

## PUBLIC RECORD

Date: 05/06/2026

Doctor: Dr Alexander GATES

GMC reference number: 7136480

Primary medical qualification: BM BS 2011 Universities of Exeter and Plymouth

**Type of case** **Outcome on impairment**  
Review – Conviction Not Impaired

XXX XXX

**Summary of outcome**

Conditions to expire

**Tribunal:**

Legally Qualified Chair:	Mr Gerry Wareham
Lay Tribunal Member:	Mrs Nicola Stephenson
Registrant Tribunal Member:	Dr Louis Savage
Tribunal Clerk:	Miss Emma Saunders

**Attendance and Representation:**

Doctor:	Present, represented
Doctor's Representative:	Mr Peter Lownds, Counsel, instructed by DAC Beachcroft LLP
GMC Representative:	Mr John Morrison, 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 Impairment - 05/06/2026

1. Parts of this hearing were heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 ('the Rules'). This determination will be handed down in private due to the confidential nature of matters under consideration and heard as evidence. However, as this case concerns Dr Gates' conviction, a redacted version will be published at the close of the hearing. It is open to the parties to make representations to the MPTS (the relevant email address will be provided to them) as to post-hearing publication of any decision.

2. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the Rules whether Dr Gates' fitness to practise is impaired by reason of conviction XXX.

### The Outcome of Application made during the Impairment Stage

3. The Tribunal granted the GMC's application, made pursuant to Rule 41 of the Rules, for parts of this hearing to be heard in private. The Tribunal's full decision on the application is included at Annex A.

### Background

4. Dr Gates completed his medical degree at the Peninsula Medical School in 2011. Following the completion of Foundation Years 1 and 2 and a Trust Senior House Officer post, Dr Gates joined the Bath General Practice (GP) training scheme in 2015 and started working at the Somerton House Surgery ('the Surgery') in 2017. Dr Gates also completed out of hours training with Medvivo Group Ltd, before qualifying as a GP in 2019. At the time of the events leading to the 2024 proceedings, Dr Gates was practising as a GP at the Surgery as well as undertaking regular sessional out of hours GP work with Medvivo. Dr Gates' employment at

the Surgery was terminated in July 2021 and he continued to work as a GP for Medvivo as of the 2024 Tribunal hearing.

#### 2024 Tribunal

5. A Medical Practitioners Tribunal (MPT) convened to consider Dr Gates' case on 14 to 22 May 2024 ('the 2024 Tribunal'). Dr Gates made admissions to the entirety of the Allegation, which related to a conviction for a criminal offence of stalking as regards Ms A XXX.

6. Dr Gates met Ms A on an internet dating site in 2016. Dr Gates had initially stated on his online profile that he was single but later admitted to Ms A that he was in a long-term relationship. Dr Gates and Ms A pursued a relationship until late 2017, when Ms A told Dr Gates that she wanted an exclusive relationship. They subsequently saw each other until the middle of January 2018, during which time Ms A felt compelled to continue some contact, not least because Dr Gates XXX, which made her feel responsible for what may happen to him if she did not maintain contact.

7. From mid- January 2018, Ms A became much clearer in message exchanges with Dr Gates that she no longer wanted a relationship with him. However, Dr Gates proceeded to contact Ms A repeatedly via telephone messages, emails and social media. He also contacted her family and her XXX partner. Dr Gates also attended Ms A's XXX, as well as her family home and place of work, all without invitation. As a result of Dr Gates' stalking, Ms A had to leave her work XXX and XXX due to feeling unsafe. Ms A's parents also paid to have CCTV cameras installed at their address.

8. In March 2018, Ms A reported Dr Gates to the police. Dr Gates was interviewed by police on 6 April 2018 and made admissions. On 1 June 2021 Dr Gates was convicted of stalking Ms A without fear/alarm/distress. He was sentenced for the offence on 30 June 2021 at Bristol Crown Court to imprisonment of four months, suspended for 24 months and a restraining order. The 2024 Tribunal stated that it was evident that Dr Gates' actions had a very serious impact on Ms A.

9. The 2024 Tribunal concluded that Dr Gates had good insight into the actions that led to his conviction, but that his insight was not yet fully developed. It considered that Dr Gates' actions were capable of being remediated and that he had taken a number of steps towards doing so. This included several expressions of apology from his police interview onwards and

successful completion of all requirements of the suspended sentence order including the Better Relationships course. The 2024 Tribunal also noted that Dr Gates had been attending sessions with XXX, Ms H, on a weekly basis for a number of years.

10. The 2024 Tribunal determined that Dr Gates' fitness to practise was impaired by reason of his conviction as his insight was not yet complete and as the conviction and sentence were so serious that public confidence would be undermined if a finding of impairment was not made.

11. XXX

12. XXX

13. XXX

14. XXX

15. XXX

16. The 2024 Tribunal did hear evidence of Dr Gates' new relationship. However, Dr Gates confirmed that the relationship was in its early stages and that they were only seeing each other around once per month. Whilst it was positive that Dr Gates had met a new partner, given the circumstances and the level of contact that they had to date, the 2024 Tribunal did not consider this to be persuasive evidence of a factor that had significantly lowered the risk of repetition of XXX offending behaviour.

17. The 2024 Tribunal determined that, given XXX, the level of risk was open to fluctuation, but that the risk remained. XXX

18. The 2024 Tribunal determined to impose conditions on Dr Gates's registration for a period of 24 months and directed that a review hearing should take place. This period would allow for Dr Gates to be sufficiently overseen by the GMC, in circumstances where there was a risk of repetition XXX. Dr Gates would also have sufficient time to demonstrate further reflections and insight. The 2024 Tribunal also bore in mind that the restraining order continues to be in place until 2028. The 2024 Tribunal stated that a reviewing Tribunal may be assisted by Dr Gates providing:

- XXX;
- Evidence of any further development of insight into the behaviours that led to the conviction and the impact on Ms A; and
- Any other evidence he considers may assist his case.

## The Evidence

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

### Documentary Evidence

20. The Tribunal had regard to the ongoing reports from Dr Gates' workplace reporter, Dr K, Medical Director of HealthHero Integrated Care (formerly Medvivo), dated 19 June 2024, 27 December 2024, 30 June 2025 and 7 January 2026. It also had regard to the report dated 15 May 2025 from Dr L, Clinical Lead for BANES Community Hospital Inpatients, when Dr Gates commenced a permanent Specialist Doctor position for three days a week with HCRG Care Group in February 2025 at St Martin's Hospital, Bath. The Tribunal took account of her report dated 15 November 2025 where Dr L stated that Dr Gates had successfully completed the probationary period in the post, and her most recent report dated 16 April 2026. Dr K and Dr L both confirmed compliance by Dr Gates with the conditions and that there were no concerns raised regarding Dr Gates' fitness to practise.

21. On 31 January 2025 the GMC wrote to Dr Gates to let him know that it had decided not to take any action following information it had received from HCRG Care Group. The GMC case examiner decision stated that there had been some level of oversight on Dr Gates' part by not ensuring prospective employers were fully aware of his GMC restrictions. The case examiner concluded that a breach of Condition 7 had occurred, that it was not possible to establish whether Dr Gates was deliberately dishonest, but that he had contacted the GMC to express his apologies and reflections on what appeared to be incorrect assumptions around how information would be shared with HCRG.

XXX

22. XXX

XXX

23. XXX

24. XXX

25. XXX

26. XXX

27. XXX

Dr Gates' written reflections document and witness statement

28. Dr Gates provided a written reflections document. He stated that he had made very meaningful progress with XXX without regular XXX input for the last year. Dr Gates stated that he was now able to recognise XXX. He stated that he continues to be self-aware and reflective XXX and would seek help from colleagues, friends, XXX if ever it was needed.

29. Dr Gates referred to his work as a Specialist Doctor for three days per week and as a GP in the Integrated Urgent Care. He stated that he enjoyed the variety and challenge that the roles provided. Dr Gates stated that he has continued to immensely enjoy looking after his son XXX, that he enjoys riding his bike and attends a Calisthenics gym three times a week to improve strength and fitness. Dr Gates stated that he had also started to explore solo travelling abroad, which had been very rewarding and confidence boosting.

30. Dr Gates stated that he experienced the unfortunate end to a relationship in XXX 2025 which was upsetting and resulted in him needing three XXX days off work. He stated that he was open with his colleagues, line manager XXX and took appropriate steps to ensure he was fit to work to safeguard patients. Dr Gates stated that he regarded this as a minor setback rather than a significant event or concern and did not find himself engaging in any concerning XXX behavioural patterns.

31. Dr Gates stated that he had been able to reflect on the true impact of his behaviours on Ms A and the significant effect they would have had on her mental health and life for several years afterwards. Dr Gates stated that he was deeply saddened and upset to learn during Ms A's oral evidence before the 2024 Tribunal of the ongoing impact on Ms A's life. He stated that he felt deep regret and remorse for his actions. Dr Gates stated that he had

explored his actions in detail via the regular XXX he had undertaken for seven years and that many dozens of hours of the sessions were spent discussing, processing, understanding and reflecting on the impact of his distressing behaviour on Ms A, her family, and all those around her.

32. Dr Gates stated that he felt confident that he has made very good, steady progress XXX and professionally. He stated that he has the necessary self-awareness and proven XXX in the last three to four years. He stated that he hoped this would provide reassurance to the GMC and MPTS Tribunal at this hearing.

33. In Dr Gates' witness statement dated 8 May 2026 he provided further comments including reference to the years of XXX he had undertaken. He stated that he has explored in detail XXX that contributed to his escalating behaviour. Dr Gates stated that the XXX process encouraged him to challenge himself, his understanding of his behaviours, and the impact of his words and actions on others. He stated that he has full understanding and insight into how pervasive, intrusive and distressing his stalking behaviour was for the victim. Dr Gates referred to the breakdown of his relationship in 2025 and how he had dealt with this.

34. The Tribunal was provided with a certificate to show that Dr Gates completed a one-hour eLearning course entitled 'SETDAB Stalking Basic Awareness eLearning' on 8 May 2026.

35. The Tribunal also had regard to two testimonials provided on behalf of Dr Gates. One was from Mr M, a cousin of Dr Gates, who set out that he became aware of the issues and troubles that beset Dr Gates in 2021 and has been in regular contact to help and support since that time. Mr M stated that, since the 2024 Tribunal hearing where he had accompanied Dr Gates, he noted the continued progress that Dr Gates has made to rebuild both his professional and personal lives. He stated that Dr Gates is significantly more self-supporting and resilient in the steps and challenges that must be dealt with.

36. In a testimonial dated 4 May 2025 Dr N, a specialist doctor who has worked with Dr Gates since February 2025, stated that she has found Dr Gates to be *"a reliable, conscientious, compassionate and knowledgeable doctor"*. Dr N stated that, in her opinion, Dr Gates is an excellent doctor and that he *"communicates really well with both patients and staff and is an asset to our team"*.

### Oral Evidence

37. Dr Gates also gave oral evidence at the hearing. Dr Gates was asked about his coping mechanisms and how he deals with stress. He told the Tribunal about the routines that he has in place including exercise, the support networks he engages with and how he now has diverse interests as part of his coping mechanisms.

38. Dr Gates spoke about XXX. He stated that, if he ever found himself in a position in his life where he needed XXX again, he would not hesitate to re-engage XXX.

### **Submissions**

#### Submissions on behalf of the GMC

39. Mr Morrison, Counsel on behalf of the GMC, stated that the decision on impairment is one of the Tribunal alone, exercising its own judgement. He stated that there is a persuasive burden on Dr Gates to demonstrate that he is now fit to return to practise unrestricted. Mr Morrison stated that the GMC is neutral as to current impairment in respect of XXX conviction XXX.

40. Mr Morrison referred to the Guidance for MPTS Tribunals (24 November 2025) and the question of seriousness. He stated that the matters set out by the 2024 Tribunal were of a serious nature, as evident from the account given by Ms A as to the impact of Dr Gates' behaviour and as demonstrated by the imposition of the custodial sentence, albeit suspended. Mr Morrison stated that the suspended sentence has been served but the restraining order remains in place, which has been tempered by the time period that has passed and the obvious lack of reoccurrence. Mr Morrison stated that the Tribunal might think the lack of recurrence was particularly pertinent given Dr Gates' evidence of the breakdown last year of a relationship with another partner.

41. Mr Morrison stated that, as the 2024 Tribunal found, Dr Gates' XXX was inextricably linked to his behaviour that led to the conviction. He referred to XXX. Mr Morrison referred to XXX that Dr Gates had developed an ability to modify his behaviour. Mr Morrison submitted that, whilst there was clearly XXX, the Tribunal might think that the risk to public protection arising from the allegations now falls at the lower end of the spectrum of seriousness.

42. Mr Morrison referred to Dr Gates' reflections, witness statement and oral evidence. He stated that Dr Gates has sought to develop a routine focused around exercise and on his wellbeing and that the Tribunal might think that he has shown a deeper level of insight than was shown in 2024. Mr Morrison referred to the conclusions of the 2024 Tribunal that, at that point, Dr Gates discussed his own personal circumstances and the impact on himself rather than exploring what impact his actions would have had on Ms A. Mr Morrison referred to the updated reflections that Dr Gates has prepared for this hearing and the Tribunal might think it does go further as regards the impact of his behaviour on Ms A.

43. Mr Morrison stated that, given this level of insight and XXX, the GMC has taken a neutral position as to current impairment.

#### Submissions on behalf of Dr Gates

44. Mr Lownds, Counsel, stated that the question that this Tribunal needs to answer is whether Dr Gates continued to pose any current or ongoing risk to public protection and is his fitness to practise impaired.

45. Mr Lownds referred to the 2024 Tribunal determination and the lack of exploration by Dr Gates identified in terms of the detail of the impact of his conduct on Ms A such that his insight was not fully developed. He stated that there was also a concern by the 2024 Tribunal about a risk of repetition XXX.

46. Mr Lownds referred to the actions which the 2024 Tribunal had suggested this Tribunal may be assisted by. He submitted that Dr Gates has completed these requirements. Mr Lownds referred to XXX, as well as Dr Gates' written reflections, statement and oral evidence.

47. In terms of whether there was any current or ongoing risk to public protection, Mr Lownds stated that there had been no repetition of the offending behaviour that led to Dr Gates' conviction and the Tribunal has the benefit of Dr Gates' reflective document where he sets out the steps he has taken to manage that risk and the support system he has in place XXX. Mr Lownds also referred to the workplace reports and testimonial from Dr N as to how Dr Gates conducts himself at work.

48. Mr Lownds referred to XXX about how Dr Gates had dealt with the breakdown of his relationship the previous year. Mr Lownds submitted that the Tribunal has real evidence as to how Dr Gates responded in that period, including the additional session of XXX that he had. Mr Lownds stated that Dr Gates had taken a few days off work and had met with XXX and his workplace reporter to help him to navigate his way through the situation. Mr Lownds stated that Dr Gates had maintained boundaries and acted appropriately in that situation and that he has turned his reaction into a positive situation by joining a gym and establishing a new sensible routine in his life.

49. XXX

50. In relation to Dr Gates' conviction, Mr Lownds stated that it was recognised that this involved a serious departure from professional standards. He referred to Dr Gates' reflective statement as to the work he had completed XXX *"discussing, processing, understanding and reflecting on the impact of my distressing behaviour on Ms A"*. He also set out his full understanding of his behaviours and the impact of his words and actions on others. Mr Lownds submitted that this showed deep reflection from Dr Gates and that he now, in terms of insight, has developed a full understanding. Mr Lownds submitted that Dr Gates has now fully remedied his actions and does not represent a current or ongoing risk to members of the public as a consequence of his conviction. He submitted that Dr Gates' fitness to practise is no longer impaired by reason of his conviction XXX.

### The Relevant Legal Principles

51. Throughout the decision-making process, the Tribunal will bear in mind the overarching objective of the GMC and MPTS as set out in Section 1 of the Medical Act 1983 to protect the public, which is split into three distinct parts. It means that a Tribunal must act in way that: protects, promotes and maintains the health, safety and well-being of the public ('patient safety'); promotes and maintains public confidence in the medical profession ('public confidence'); and promotes and maintains proper professional standards and conduct for members of that profession ('uphold professional standards').

52. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the 2024 Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for Dr Gates to satisfy it that he would be safe to return to unrestricted practice.

53. The Legally Qualified Chair (LQC) referred the Tribunal to the Guidance for MPTS Tribunals, including steps 2(a) to (e) at Section three: MPT hearings, Part B: stage two - impairment. He stated that new guidance for review hearings in particular does not come into effect until 22 June 2026 and the approach when looking at impairment in this interim period was set out in MPTS Tribunal circular '20/25: *Guidance for review hearings starting on or after 24 November 2025*'. This included that:

*“On review, the following questions should be used to inform the tribunal’s assessment of whether a doctor poses any current and ongoing risk to public protection requiring restrictive action in response, and if so, what level of risk (low, medium or high):*

- i. What was the last assessment of current and ongoing risk to public protection resulting in the doctor’s fitness to practise being found impaired? (Look back at the previous tribunal’s findings)*
- ii. What has happened since the last assessment of risk and what impact does this have?*
- iii. How has the doctor responded to the previous tribunal’s findings?*
- iv. Has the risk to public protection requiring restrictive action in response changed and if so, how?”*

54. The Tribunal must assess whether Dr Gates poses any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response. This Tribunal must determine whether Dr Gates’ fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

### **The Tribunal’s Determination on Impairment**

55. The Tribunal considered whether Dr Gates’ fitness to practise is currently impaired by reason of his conviction XXX. Given the links between XXX matters, and how they were associated by the 2024 Tribunal when making their finding of impairment, the Tribunal has considered the below questions in respect of XXX together rather than trying to artificially separate its reasoning.

What was the last assessment of current and ongoing risk to public protection resulting in Dr Gates' fitness to practise being found impaired?

56. The Tribunal noted that the 2024 Tribunal hearing took place before the imposition of the new Guidance for MPTS Tribunals. Therefore the 2024 Tribunal did not specifically state the level of risk that it considered Dr Gates posed in terms of one or more or the three parts of public protection. This does not preclude this Tribunal from considering whether the level of risk posed by Dr Gates has changed.

57. The Tribunal had regard to the conclusions of the 2024 Tribunal, as summarised above. It noted that the 2024 Tribunal had reached the view that:

*“Despite Dr Gates having displayed good insight and taking steps to remediate, the Tribunal determined that a finding of impairment was necessary in circumstances where his insight was not yet complete and that the conviction and sentence was so serious that public confidence would be undermined if a finding of impairment was not made.*

*...Therefore, the Tribunal concluded as [XXX] was inextricably linked to his behaviour, a risk of repetition remained. At the current time, the Tribunal considered that the risk of repetition of Dr Gates' offending behaviour to be low, but this would inevitably change if [XXX].”*

58. The Tribunal considered that the 2024 Tribunal appeared to indicate that the level of risk posed to patient safety by Dr Gates was low, and would remain low as long as XXX. The Tribunal considered the other elements of public protection, relating to public confidence and maintenance of standards, were addressed by the imposition of the lengthy sanction of conditional registration.

What has happened since the last assessment of risk and what impact does this have? and How has Dr Gates responded to the 2024 Tribunal's findings?

59. XXX

60. The Tribunal was mindful of the evidence XXX that Dr Gates went through a breakup of a relationship last year but that he was able to manage this appropriately and had the support network in place to manage the stress. The Tribunal noted that Dr Gates took three days of XXX leave at the time which showed that he recognised the position he was in and

managed it appropriately without impact upon his work. The Tribunal noted that it had now been some eight years since the behaviour took place that triggered Dr Gates' conviction and there has been no repetition of similar behaviour, despite there being a breakdown in a substantive relationship. It was reassured given the evidence it heard as to the coping mechanisms that Dr Gates has in place and the work that he had put in XXX.

61. The Tribunal had regard to the positive reports from Dr Gates' workplace reports and the testimonial from Dr N. On all accounts, Dr Gates is stable and working well in his career. There are no concerns about his clinical competence.

62. The Tribunal has also had regard to Dr Gates' reflective statement and written statement in which he set out the mechanisms he has in place to deal with stress in terms of his routine and focus on his own wellbeing. The Tribunal also found evidence of further development by Dr Gates of his insight into the behaviours that led to the conviction and the impact on Ms A. The Tribunal determined that Dr Gates has now clearly reflected and understood the impact his actions had on Ms A, been able to see matters from her point of view, and he has worked hard to improve himself. The Tribunal was of the view that Dr Gates is now able to recognise XXX and respond appropriately XXX, thereby significantly reducing the risk level.

Has the risk to public protection requiring restrictive action in response changed and if so, how?

63. The Tribunal concluded that Dr Gates has made positive progress within the last two years and has done what was asked of him by the 2024 Tribunal. The Tribunal had received positive evidence in respect of XXX, evidence of his support network and of how he has dealt with a similar situation to the index concerns in an appropriate way. It heard XXX and that work appears to be a positive place for him.

64. The Tribunal determined that, due to all of the evidence before it, Dr Gates no longer poses a current and ongoing risk to one or more parts of public protection requiring restrictive action in response. In terms of public confidence and upholding professional standards, the Tribunal had regard to the 2024 Tribunal's conclusions and considered that the concerns have now been addressed and the seriousness marked by the imposition of the conditions on Dr Gates and borne out by the progress he has made in the last two years under those conditions. In terms of patient safety, the Tribunal was reassured that the risk is

now very low given all of the above factors including the remediation and insight shown by Dr Gates, and in particular XXX and the progress shown since 2024.

65. The Tribunal has therefore determined that Dr Gates' fitness to practise is no longer impaired by reason of his conviction XXX.

66. The Tribunal took the view that the current order of conditions on Dr Gates' registration should remain in place until expiry (on 25/06/2026). It was satisfied that the 2024 Tribunal felt the sanction of conditions for 24 months was sufficient to mark the seriousness of the findings and so the conditions should run to expiry.

ANNEX A - 05/06/2026

### Application for parts of the hearing to be heard in private

1. This determination will be handed down in private due to the confidential nature of matters under consideration.
2. On 5 June 2026 Mr Morrison, Counsel on behalf of the GMC, made an application for parts of this hearing to be heard in private under Rule 41 of the General Medical Council (GMC) (Fitness to Practise Rules) 2004 as amended ('the Rules'), XXX

### Submissions

#### Submissions on behalf of the GMC

3. Mr Morrison stated that large parts of this hearing will deal with XXX and made an application for those parts of this hearing to be heard in private session. XXX

#### Submissions on behalf of Dr Gates

4. Mr Lownds, Counsel, stated that, pragmatically, it was very difficult to separate out the aspects of the case XXX. He stated that it would certainly be easier for the whole hearing to be held in private session but that he could certainly attempt to separate XXX.

### Tribunal's Decision

5. The Tribunal appreciated that MPTS hearings are ordinarily held in public session in terms of conviction matters and move into private for XXX. It also noted the Annex determination of the 2024 Tribunal such that the 2024 hearing was heard partly in public and partly in private.
6. In all the circumstances, the Tribunal determined to grant the GMC's application for parts of this hearing to be heard in private. This matter would be kept under review and if it became unworkable then this decision would be revisited.