PUBLIC RECORD

Dates: 15/07/2026 - 17/07/2026

Doctor:	Dr Alessandro OLIVARI
GMC reference number:	8090032
Primary medical qualification:	Laurea 2019 Universita degli Studi di Parma

Type of case	Outcome on facts	Outcome on impairment
New - conviction	Facts found proved	Fitness to practise impaired

Summary of outcome

Suspension, 3 months
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Clair McCarthy
Lay Tribunal Member:	Mr John Kelly
Registrant Tribunal Member:	Dr John Baxendale

Tribunal Clerk:	Mrs Rachel Horkin Ms Fiona Johnston

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr Hugh Barton, 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.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts and Impairment - 16/07/2026

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration or heard as evidence were confidential. This determination will be handed down in private but as this case concerns Dr Olivari's alleged conviction a redacted version will be published at the close of the hearing.

Background

2. Dr Olivari qualified in 2019 from the University of Brescia. Prior to the events which are the subject of this hearing he was undergoing specialist training in oncology at the Parma University Hospital where he had been employed as a specialty trainee since 2021. He also worked as an out of hours physician at the Territorial Health and Social Care Authority (THSCA) in Montichiari.

3. The allegations that led to Dr Olivari's hearing relate to a conviction. It is alleged by the General Medical Council (GMC) that on 9 April 2025, at The Ordinary Court of Brescia, Italy, Dr Olivari was convicted of vehicular homicide and sentenced to imprisonment for one year to be suspended and suspension of his driving licence for two years. The offence above, if committed in England and Wales, would constitute a criminal offence.

4. Dr Olivari had been on shift at THSCA Garda from 8pm on 6 July 2024 until 8am on 7 July 2024. Following his shift, Dr Olivari rested for a short period before meeting his father for lunch at approximately noon XXX. At approximately 2.30pm Dr Olivari drove to visit his mother XXX. The accident occurred at approximately 3.05pm. Dr Olivari entered the XXX tunnel and fell asleep at the wheel which resulted in him encroaching on the opposite lane and colliding head-on with a BMW motorcycle, the rider of which (Mr A) died on the same

day. Dr Olivari regained awareness upon impact and the deployment of the airbags. Dr Olivari remained at the scene, provided emergency care to the victim and called the emergency services.

5. Dr Olivari was charged with negligently causing the death of Mr A and received a one year's imprisonment, subject to a suspended sentence and non-disclosure in criminal records certificates. The Italian Medical Council reviewed the case and decided not to take any regulatory action.

The Allegation and the doctor's response

6. The Allegation made against Dr Olivari is as follows:

That being registered under the Medical Act 1983, as amended:

1. On 9 April 2025, at The Ordinary Court of Brescia, you were convicted of vehicular homicide contrary to Article 589 bis of the Italian Criminal Code.
   Admitted and found proved

2. On 9 April 2025 you were sentenced to:
   a. a suspended sentence of one year imprisonment; Admitted and found proved
   b. suspension of your driving licence for two years. Admitted and found proved

3. The offence outlined at paragraph 1 above, if committed in England and Wales, would constitute a criminal offence. Admitted and found proved

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

The admitted facts

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

The impairment stage

8. 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 as set out before, Dr Olivari's fitness to practise is impaired by reason of his conviction.

The evidence

9. Dr Olivari provided his own witness statement dated 6 December 2025 and also gave oral evidence at the impairment stage.

10. Dr Olivari told the Tribunal that his work at THSCA was "side work" that he undertook for financial reasons and that he had been working there for four years. Dr Olivari advised that usually the shifts could be either a shift for Saturday morning from 8am to 8pm and then Sunday morning from 8am to 8pm, or a Friday night and Saturday night. On the occasion in question Dr Olivari worked on the night of Friday 5 July 2024 from 8pm to 8.00am and then the on the night of Saturday 6 July 2025 from 8pm to 8am and so had completed two consecutive 12-hour shifts.

11. Dr Olivari explained that he had worked in his role at Parma University Hospital on Friday 5 July 2024 but as he knew he was going to be doing a night shift later, he ceased work at the Parma University Hospital at approximately 2pm on 5 July 2024. Following completion of his night shift on the morning of 6 July he did not work during the day of 6 July 2024 until he began work at THSCA at 8pm. Dr Olivari told the Tribunal that during the Saturday night shift there were more than the usual number of calls, especially during the period from midnight to 8am.

12. Dr Olivari informed the Tribunal that following the end of his shift he rested in an office for 20 minutes before driving to see his father XXX, a journey that took approximately 30 mins. His evidence was that he ate a light lunch to avoid feeling sleepy and then began the approximately 45 minute drive from XXX to see his mother XXX.

13. Dr Olivari told the Tribunal that he felt safe to drive but, in hindsight, would not have done so. He stated that he had experienced no warning signs of tiredness. Dr Olivari also informed the Tribunal that there were limited public transport options available, so he chose to drive. When asked by Mr Hugh Barton, Counsel for the GMC, Dr Olivari agreed that he fell

asleep because of sleep deprivation over a couple of nights and that there was no medical evidence of what Dr Olivari described as a 'sleep attack'.

14. Dr Olivari further explained that he lives in XXX, but his mother's home is very close to THSCA and that it is his normal practice to drive from his nightshift to his mother's address and sleep there. He explained that he rarely sees his father as he lives very far away and took this opportunity to meet him at his father's request.

15. Dr Olivari's evidence was that this was an "unforeseen" situation and possible factors that contributed were the heat, and the change of light when entering the tunnel.

16. Dr Olivari informed the Tribunal that the period that his sentence was suspended for is five years. Dr Olivari confirmed that he was not ordered by the court to attend any driving courses and did not undertake any of his own volition.

17. Dr Olivari informed the Tribunal that he now refrains from driving himself, especially at night and did not "even think" to drive in circumstances where his sleep may be lacking. Dr Olivari advised that his work in XXX is closer to his home and he did not need to drive there.

18. Following the collision Dr Olivari resigned from THSCA as of April 2025. He could not resign prior to April 2025 due to the terms of his contract. However, during the period after the road traffic collision he limited his night shifts to a maximum of 1 shift.

19. He has not worked night shifts since April 2025 as he is not required to do so. When asked by the Tribunal what his strategy would be should he procure employment where working night shifts was required, he stated that he would not work more than 1 night shift and never back to back shifts. Dr Olivari stated that he has improved sleep hygiene XXX.

Submissions

Submission on behalf of the GMC

20. Throughout his submissions, Mr Barton referred to relevant paragraphs of the Guidance for MPTS Tribunals ('the Guidance'). Mr Barton submitted that these allegations fall at the higher end of the spectrum of seriousness because, as a result of the road traffic accident, another person lost their life. Mr Barton submitted that there are not any other aggravating features other than the seriousness of the offence and the conviction.

21. Mr Barton submitted that, in all cases where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current and ongoing risk to public protection will be high. Evidence of relevant context known about the doctor and all of his working environment and evidence of how the doctor has responded to the concern that decreased risk will usually have less impact and carry less weight. This is because the risk to public protection arising from allegations at the higher end of the spectrum of seriousness are generally more difficult to mitigate and address.

22. Mr Barton reminded the Tribunal that Dr Olivari had been on two back-to-back night shifts over the weekend as well as working at Parma University Hospital during the daytime, Monday to Friday. Mr Barton submitted that this provides some context and background to the doctor's falling asleep in the way that he did suddenly, leading to the collision.

23. Mr Barton submitted that Dr Olivari is a young doctor towards the start of his career in medicine and it is clear that he took responsibility for his actions following the accident. Mr Barton reminded the Tribunal that Dr Olivari stayed at the scene and contacted the emergency services. Further Dr Olivari cooperated with the criminal investigation that took place. He, with legal advice, undertook the simplified plea bargaining procedure and admitted his responsibility. Mr Barton also reminded the Tribunal of Dr Olivari's remorse expressed to both the family of Mr A and to this Tribunal.

24. Mr Barton submitted that Dr Olivari is clearly remorseful over what took place but remorse is not the same as insight. Mr Barton stated that it is a matter for the Tribunal whether Dr Olivari has full insight into his decision making on that day in view of the work patterns that he was undertaking and the journeys that he undertook. Mr Barton reminded the Tribunal that Dr Olivari expressed a clear resolve never to put himself in this position again.

25. Mr Barton submitted that Dr Olivari has shown no clear and obvious evidence of remediation in increasing his understanding in terms of what led to this incident via courses to prevent reoccurrence. Mr Barton reminded the Tribunal that the Judge in this case observed that there was a very low risk of repetition.

26. Mr Barton reminded the Tribunal that Dr Olivari has continued to work and continued with his specialist training and drew the Tribunal's attention to the testimonials provided and the certificate of good standing.

27. Mr Barton submitted that, having regard to the seriousness of the allegation, the question marks over full insight and remediation (whilst acknowledging that the doctor is remorseful) Dr Olivari's fitness to practise is impaired.

Dr Olivari's submissions

28. Dr Olivari stated that he has no submissions to make.

The relevant legal principles

29. There is no burden or standard of proof at this stage of the proceedings and the decision on impairment is a matter for the Tribunal's judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

30. To assess whether Dr Olivari poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

- where on the spectrum of seriousness the allegation lies,
- the impact of any relevant context known about Dr Olivari and/his working environment, and
- how Dr Olivari has responded to the allegation.

31. In answering these questions the tribunal will have regard to the facts found proved at the first stage of the hearing and any further relevant evidence presented to the tribunal.

32. The tribunal was reminded that there is no legal definition of impairment and attention was drawn to the approach set out by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of CHRE v NMC & Grant [2011] EWHC 927 (Admin) in which she set out a series of questions which may indicate whether or not impairment is indicated

"*Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/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;

b. and/or b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute;

c. 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;

d. 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

Conviction

Is there a legal basis for considering impairment?

33. The Tribunal reminded itself that Dr Olivari admitted the conviction and, had this offence been committed in England and Wales it would constitute a criminal offence. Mr Barton, counsel for the GMC submitted that the commensurate offence in England and Wales would be death by careless driving.

34. The Tribunal is satisfied that there is a legal basis for considering impairment.

Where on the spectrum of seriousness does the allegation lie?

35. In reaching its decision, the Tribunal was assisted by paragraph 31 of the Guidance which states,

31. Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:

…

a criminal conviction or other court sanction resulting in a custodial sentence (whether immediate or suspended)

36. Considering the circumstances of the case in assessing seriousness, the Tribunal was satisfied that Dr Olivari had taken 20-30 minutes rest following an unusually busy night shift starting at 8pm on 6 July 2024. His shift finished at 8am on 7 July 2024 and by his own account he slept at the hospital for 20- 30 minutes when his shift ended. At the time of the collision at 3.05pm he had slept for a maximum of 30 minutes in 19 hours.

37. This lack of sleep was further exacerbated by the fact that he had worked a 12 hour shift the night of Friday 5 July 2024, albeit he had not worked during the day of 6 July 2024. Knowing the amount of sleep that he had taken, Dr Olivari made a decision to make two car journeys of 30 minutes and 45 minutes length respectively. He did not take into account that he was sleep deprived following two back to back shifts. The Tribunal acknowledged Dr Olivari's evidence that he felt fine to drive when he got in the car.

38. The Tribunal reminded itself that Dr Olivari's suspended sentence runs until 9 April 2030 and that the basis of the charge was that Dr Olivari had been negligent. The sentencing remarks of the Judge in the criminal case focus on the mitigating factors allowing the imposition of the suspended sentence rather than on the offence itself.

39. The Tribunal is satisfied that there are no aggravating factors other than the nature of the allegation.

40. The Tribunal has also borne in mind paragraph 44 of the Guidance which states,

In all cases where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current and ongoing risk to public protection will be high. Evidence of relevant context known about the doctor and/or their working environment and evidence of how the doctor has responded to the concern that decrease risk, will usually have less impact and carry less weight. This is because the risk to public protection arising from allegations at the higher end of the spectrum of seriousness are generally more difficult to mitigate and address.

41. The Tribunal was satisfied that this is a serious allegation that falls at the higher end of the spectrum of seriousness and that the starting point for assessing the risk to public protection is high.

What is the impact of any relevant context known about Dr Olivari and/or their working environment?

42. The Tribunal reminded itself of Dr Olivari's evidence that he made the decision to do "side work" at THSCA for financial reasons and had worked night shifts there for 4 years. The Tribunal determined that as night shifts were an inevitable part of the medical profession that the risk to the public remained high in this regard.

43. The Tribunal determined that there was no personal context in this case. Further, there is no medical evidence before this Tribunal that this collision was caused by anything other than Dr Olivari being fatigued when it occurred.

How has Dr Olivari responded to the allegation?

44. The Tribunal is satisfied that Dr Olivari cooperated with the Italian police investigation and criminal proceedings. Further he informed the GMC of the incident on 24 October 2024 before he was charged with a criminal offence and from that date kept the GMC updated at all stages of the investigation and criminal proceedings.

45. He was also very candid in his evidence to the Tribunal and made no attempt to evade responsibility. The Tribunal considered Dr Olivari's use of the phrase 'sleep attack' to describe falling asleep at the wheel. The Tribunal determined that the use of this phrase did not indicate an attempt to understate his culpability. It was the view of the Tribunal that Dr Olivari was not giving evidence in his mother tongue and that this phrase was the language used in the Italian proceedings by his advocate to describe falling asleep unexpectedly.

46. It was never denied by Dr Olivari that there was any cause other than him driving while sleep deprived albeit he did suggest that high temperature and moving from daylight into the darkness of the tunnel may have contributed. The Tribunal did not consider that these suggestions of possible contributing factors detracted from Dr Olivari's full acceptance of his wrongdoing.

47. The Tribunal had regard to the final paragraph in page 78 of the submissions made by Dr Olivari's Italian Advocate which confirms that Dr Olivari's accepts that the culpability lay with him for the collision due to his decision to drive while fatigued.

> *…." the fact of driving in a state of exhaustion and fatigue after a night shift, a condition which should have caused him to refrain from driving because of the risk of a sleep attack."*

48. The Tribunal determined that Dr Olivari is clearly remorseful as is reflected in his letter to the family of Mr A,

> *"…."responsibility", that has become so deeply embedded in my soul and that will inevitably accompany me for the rest of my life, although time and psychotherapy may perhaps, in some way, lessen its weight, even if I have no recollection whatsoever of the seconds — those fleeting moments — immediately before the accident. Bitter tears run down my face as I recall the final moments in which I desperately tried to help* [Mr A] *after the impact, fully aware of what had happened, and in anger at a fate so merciless that it led me to commit something so grave and fatal,"*

49. The Tribunal had regard to Dr Olivari's evidence that he has stopped working night shifts since April 2025 and that he does not plan to work more than 1 night shift should he return to night shift work. The Tribunal reminded itself of the doctor's evidence that he undertook medical evaluations to rule out any medical reasons for the sleep attack.

50. The Tribunal further acknowledged that Dr Olivari was proactive in contacting the police when his licence was not revoked. The police explained to him that he could continue to drive until he received notification to surrender his licence. Despite being still entitled to drive Dr, Olivari's evidence to the court was that he 'refrains from driving.'.

51. The Tribunal noted that Dr Olivari consulted with Dr B, Psychologist Psychotherapist who wrote in her report,

> *"Work focused mainly on the shock of the accident…sense of disbelief and sense of guilt for his responsibility in the accident."*

52. Further, in his oral evidence, Dr Olivari accepted that he should have acted differently and should not have driven following his shift. The Tribunal reminded itself of Mr Barton's submissions that Dr Olivari has not undertaken any driving courses. The Tribunal does not have any evidence as to whether such courses are available in Italy and as the collision occurred due to sleep deprivation rather than Dr Olivari's driving the Tribunal considered that the lack of a completed driving course was not of particular weight.

53. The Tribunal found that Dr Olivari has developed insight. He understands and takes responsibility for what happened and accepts that he should have acted differently. He fully understands the impact of his behaviour and has demonstrated great empathy for the victim, Mr A, and his family.

54. He has remediated the underlying cause of his behaviour, fatigue following working nightshifts. Despite being entitled to drive he refrains from doing so. The Tribunal is mindful that the criminal court identified the risk of re-offending as low. Dr Olivari underwent a substantial period of psychotherapy which he completed successfully. He self-referred to the GMC and co-operated with all investigations and proceedings.

55. The Tribunal determined that Dr Olivari has attempted to remediate his behaviour. The Tribunal did not consider the lack of evidence of courses completed as significant in the particular circumstances of the case. Dr Olivari has evidenced what he has learned following the events leading to the allegation in his changed attitude to night shifts and driving. Objective evidence of remediation is available in the letter from Dr Olivari's psychotherapist, Dr B. The tribunal notes that the letter includes that the psychotherapy concluded as the treatment was considered to be complete.

56. The Tribunal considered the following questions:

- is the allegation easily remediable?
- has the allegation been remedied or is it being remedied?
- Is the allegation highly unlikely to be repeated.

57. Having considered the evidence provided by Dr Olivari and other evidence of remediation the Tribunal determined that whilst the allegation involved a fatality, the wrongdoing which led to the fatality; the poor decision to drive whilst fatigued after two back-to-back night shifts could be remedied.

58. The Tribunal determined that other than undertaking a driving awareness course that there was little that Dr Olivari could further do to remedy the allegation, particularly in light of the fact that he had undergone over 20 sessions of psychotherapy directly related to the allegation and its impact on both him and the victim.

59. The Tribunal determined that whilst risk can never be eliminated it was highly unlikely that the allegation would be repeated. The Tribunal bore in mind the criminal court's conclusion regarding the likelihood of re-offending and Dr Olivari's conduct from the time of the collision, where he provided medical assistance at the scene, and his conduct throughout all proceedings indicate that the allegation is highly unlikely to be repeated. In addition, the Tribunal took into consideration that the matter was reviewed by the Italian Medical Council and that no action was taken against him.

60. The Tribunal was satisfied that there are no concerns regarding Dr Olivari's knowledge and skills and this is supported by the testimonials provided by Professor C and Dr D

61. The Tribunal determined that whilst the allegation fell at the high end of the spectrum due to the custodial sentence which reflected the fact that Dr Olivari was responsible for the death of another person; and that whilst the starting point for assessing current and ongoing risk was high, in the circumstances of this matter and in light of the evidence of insight and remediation before the tribunal, the tribunal found the current and ongoing risk to be low.

Tribunal's decision as to whether Dr Olivari poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

62. The Tribunal found a finding of impairment is not necessary on the grounds of promoting and maintaining the health, safety and well-being of the public.

63. Further, the Tribunal is satisfied that a finding of impairment is not necessary to promote and maintain proper professional standards.

64. However, the Tribunal determined that a finding of impairment is necessary to promote and maintain public confidence in the profession. The Tribunal considered that members of the public would be concerned if a doctor convicted of an offence that led to a fatality caused by his decision to drive while sleep deprived and sentenced to a custodial sentence, albeit not an immediate custodial sentence was not found to be impaired. The

Tribunal concluded that a finding of no impairment would fail to adequately mark the seriousness of the allegation and would undermine public confidence.

65. The Tribunal has therefore determined that Dr Olivari's fitness to practise is impaired by reason of his conviction.

Determination on Sanction - 17/07/2026

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

The Evidence

2. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

On behalf of the GMC

3. Prior to beginning his formal submissions on sanctions, The Tribunal requested that Mr Barton address it on the GMC's position, if any in regard to the impact of Dr Olivari's suspended sentence. Mr Barton, on behalf of the GMC stated that the GMC considered the impact of the suspended sentence to be of greater weight at the impairment stage than at the sanctions stage. However, in regard to the sanctions stage the fact of the suspended sentence would weigh against taking no further action.

4. On behalf of the GMC, Mr Barton referred the Tribunal to the relevant paragraphs of the Sanctions Guidance. He submitted that, in its detailed determination on impairment, the Tribunal had found only one limb of the overarching objective to be engaged, namely the need to promote and maintain public confidence in the medical profession.

5. Mr Barton submitted that taking no action would be neither appropriate nor proportionate. He submitted that there were no exceptional circumstances which would justify such a course and that, in light of the Tribunal's finding of impairment, taking no action would fail to uphold the overarching objective.

6. In relation to the imposition of conditions, Mr Barton submitted this would not be appropriate or proportionate in the circumstances of the case.

7. Turning to suspension, Mr Barton referred the Tribunal to paragraph 62 of the Sanctions Guidance, which sets out the indicative sanctions by banding for certain categories of cases, including convictions, cautions and misconduct arising from breaches of court orders. He submitted that the relevant category in this case was that relating to convictions.

8. Mr Barton acknowledged the Tribunal's findings that, whilst the misconduct was serious and the starting point was high, the Tribunal also found that, in all the circumstances, including the doctor's insight, remediation and response to the concerns, the ongoing risk to the public was low. He submitted that the applicable banding for cases involving a low level of risk to public protection indicated sanctions ranging from conditions for up to 12 months to suspension for up to three months.

9. Mr Barton submitted that, having regard in particular to the seriousness of the misconduct as the starting point, the appropriate and proportionate sanction was a short period of suspension. He submitted that such a sanction would appropriately mark the seriousness of the case whilst remaining consistent with the Tribunal's findings on insight, remediation and low risk of repetition.

10. Finally, Mr Barton referred the Tribunal to the guidance on erasure. He submitted that, if the Tribunal considered that a short period of suspension was sufficient to satisfy the overarching objective, it follows that erasure would be disproportionate. He further submitted that erasure would not be consistent with the Tribunal's factual findings or the conclusions reached in its determination. These were Mr Barton's submissions on sanction

<u>On behalf of Dr Olivari</u>

11. Dr Olivari stated that, by way of an update on his current circumstances, he had been required to reassess and adapt his future career plans as a result of these proceedings. He explained that the matters before the Tribunal had had a significant impact on his intended

career as an oncologist, particularly as he had previously secured what he regarded as an exceptional opportunity to develop professionally at The Sarah Cannon Institute (Sarah Cannon). As a consequence, he had had to "reinvent" himself professionally.

12. Dr Olivari told the Tribunal that he had completed his oncology residency training in January 2026. He further stated that he had been awarded a one-year fellowship by the European Society for Medical Oncology (ESMO), which he was due to undertake in the Netherlands from 1 October 2026 until October 2027. He explained that this represented his current professional position and that, following completion of the fellowship, he hoped to return to the UK to continue his career as an oncologist.

13. In relation to sanction, Dr Olivari submitted that a period of suspension would be an adequate and proportionate response to the seriousness of the facts found proved. He submitted that a suspension of up to three months would appropriately reflect the gravity of the misconduct whilst allowing him the opportunity to continue rebuilding his career. He explained that, following the completion of his fellowship, he would still need to reapply for a fellowship at Sarah Cannon. He added that he remained on very good terms with Dr E, the Head of Sarah Cannon, and remained hopeful of returning there in the future.

The Tribunal's Approach

14. The Tribunal had regard to the relevant sections of the Guidance.

15. In making its decision, the Tribunal had regard to the principle of proportionality, and it weighed Dr Olivari's interests with those of the public. Throughout its deliberations the Tribunal bore in mind that the purpose of a sanction is not to punish the doctor, although any sanction imposed may have a punitive effect. However, case law makes clear that the reputation of the medical profession as a whole is more important than the interests of an individual doctor. It had regard to paragraph 7 set out in the 'Introduction' section of the Guidance for MPTS Guidance which states:

> *'Being proportionate*
> *7. To be proportionate, a tribunal must ask themselves, in the context of the individual case and decision being made, what is required and no more than necessary to meet the GMC and MPTS' legal duty to protect the public in a timely way. To assess what is proportionate, tribunals should be clear on the options available to them.'*

16. In reaching its decision on sanction, the Tribunal considered what, in light of its finding of impairment, was the proportionate response required to protect the public and the wider public interest. The Tribunal had determined that one limb of the overarching objective was engaged in this case, namely the need to promote and maintain public confidence in the medical profession. It therefore considered what regulatory action, if any, was necessary to satisfy that public interest.

17. The Tribunal had regard to the Sanctions Guidance, including the sanctions bandings set out at MPT Hearings > Part C: Stage Three – Sanction > Step 3: Decide on Sanction. It considered the level of the doctor's current and ongoing risk to public protection, together with the indicative range of sanctions applicable to that level of risk.

18. The Tribunal also considered the purpose and effect of each available sanction, where applicable, together with all other relevant factors arising from its findings and the evidence before it, in order to determine the least restrictive sanction that would adequately meet the overarching objective.

19. The Tribunal also bore in mind that in deciding what sanction, if any, to impose, it should consider all the sanctions available, starting with the least restrictive and then consider each sanction in ascending order.

The Tribunal's Determination on Sanction

Sanction

20. In reaching its decision on the appropriate sanction, the Tribunal had regard to paragraphs 249 and 253 of the Introduction to the Guidance, which states in relation to Case Types involving criminal convictions:

> *'249. The proportionate sanction in response to an allegation relating to a conviction, caution, court sanction or determination will depend on the extent of the doctor's behaviour and the impact it's assessed to have on each of the three parts of public protection.*

253. When deciding on sanction, the MPT should consider the sanctions banding for conviction, caution, court sanction and determination cases in Part C of Section 3: MPT hearings.

Lower level of risk to public protection	*Medium level of risk to public protection*	*Higher level of risk to public protection*
Conditions up to 12 months to Suspension up to 3 months	*Suspension 6 to 12 months*	*Suspension 12 months to Erasure*

No action

21. The Tribunal first considered whether to conclude the case by taking no action. It considered paragraphs 13 – 16 of Section 3 of the MPTS Guidance which relate to consideration of 'Taking no action'. It noted in particular paragraph 13 states:

'Where a doctor's fitness to practise is impaired, it will usually be necessary for the MPT to restrict the doctor's registration to achieve public protection. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare.'

22. It determined that there were no exceptional circumstances in this case which could justify it taking no action. It noted that neither party submitted taking no action would be appropriate or proportionate in the circumstances of this case and that this fell well below the indicative sanction banding.

23. Given the serious findings against Dr Olivari, the Tribunal determined that to take no action would be neither appropriate nor proportionate given its earlier findings and would fail to uphold the statutory overarching objective.

Conditions

24. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Olivari's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

25. It considered the Parties' submissions in relation to conditions and had regard to the Guidance relating to conditions.

26. The Tribunal had regard to paragraphs 17 – 40 of the MPTS Guidance. In particular, paragraph 19 says:

> *"Conditions restrict a doctor's ability to practise and/or require them to do something. The purpose of putting in place a sanction of conditions is to provide a doctor with time to address identified failings to demonstrate they are fit to practise on an unrestricted basis, whilst ensuring that the current and ongoing risk posed to public protection is being adequately managed."*

27. The Tribunal reminded itself that it had determined at the impairment stage that Doctor's impairment engaged a single limb of 'public protection' that of public confidence.

28. The Tribunal considered that at the impairment stage it had determined that Dr Olivari has full insight and remediated and thus there was no requirement for Dr Olivari to address '*identified failings' and* that the Tribunal did not find in its determination on impairment that it required Dr Olivari to '*do something'* before returning to unrestricted practise. Thus, the Tribunal determined that there were no conditions that it could put in place that were, workable or measurable.

29. Moreover, The Tribunal concluded that conditions would not be appropriate or proportionate given the nature of its findings, nor would they mark the seriousness of the findings or uphold the limb of *'public confidence'.*

<u>Suspension</u>

30. The Tribunal then went on to consider whether to impose a period of suspension. In doing so it considered the following paragraphs of the Guidance.

> *44. Restrictive action of suspension is intended to address the level of current and ongoing risk to public protection and is not intended to be punitive. However, as it*

prevents a doctor from working and earning a living within that profession, it can have this effect. Suspension can also have a deterrent effect and be used to send a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.

45. Suspension may be proportionate in cases where some, or all, of the following factors are present:

a. conditions are not appropriate, measurable and/or workable
b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or
c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.

31. The Tribunal was mindful that, in its determination on impairment, it had found that only one limb of the overarching objective was engaged, namely the need to promote and maintain public confidence in the medical profession. It recognised that suspension can, in appropriate cases, protect the public whilst allowing a doctor an opportunity to develop insight, undertake remediation and demonstrate that the concerns identified have been addressed. However, the Tribunal noted that this was not such a case. It had already found that Dr Olivari had demonstrated substantial insight into his conviction, expressed genuine remorse, and undertaken significant remediation. It had also concluded that the risk of repetition was low. Accordingly, the purpose of suspension in this case was not to facilitate further insight or remediation, but to mark the seriousness of the conviction and uphold the wider public interest.

32 The Tribunal recognised that Dr Olivari is of good standing and has shown genuine remorse throughout these proceedings. It accepted that he has suffered significant personal and professional consequences as a result of his actions and noted that he continues to be subject to the consequences of his criminal conviction.

33. In determining the appropriate length of any suspension, the Tribunal had regard to paragraph 62 of the Sanctions Guidance and, in particular, the sanctions bandings relating to convictions. Having concluded that conditions were neither appropriate nor proportionate, it

noted that the relevant banding for cases involving a low level of ongoing risk to public protection indicated a sanction ranging from conditions for up to 12 months to suspension for up to three months.

34. The Tribunal considered that the seriousness of the conviction required a restrictive response. It concluded that public confidence in the medical profession would be undermined if a doctor who, through driving whilst dangerously fatigued after working excessive hours, had caused the death of another person were permitted to continue practising without any period of suspension. The Tribunal considered that the profession and the wider public must be assured that such conduct is regarded as wholly unacceptable and that the regulator marks its seriousness appropriately.

35. Taking all the circumstances the Tribunal concluded that a period of suspension was the appropriate and proportionate sanction. It was satisfied that a short period of suspension would properly mark the seriousness of the conviction, maintain public confidence in the profession and uphold proper professional standards and conduct.

36. The Tribunal was satisfied that a period of suspension would also send a clear signal to the profession and the public that doctors must not place themselves in a position where fatigue arising from excessive working creates a serious risk to the safety of others. Although the suspension would prevent Dr Olivari from practising medicine in the United Kingdom during that period, the Tribunal considered that this consequence was necessary and proportionate in order to maintain confidence in the profession.

37. Having reached these conclusions, the Tribunal determined that erasure would be a disproportionate sanction. It was satisfied that erasure would fail to reflect its findings that Dr Olivari had demonstrated substantial insight and remediation, posed a low risk of repetition and that only the public confidence limb of the overarching objective remained engaged.

38. In determining the length of the suspension the Tribunal had regard to paragraph 47 of the MPTS Guidance which state**s**:

> *'47. A short suspension may be appropriate in cases where: the doctor's behaviour fell at the higher end of the spectrum of seriousness; there was evidence of relevant context and/or evidence of insight and remediation that decreased the level of current and ongoing risk to public protection such that there are no outstanding patient safety considerations; and suspension is being imposed on public confidence grounds and/or*

to maintain professional standards. It might also be appropriate in relation to a very small number of clinical cases where a doctor's performance was such that although unlikely to recur, the nature of the allegation was so serious as to undermine the public's trust in the profession.

39. In all the circumstances, the Tribunal determined that the appropriate and proportionate sanction was to suspend Dr Olivari's registration for a period of three months. It considered that this period appropriately reflected the seriousness of the conviction , whilst recognising the significant insight, remorse and remediation demonstrated by Dr Olivari.

Review Hearing

40. In view of its determination to suspend Dr Olivari's registration for a period of three months, the Tribunal considered whether a review would be required. In view of its findings at the impairment stage in relation to Dr Olivari's remediation, it was the Tribunal's view that no review is necessary.

Determination on Immediate Order - 17/07/2026

102. Having determined to suspend Dr Olivari's registation for a period of three 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.

Submissions

On behalf of the GMC

103. Mr Burton submitted that the doctor was outside the jurisdiction at the time and that it might well be in the doctor's interests for the order to commence sooner rather than later, because the sooner it commenced, the sooner it would conclude. He submitted that there was no issue of work or patients in this country requiring the doctor's attention which might otherwise justify delaying the commencement of the order. He acknowledged that the Tribunal might wish to hear from the doctor himself but submitted that, on the facts of the case, it would be appropriate to make an immediate order.

On behalf of Dr Olivari

104. Dr Olivari concurred with Mr Burton's submissions.

The Tribunal's Determination

105. Pursuant to section 38(1) of the 1983 Act, on giving a direction for suspension, the Tribunal may impose an immediate order (suspension in this case) if it considers it necessary for the protection of members of the public or is otherwise in the public interest.

106. In reaching its decision, the Tribunal took into account the submissions made by both parties. The Tribunal had regard to the relevant paragraphs of the MPTS Guidance, including:

> *'83 The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.*
>
> *84 It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*
>
> *a. the doctor poses a risk to patient safety*
> *b. the risk to one or more parts of public protection is high, and/or*
> *c. immediate action is needed to maintain public confidence in the medical profession.'*

107. The decision whether to impose an Immediate Order is at the discretion of the Tribunal based on the facts of the case. When deciding whether to exercise its discretion to impose an immediate order, the Tribunal is required to consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.

108. The Tribunal reminded itself of the findings made in Dr Olivari's case at the fact-finding, impairment and sanction stages.

109. The Tribunal determined that there was no issue of patient safety. However, having regard to the seriousness of the proved allegation, and bearing in mind its findings in relation

to public confidence and the need to uphold proper professional standards, the Tribunal concluded that an immediate order was necessary.

110. This means that Dr Olivari'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 an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

111. That concludes this hearing.