers fair and relevant to this case, whether or not it would be admissible in another court or tribunal.

8. The Tribunal took account of the submissions from Mr Dyer and Dr Allison's response in his email of today.

9. The Tribunal considered that Dr Allison's Rule 7 response, containing Dr Allison's comments about the Allegation are relevant. It further considered that it was fair and in the interests of justice to admit the Rule 7 response into evidence, especially given the email from Dr Allison.

10. The Tribunal therefore determined to grant Mr Dyer's application to adduce Dr Allison's Rule 7 response.