

PUBLIC RECORD

Dr Foy-Yamah appealed decisions of the Tribunal, following a hearing which concluded on 10/01/25. On 31/10/25 the High Court dismissed Dr Foy-Yamah’s appeal.

The GMC successfully appealed decisions of that Tribunal. The High Court quashed the finding of impairment as it stood and substituted a finding of impairment on all three limbs of the overarching objective. The High Court also quashed the sanction of 12 months’ suspension and directed that the case be remitted to a Medical Practitioners Tribunal for consideration of what sanction, if any, to impose.

The judgment can be found [here](#).

The remittal Tribunal’s decision on sanction is set out below.

Please also see the record of determinations from Dr Foy Yamah’s hearing which concluded on 10/01/25 and which was successfully appealed by the GMC. That record of determinations can be found [here](#).

Dates: 05/05/2026 - 06/05/2026
08/05/2026 - 13/05/2026

Doctor: Dr Aloaye FOY-YAMAH
GMC reference number: 5207937
Primary medical qualification: MB BS 1997 University of Benin

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair:	Mrs Christine McLoughlin
Lay Tribunal Member:	Mr Paul Hepworth
Registrant Tribunal Member:	Dr Gillian Livesey

Tribunal Clerk:	Ms Keely Crabtree (05/05/2026 - 06/05/2026, 08/05/2026 - 11/05/2026) Miss Emma Saunders (12/05/2026 - 13/05/2026)
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Attendance and Representation:

Doctor:	Present, represented
Doctor’s Representative:	Mr Miles Bennett, Counsel, instructed by the MDU
GMC Representative:	Ms Elizabeth Dudley-Jones, 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 Sanction - 13/05/2026

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 were confidential. This determination will be handed down in private due to the confidential nature of some of the matters heard as evidence. However, as this case concerns Dr Foy-Yamah’s misconduct, a redacted version will be published at the close of the hearing.

Background

2. Dr Foy-Yamah’s case was first considered by a differently constituted Medical Practitioners Tribunal on various dates between 11 December 2023 and 10 January 2025. That Tribunal will be referred to in this determination as ‘the 2024 Tribunal’ for ease of reference and understanding.

Summary of the Facts Found Proved by the 2024 Tribunal

3. The 2024 Tribunal found that Dr Foy-Yamah had sexually propositioned and assaulted Ms A in mid-November 2018. The 2024 Tribunal also found that on or around 15 November 2018, Dr Foy-Yamah treated Ms A, a person with whom he had a close personal relationship. The 2024 Tribunal also made findings regarding Ms A's blood test for XXX including that the XXX test was not clinically indicated, was not documented in her notes and he did not notify Ms A's General Practitioner (GP) or XXX that the XXX test had been arranged or of the results. Dr Foy-Yamah made some admissions to the Allegation regarding the XXX Test. Further, the 2024 Tribunal found that Dr Foy-Yamah raped Ms A on or around 2/3 December 2018 on a sofa in his home XXX.

4. XXX. Dr Foy-Yamah first met Ms A when she came to stay in his house XXX in May 2018 in order to investigate her symptoms. XXX. She came to stay with him again at his home XXX in November 2018 for one week, and then again on 2 December 2018.

5. Ms A alleged to the police in her Achieving Best Evidence ('ABE') interview with the police dated 1 January 2019 that Dr Foy-Yamah had made sexual advances to her when she went to stay with him XXX in November 2018. Dr Foy-Yamah denied that this incident occurred. Ms A informed the police that, as she was heading for bed Dr Foy-Yamah "pawed" at her and asked her to spend the night with him. Ms A told Dr Foy-Yamah that she did not "appreciate" this behaviour. The 2024 Tribunal concluded that Dr Foy-Yamah had an interest in having an intimate physical/sexual relationship with Ms A by the time she came to stay with him in November 2018.

6. On 15 November 2018, Dr Foy-Yamah issued a request for Ms A to have an XXX test. Ms A's evidence to the 2024 Tribunal was that she had no knowledge that she was being tested for XXX in November 2018. Ms A's evidence was that her main purpose of going to XXX in November 2014 to do a XXX test at the suggestion of Dr Foy-Yamah. Dr Foy Yamah's evidence was that Ms A asked him to check XXX. The 2024 Tribunal found that the XXX test was not clinically indicated and was ordered at Ms A's request.

7. It was common ground during the 2024 hearing that, on 2 December 2018, Dr Foy-Yamah collected Ms A from an address in XXX to take her to Dr Foy-Yamah's residence in XXX.

8. The 2024 Tribunal found that "there was agreement between Ms A and Dr Foy-Yamah as to the fact that Ms A was lying on Dr Foy-Yamah on the 3-seater couch after their arrival at

his house [XXX] on or after about 11.45 pm on 2 December 2018, following his driving her there from [XXX]. The 2024 Tribunal was satisfied that when Dr Foy-Yamah joined Ms A in the sitting room, he was interested in having sex with her. Ms A did not anticipate that he would join her on the couch when she originally settled there, but once he had joined her, she was content to settle into a position of lying between his legs with her head resting on his stomach. Her body position reflected the way she had been lying on the couch prior to Dr Foy-Yamah's arrival. Dr Foy-Yamah interpreted this as an encouragement to engage in sexual activity, and Ms A did not consent to that initial sexual activity."

9. It was against this background that the 2024 Tribunal found that the rape took place.

Summary of the 2024 Tribunal's decision on Impairment

10. The Tribunal found that Dr Foy-Yamah's treating Ms A constituted a breach of GMP and amounted to misconduct. However, the Tribunal was mindful that Dr Foy-Yamah had arranged the tests at Ms A's request and that he was seeking to give her some reassurance without engaging in any further involvement in her management. In these circumstances, the 2024 Tribunal did not consider it to be serious misconduct. The Tribunal did not find that the ordering of XXX test which was not clinically indicated amounted to serious misconduct. The 2024 Tribunal found that Dr Foy-Yamah's failure to document the request, the reason for the XXX test and the result did individually, amount to misconduct, but none of them amounted to serious misconduct. The 2024 Tribunal concluded that, had the XXX test result been positive, and Dr Foy-Yamah had still not informed XXX, this would have been a clear and serious breach of Good Medical Practice ('GMP'). However, in the circumstances of the case, the Tribunal determined that this failure did not amount to misconduct.

11. The 2024 Tribunal found that Dr Foy-Yamah's actions on 2 December 2018 amounted to serious misconduct. The 2024 Tribunal acknowledged that there was no criminal prosecution. However, it concluded those matters include all the elements of the criminal offence of rape, and as such did constitute conduct of a morally culpable or otherwise disgraceful kind albeit occurring outside the course of Dr Foy-Yamah's professional practice.

12. The 2024 Tribunal acknowledged that Dr Foy-Yamah never admitted his behaviour and suggested that Ms A's family were blackmailing him. The 2024 Tribunal was satisfied that it was inconceivable that Dr Foy-Yamah would repeat the behaviour which led to the finding of serious misconduct. It determined that this was an isolated incident with a person who had entered Dr Foy-Yamah's life, at the request of another, for a significant period of time,

and who had captured his imagination to the extent that he developed a sexual interest in her.

13. The 2024 Tribunal considered that a finding that Dr Foy-Yamah's fitness to practise was impaired on public protection grounds was not warranted.

14. The 2024 Tribunal determined that it must make a finding of impairment of Dr Foy-Yamah's fitness to practise on the wider public interest grounds. The 2024 Tribunal determined that a finding should be made to protect the reputation of the profession and the standards of conduct for members of the profession.

Summary of the 2024 Tribunal's decision on Sanction

15. The 2024 Tribunal considered that it was clear that the public had an interest in a sanction being imposed to uphold proper professional standards and to maintain public confidence in the profession. The 2024 Tribunal reminded itself of its finding at the impairment stage that Dr Foy-Yamah's misconduct was serious sexual misconduct and represented a serious departure from GMP.

16. The 2024 Tribunal reminded itself of its findings that it was inconceivable that Dr Foy-Yamah would repeat his misconduct, despite his lack of remediation also acknowledging that no other fitness to practice concerns had been raised since the index incident.

17. The 2024 Tribunal reached the conclusion that a suspension order of suitable length could be an appropriate sanction in this case. It considered that, given the seriousness of Dr Foy-Yamah's conduct, nothing less than the maximum length would be sufficient. The 2024 Tribunal determined that a period of 12 months was necessary to maintain public confidence in the profession and to send the appropriate message to the profession that conduct of this nature was wholly unacceptable. The 2024 Tribunal also directed a review.

The Appeals

18. On 31 October 2025, Mr Justice Ritchie handed down judgment on the appeals.

19. Dr Foy-Yamah appealed the rape finding on the basis that Ms A's evidence lacked any sufficient credibility and that she was a proven liar. He also appealed on the basis that there were serious procedural irregularities. Mr Justice Ritchie considered that none of the grounds of Dr Foy-Yamah's appeal were made out.

20. The GMC appealed two of the Tribunal’s factual findings in respect of reasonable belief of consent by Ms A. This ground of appeal was dismissed by Mr Justice Ritchie. The GMC also appealed the Tribunal’s findings about misconduct, impairment and sanction. The GMC submitted that the Tribunal was wrong to find that Dr Foy-Yamah did not present a risk to the public and to rule that when he committed the incident on 20 November 2018 he was not in a position of trust with a patient. The GMC also appealed sanction stating that the only proper sanction for rape was the erasure of Dr Foy-Yamah from the Medical Register. Mr Justice Ritchie found that the 2024 Tribunal was wrong in its findings on risk and impairment on public protection grounds and that the sanction needed to be reconsidered.

This Hearing

21. This differently constituted remittal Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules and as per the Judgment of Mr Justice Ritchie on risk, impairment and the appropriate sanction, if any, to impose on Dr Foy-Yamah’s registration.

The Outcome of Applications made during the Sanction Stage

22. On 5 May 2026 Ms Dudley-Jones, Counsel on behalf of the GMC, asked the Tribunal to clarify which version of the Sanctions Guidance was going to be applied in these proceedings. The Tribunal determined that it would use the Sanctions Guidance (5 February 2024) (‘the SG’). The Tribunal’s full decision on this matter is included at Annex A.

23. On 5 May 2026 Mr Bennett, Counsel on behalf of Dr Foy-Yamah, made an application for nine testimonial witnesses to be called to give evidence in this case remotely. The Tribunal granted this application. The Tribunal’s full decision on the application is included at Annex B.

24. On 11 May 2026 Mr Bennett, on behalf of Dr Foy-Yamah, made an application for the admission of further evidence under Rule 34(1) of the Rules, namely the admission of additional Continuing Professional Development (CPD) certificates. The Tribunal determined that the documentation was relevant and that it was fair to admit it. As such, the Tribunal granted this application.

25. On 11 May 2026 the Tribunal was asked by the parties to take time to read extracts of the transcripts to resolve any confusion over an issue with a document entitled ‘Master Chronology’. The Tribunal noted that it had come to light during the hearing that the

Tribunal/parties had a difference in the version of this document. This was resolved and the correct version made available to the Tribunal. The parties directed the Tribunal to read certain extracts from the transcripts regarding the correction, which it then did. The Tribunal determined this would enable the later submissions from the parties to be made within the relevant context.

The Evidence

26. The Tribunal has reviewed the findings at the facts and impairment stages as set out by the 2024 Tribunal and taken into account all of the evidence received where relevant to reaching a decision on sanction.

27. The Tribunal has been provided with a large volume of documents that were before the 2024 Tribunal. This evidence included but was not limited to the original hearing bundles prepared for the 2024 Tribunal hearing (with relevant witness statements, documents and extracts from Ms A's medical records), various audio recordings, video recordings of Ms A's ABE interview, a bundle of material from Ms A's phone, a Master Chronology document (with an updated version provided to the Tribunal on 11 May 2026), and a bundle of extracts of exhibits provided to the 2024 Tribunal.

28. The Tribunal has also received the determinations made by the 2024 Tribunal, the judgment of Mr Justice Ritchie dated 31 October 2025 along with the signed Order dated 4 November 2025, and transcripts of the 2024 Tribunal hearing.

29. The Tribunal received further evidence on behalf of Dr Foy-Yamah in the form of a bundle of testimonials and a bundle of additional CPD documentation. The testimonials were of a large volume and were from various family members, friends, and colleagues of Dr Foy-Yamah.

30. Dr Foy-Yamah provided a further supplemental witness statement dated 2 March 2026, which was subsequent to his statements dated 10 April 2022, 13 June 2023, 5 February 2024 and 8 August 2024. Dr Foy-Yamah also gave oral evidence at this hearing on 5 and 6 May 2026.

31. The Tribunal heard oral testimonial evidence on behalf of Dr Foy-Yamah from witnesses who had previously given oral evidence before the 2024 Tribunal:

- Mr S, Advanced Clinical Practitioner at XXX Hospital, on 8 May 2026;

- Ms U, Legal and Complaints Support Secretary, Complaints Officer at XXX, on 8 May 2026;
- Dr V, Consultant Acute Medicine at XXX Hospital, on 8 May 2026;
- Dr R, Professor of Dentistry, Dental Services at the XXX Hospitals, on 8 May 2026; and
- Ms T, Medical Secretary for the Acute Medical Department at XXX Hospital, on 11 May 2026.

32. All testimonial witnesses had been asked by those representing Dr Foy-Yamah to confirm that they agreed to the continued use of their testimonials, which they had done.

33. In addition, the Tribunal heard oral testimonial evidence on behalf of Dr Foy-Yamah from witnesses who had not previously given oral evidence before the 2024 Tribunal:

- Ms Y, Registered Nurse at XXX Hospital, on 6 May 2026. Her original testimonial was dated 19 December 2024 and she provided a further testimonial dated 16 January 2026;
- Miss AF, Dr Foy-Yamah's niece, on 6 May 2026. Her testimonial was dated 3 March 2026;
- Ms AG, a friend, on 11 May 2026. Her testimonial was dated 5 February 2026; and
- Ms AH, Advanced Clinical Practitioner within Acute Medicine at XXX Hospitals, on 11 May 2026. Her testimonial was dated 5 February 2026.

The Master Chronology Document

34. An issue was identified between the parties about the correct version of the Master Chronology document, which formed part of the documents that Ms Dudley-Jones used in her cross-examination of Dr Foy-Yamah on 5 and 6 May 2026. It transpired, after detailed enquiries by both Counsel, that the version made available to the Tribunal did not represent the correct version which set out text messages disclosed from Ms A's mobile phone. There was an issue over two text messages omitted from the version used by Ms Dudley-Jones for cross examination of Dr Foy-Yamah at this hearing. The relevance of the dispute centred on the issue of establishing who pressured Ms A to stay at Dr Foy-Yamah's residence. Dr Foy-Yamah in cross examination denied that he had pressured Ms A to move in with him. The insertion of the missing two text messages and their contextual interpretation went to the point of evidencing the accuracy of Dr Foy-Yamah's denial.

35. There were submissions made by both parties as to this issue. The Tribunal reviewed the updated Master Chronology document and was satisfied that it had no material impact on the Tribunal's assessment of risk.

Submissions

Submissions on behalf of the GMC

36. Ms Dudley-Jones submitted that, in this exceptionally serious case, the appropriate sanction was one of erasure of Dr Foy-Yamah's name from the medical register. She referred the Tribunal to the background of this case, the 2024 Tribunal decisions and the outcome of the appeal as set out by Mr Justice Ritchie.

37. In terms of the examples of mitigating factors referred to in the SG, Ms Dudley-Jones submitted that there was no evidence before the Tribunal of any insight or of any attempts to remediate. She submitted that, in respect of ongoing risk, Dr Foy-Yamah has not admitted the facts relating to this case nor has he, as the 2024 Tribunal originally identified, apologised to Ms A. Ms Dudley-Jones stated that, in fact, under her most recent cross-examination, Dr Foy-Yamah went as far to say that he was the victim and Ms A ought to be apologising to him. Ms Dudley-Jones submitted that this highlighted the real risk that Dr Foy-Yamah continues to pose to the public and to women, as he has wholeheartedly failed to understand the problem, has no insight into what he did in 2018 and the effect on Ms A, and has made no attempts to remediate. Ms Dudley-Jones submitted that, not only does Dr Foy-Yamah continue to vehemently maintain the facts he advanced to the police as long ago as 2019, but he continues to do so without any acceptance of the reality of his actions and the findings which amount to the rape of Ms A.

38. Ms Dudley-Jones submitted that it was also clear that Dr Foy-Yamah does not accept the 2024 Tribunal's findings or reasoning and, under cross-examination, he made disparaging remarks about the 2024 Tribunal but also, by saying that Mr Justice Ritchie aligned himself with the 2024 Tribunal, he inferred that Mr Justice Ritchie was wrong as well. Ms Dudley-Jones submitted that, by Dr Foy-Yamah taking this approach and continuing his denials despite the weight of the evidence and the findings made, the Tribunal might feel this heightened and reinforced Mr Justice Ritchie's concerns. Ms Dudley-Jones referred to Mr Justice Ritchie's comment that there were "*substantial risks to any woman who may become friendly with Dr Foy outside work, [XXX], and may then go back to his house (or to her accommodation) and lead him to feel aroused*". Ms Dudley-Jones stated that she had also sought to explore with Dr Foy-Yamah under cross-examination the comment from Mr Justice

Ritchie that *“there was no sufficient evidence before the Panel that Dr Foy realised that when Ms A said no, that meant no, quite the opposite”*. She submitted that Dr Foy-Yamah was unable to assist in any meaningful way. Ms Dudley-Jones submitted that, in combination of all the various factors, Dr Foy-Yamah continues to present an enhanced and significant risk to women in the future of serious harm to them. She submitted that Dr Foy-Yamah continues to remain a danger to them.

39. Ms Dudley-Jones referred to the maintaining boundaries courses undertaken by Dr Foy-Yamah. She stated that these courses predate the 2024 Tribunal findings by some years. Ms Dudley-Jones submitted that it was Dr Foy-Yamah’s evidence that the courses had only allowed him to identify red flags and warning markers that he should have spotted because, if he had, he could have identified that Ms A was the sort of woman who would make false allegations of rape about him. Ms Dudley-Jones submitted that, in doing this, Dr Foy-Yamah essentially continues to blame Ms A and deflect attention away from his own actions. She submitted that there was no evidence of any efforts by Dr Foy-Yamah to prevent the behaviour occurring in the future and his wholesale rejection of the facts fundamentally impacts his ability to accept what he has done; he has made no allowances for apologies or future behavioural changes.

40. Ms Dudley-Jones stated that 2024 Tribunal accepted that conduct of this nature is not easily remediable. She submitted that, despite this, Dr Foy-Yamah has presented no evidence that he has endeavoured to remediate his misconduct. Ms Dudley-Jones stated that, whilst it was accepted that Dr Foy-Yamah did initially apologise at the door of the room where Ms A was, she suggested that this was perhaps out of self-interest. Ms Dudley-Jones stated that the Tribunal will recall that Dr Foy-Yamah first asked Ms A if she was going to report what had happened and begged her not to - and only then apologised. Ms Dudley-Jones stated that there was an apology from Dr Foy-Yamah to Ms A in a phone call but, as the 2024 Tribunal previously identified, he did not continue to maintain that he accepted his misconduct. Ms Dudley-Jones stated that Dr Foy-Yamah went on to blame Ms A for his actions and he went on to maintain that Ms A and her family ultimately blackmailed him. She submitted that this was another example of Dr Foy-Yamah seeking to minimise his responsibility for his actions.

41. Ms Dudley-Jones submitted that there was no evidence of any effective attempts at remediation by Dr Foy-Yamah before the Tribunal. She stated that the Tribunal has no focused learning or courses undertaken, the lack of any real insight gained and no meaningful reflections from Dr Foy-Yamah.

42. Ms Dudley-Jones referred to the testimonial evidence that the Tribunal has heard on behalf of Dr Foy-Yamah. She stated that some of the witnesses tried to infer that there was something lesser about the findings of fact of rape, simply because they had been found on the balance of probabilities. Ms Dudley-Jones submitted that it was noteworthy that this was precisely Dr Foy-Yamah's narrative where he seeks to undermine or belittle the findings made by the 2024 Tribunal. She submitted that this demonstrated Dr Foy-Yamah's lack of insight but also that he has reenforced the same view on these matters to his close friends and colleagues.

43. Ms Dudley-Jones submitted that, despite Dr Foy-Yamah's recent contentions regarding maintaining boundaries, a female junior colleague went to his home to check on his wellbeing and offer support. Ms Dudley-Jones stated that the Tribunal might feel, particularly given Mr Justice Ritchie's comments about a continued risk to women who may come to Dr Foy-Yamah's home, that Dr Foy-Yamah still allowed her to come to his home, alone, which was completely at odds with the comments in his supplemental statement where he said he was doing all he could to avoid a repeat of the scenario.

44. In terms of sanctions and specifically no action, Ms Dudley-Jones submitted there were no exceptional circumstances present in this case to justify the Tribunal taking no action. She submitted that, with regard to conditions, there were no conditions that would adequately address the seriousness of the facts found proved nor would they be an appropriate means of addressing the concerns in this case, and none had been offered by the GMC.

45. Ms Dudley-Jones reminded the Tribunal of the facts found proved that constitute a serious breach of Good Medical Practice and where the 2024 Tribunal found the rape to be serious misconduct and disgraceful. With reference to suspension, Ms Dudley-Jones submitted that there has been a really serious departure from Good Medical Practice, there is no evidence of insight or remediation, and Dr Foy-Yamah has continued to maintain his denials in the face of strong evidence against him. She submitted that these were likely to give the Tribunal no room to feel secure that Dr Foy-Yamah's disgraceful and dangerous behaviour will never happen again. Ms Dudley-Jones stated, with reference to paragraph 107 of the SG, that the Tribunal may erase "*where this is the only means of protecting the public*". She referred to the lack of remediation, the psychological harm that Ms A has suffered, and submitted that Dr Foy-Yamah has displayed a consistent lack of insight into the seriousness of his actions or the consequences. Ms Dudley-Jones submitted that Dr Foy-Yamah's name should be erased from the medical register.

Submissions on behalf of Dr Foy-Yamah

46. Mr Bennett submitted that this case has absolutely nothing to do with patient safety and, whatever the Tribunal decides, it does not set any precedent at all for cases involving sexual misconduct going forward. He stated that this case was considered under the 2024 SG whereas there is new guidance which is significantly more prescriptive. Mr Bennett also submitted that a careful and forensic analysis of the relevant issue shows that erasure as the outcome was far from as clear-cut or inevitable as the GMC submissions would have the Tribunal believe. He submitted that the Tribunal has to consider everything on a case-by-case basis and, if it had been clear-cut, then the GMC's appeal on grounds 7 and 8 would have succeeded. Mr Bennett stated that Mr Justice Ritchie had the power to erase but it was clear, given this hearing, that he chose deliberately not to do that. Mr Bennett also referred to the case of *GMC v Gilbert & PSA* [2026] EWCA Civ 53, which makes it clear that it is not inevitable that sexual misconduct leads to erasure.

47. Mr Bennett referred to the GMC submission that Dr Foy-Yamah made disparaging remarks about the 2024 Tribunal. He stated that he may have misheard but he did not recall any disparaging remarks. Mr Bennett submitted that it was undoubtedly the case, by the mere fact that Dr Foy-Yamah maintains his position, that Dr Foy-Yamah disagrees with the decision of the 2024 Tribunal. Mr Bennett submitted that this was not disparaging; it was just Dr Foy-Yamah's position. He submitted that the important thing was that Dr Foy-Yamah recognises and fully appreciates that, whatever his view of the findings, he falls to be dealt with by the Tribunal on the basis of the 2024 Tribunal's findings. Mr Bennett submitted that if a person genuinely believed that they did not do that which they were accused of then that person was entitled to maintain that position. He submitted that this did not mean that the person had no insight. Mr Bennett submitted that admitting the misconduct was not a condition precedent to establishing that the registrant understands the gravity of the offending and is unlikely to repeat it.

48. Mr Bennett referred to the aggravating and mitigating features set out by the 2024 Tribunal. He stated that the 2024 Tribunal rejected Ms Dudley-Jones' submission that Dr Foy-Yamah had engaged in predatory behaviour or abused his professional position. Mr Bennett stated that the 2024 Tribunal considered that Dr Foy-Yamah did not have malicious intention to cause harm, albeit that it recognised that he had in fact caused harm.

49. Mr Bennett stated that the 2024 Tribunal had considered the mitigating factors in this case to include that Dr Foy-Yamah had no previous fitness to practise concerns, was of previous good character, that he had remained practising and kept his medical skills and

knowledge up to date, whilst also having produced significant positive testimonials that addressed his personal and professional integrity. Mr Bennett stated that the 2024 Tribunal also considered the lapse of time since the events, some six years at that point, as a mitigating factor. He submitted that this was of particular note as the time period included the Covid-19 pandemic when Dr Foy-Yamah was promoted to Interim Department Head. Mr Bennett referred to the testimonial evidence received that described this particularly difficult time for the Trust and one where Dr Foy-Yamah's leadership was critical.

50. Mr Bennett asked what the Tribunal knows about Dr Foy-Yamah when assessing risk and material risk to the public. Mr Bennett submitted that there has never been any allegation of misconduct against Dr Foy-Yamah in all of the years he has been practising. Mr Bennett stated that Dr Foy-Yamah is 57 years old and this goes to the issue of risk. Mr Bennett stated that he accepted that the Tribunal is bound by the finding of Mr Justice Ritchie as to dangerousness but the issue in play is where on that scale the Tribunal places it. Mr Bennett stated that there are some people who are very dangerous as they have committed many offences over a long period of time and have a natural predatory instinct towards women. He submitted that, on the other hand, Dr Foy-Yamah has come into contact with countless numbers of women, either in his professional or personal life, and there are no complaints of any sexual misconduct from any patient, colleague or member of the public (with the exception of Ms A).

51. Mr Bennett stated that the tribunal has heard oral testimony from nine people, six of whom worked with Dr Foy-Yamah for a considerable number of years at XXX Hospital where he worked for over 14 years. Mr Bennett stated that of the six work colleagues the Tribunal has heard from, four of them are females. Mr Bennett submitted that, out of the nine who gave oral evidence, six of them are females and they have told the Tribunal that they have never seen Dr Foy-Yamah as posing a risk. He stated that the 2024 Tribunal, with whom Mr Justice Ritchie disagreed, came to the erroneous conclusion that Dr Foy-Yamah posed no risk. Mr Bennett stated that the Tribunal has had the advantage of hearing from Dr Foy-Yamah and of hearing from testimonial witnesses. Mr Bennett stated that the Tribunal was perfectly placed, as envisaged by Mr Justice Ritchie, to decide where on the scale of dangerousness or material risk it finds Dr Foy-Yamah to lie as of today. Mr Bennett submitted that this was going to be determinative of the sanction. He stated that the Tribunal was here to decide whether the appropriate sanction is one of suspension or of erasure. Mr Bennett stated that the Tribunal was entitled to take into account that, as a matter of fact, Dr Foy-Yamah has been suspended for 18 months. Mr Bennett stated that he was not saying it was determinative but was a factor that the Tribunal should give some weight to.

52. Mr Bennett submitted that, despite the references in the media to this case, there had never been a single other person who has come forward to claim that Dr Foy-Yamah behaved inappropriately to them either before 2018 or after. He submitted that this was relevant to the issue of risk and danger. Mr Bennett stated that Dr Foy-Yamah fully cooperated with the police investigation and has cooperated throughout the GMC investigation. Mr Bennett stated that the Tribunal has heard that Dr Foy-Yamah is an outstanding clinician and doctor. He stated that, if it is so serious that erasure is the only sanction, it did not matter how good a clinician Dr Foy-Yamah is. However, if it was on the cusp between suspension and erasure as the Tribunal considers Dr Foy-Yamah to pose a low material risk, then the fact that the profession would lose an outstanding clinician is a factor to take into account in the absence of repeated allegations against him.

53. Mr Bennett submitted that Dr Foy-Yamah has demonstrated insight into that which he accepted occurred. He referred to Ms Dudley-Jones' submission that Dr Foy-Yamah does not have insight as he knew a female junior colleague was coming to his home to see him on his own. Mr Bennett submitted that this was a good point in his favour on Dr Foy-Yamah's behaviour in relation to dangerousness. He submitted that someone who knew Dr Foy-Yamah and knew of the allegations was perfectly prepared to go and see him three times on her own at his home address because she was concerned about XXX and the impact the proceedings were having on him.

54. Mr Bennett submitted, with reference to *Gilbert*, that erasure is not inevitable. He submitted that the Tribunal, provided it follows the SG properly and considers all of the evidence in the round, to conclude that suspension is a perfectly appropriate sanction in the context of this case. Mr Bennett submitted that the SG was guidance not to dictate to Tribunals how they must proceed but to assist them in making fair, consistent and transparent decisions. Mr Bennett referred the Tribunal to various parts of the 2024 Tribunal's determination on sanction.

55. Mr Bennett, in relation to erasure, submitted that Dr Foy-Yamah's actions were a serious departure from Good Medical Practice however the 2024 Tribunal bore in mind that the breach was unrelated to Dr Foy-Yamah's professional life and did not involve a patient. He stated that the 2024 Tribunal also found that Dr Foy-Yamah's actions were not pre-planned and considered that he was not deliberately flouting the principles of good medical practice. Mr Bennett stated that the 2024 Tribunal accepted that Dr Foy-Yamah's misconduct was of a sexual nature but that he had never been charged or found guilty of a criminal offence. Mr Bennett submitted that the risk Dr Foy-Yamah poses is remarkably low. He submitted that this allows the Tribunal to impose a sanction of suspension.

The Relevant Legal Principles

56. The Tribunal starts from the position that this is a remittal from the High Court to determine specific matters, not a full rehearing of the case. The Tribunal does not intend to go behind the Findings of Fact previously found by the 2024 Tribunal. The Tribunal also starts from the position, in respect of impairment, that the definition of misconduct is defined and agreed as sexual misconduct and is serious. The Tribunal is confined to only dealing with issues in respect of impairment in terms of the risk posed by the doctor in the future and the appropriate range of sanctions available to address those risks.

57. In reaching its decision, the Tribunal will take account of the SG and of the overarching objective:

- 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.

58. The Legally Qualified Chair (LQC) referred 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), as follows:

"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; 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."*

59. The LQC also referred to the comments of Mrs Justice Cox in *Grant* at paragraph 74 that:

"In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances."

60. The LQC referred to the case of *Cohen v GMC* [2008] EWHC 581 (Admin) in that when determining if a doctor's fitness to practise is impaired whether *"first, his or her conduct which led to the charge is easily remediable; that, second, it has been remedied; and, third, that it is highly unlikely to be repeated"*.

61. The Tribunal will consider all relevant mitigation provided by Dr Foy-Yamah. However, the Tribunal will bear in mind that matters of mitigation are likely to be of considerably less significance in regulatory proceedings than to a court imposing retributive justice, because the overarching concern of the professional regulator is the protection of the public (*Sanusi v GMC* [2019] EWCA Civ 1172).

62. The decision as to the appropriate sanction to impose, if any, in this case is a matter for the Tribunal exercising its own judgement. In deciding what sanction, if any, to impose the Tribunal should consider the sanctions available starting with the least restrictive. It will also have regard to the principle of proportionality, weighing the interests of the public against those of the doctor.

63. The Tribunal will keep in mind that the purpose of the sanction is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect. The LQC reminded the Tribunal that the need to maintain public confidence and protect patients takes precedence over the impact a sanction may have on a doctor's career.

The Tribunal's Determination on Sanction

Key Issues for the Tribunal

64. The Tribunal was clear that it had the benefit of reading the judgment from Mr Justice Ritchie and that the findings of facts and misconduct have been determined by the 2024 Tribunal and remain the same.

65. The Tribunal had regard to the 2024 Tribunal determination on impairment, including the section headed ‘Impairment on public protection grounds’:

“Notwithstanding the lack of evidence of remediation, the Tribunal was satisfied that, in the circumstances of the case, it is inconceivable that Dr Foy-Yamah would repeat the behaviour which led to the finding of serious misconduct ever again. It was an isolated incident with a person who had entered his life, at the request of another, for a significant period of time, and who had captured his imagination to the extent that he developed a sexual interest in her.”

66. The Tribunal had regard to the comments expressed by Mr Justice Ritchie as to public safety:

“...Despite the deference thresholds to overturning findings on appeal, I consider that the determination by the Panel that Dr Foy presented no risk to women in future was made without logical foundation, lacked any or any sufficient evidential foundation and failed properly to take into account his conduct, lack of insight, his lack of remediation. On the evidence, in my judgment it is clear that there are substantial risks to any woman who may become friendly with Dr Foy outside work, [XXX], and may then go back to his house (or to her accommodation) and lead him to feel aroused. Furthermore, there was no sufficient evidence before the Panel that Dr Foy realised that when Ms A said no, that meant no, quite the opposite.”

67. Notwithstanding Mr Justice Ritchie’s remarks, the Tribunal must revisit this case on the issues of risk and sanction independently. It will conduct its own assessment of risk and ensure that all evidence on insight and remediation from Dr Foy-Yamah is carefully considered when determining sanction.

68. The Tribunal noted the analysis as to serious misconduct as set out by the 2024 Tribunal which remains undisputed by the parties:

“Taking all relevant matters into account the Tribunal had no hesitation in finding that Dr Foy-Yamah’s actions as found proved in paragraph 5 of the Allegation amounted to serious misconduct. Although they have only been proved by the Tribunal on the balance of probabilities, and there was no criminal prosecution, those matters include all the elements of the criminal offence of rape, and as such constitute conduct of a morally culpable or otherwise disgraceful kind albeit occurring outwith the course of

professional practice itself. They bring disgrace upon the doctor and thereby prejudice the reputation of the profession.”

69. The Tribunal noted what the scope of its focus at this remittal hearing is, as articulated in the judgment of Mr Justice Ritchie, that:

“The Panel was wrong in its findings on risk and impairment on public protection grounds and hence the sanction needs to be reconsidered (the GMC appeal).”

70. The Tribunal limited its deliberations to these matters only.

71. In terms of risk assessment, the Tribunal considered, with regard to *Cohen*, whether Dr Foy-Yamah’s actions were easily remediable. It noted that the proven facts relate to the rape of Ms A. The Tribunal concluded that this was a serious issue and is difficult to remediate.

72. In terms of whether Dr Foy-Yamah’s actions have been remediated, the Tribunal heard additional evidence from Dr Foy-Yamah at this hearing and it has also considered all other evidence before it.

73. The Tribunal noted that Dr Foy-Yamah made a brief apology to Ms A immediately after the incident and made apologies in calls/texts and emails to Ms A’s family members shortly thereafter. The Tribunal noted Ms Dudley-Jones’ submissions that Dr Foy-Yamah’s apologies were not specific on the act of rape and may have been intended as acts of self-preservation, to prevent the incident being reported to the police, rather than as a sincere expression of remorse. The Tribunal noted that it was also put to Dr Foy-Yamah in cross-examination that he had not apologised to Ms A at any point since then. Dr Foy-Yamah said in evidence that he had not contacted Ms A, had no reason to contact her, had no reason to apologise and in fact that she should apologise to him for making false allegations of rape.

74. In terms of whether Dr Foy-Yamah’s actions have been remedied, the Tribunal was clear that there was no evidence of remediation or insight shown by Dr Foy-Yamah into the impact of his actions on Ms A, on public confidence in the profession and the maintenance of standards and conduct expected of the medical profession. The Tribunal did not consider that Dr Foy-Yamah’s actions have been remedied.

75. The Tribunal noted that the 2024 Tribunal was of the view that it was “...*inconceivable that Dr Foy-Yamah would repeat the behaviour that led to the finding of serious misconduct*”

ever again...”. The Tribunal referred to the assessment of this point by Mr Justice Richie, that the determination that Dr Foy-Yamah “presented no risk to women in future was made without logical foundation, lacked any or any sufficient evidential foundation and failed properly to take into account his conduct, lack of insight, his lack of remediation”.

76. The Tribunal had regard to Dr Foy-Yamah’s evidence at this hearing, within his supplemental statement dated 2 March 2026. Amongst other matters, he detailed his interpretation of insight and remediation, learnings he had gathered since the index events, which included the suggestion that he would not allow himself to be placed in a compromising position with a lone female again. The Tribunal heard from Ms Y that there had been three instances where she had visited Dr Foy-Yamah at his home, by herself, outside of work since the 2024 Tribunal determination. The Tribunal considered that this evidenced an inconsistent, contradictory and self-serving approach by Dr Foy-Yamah to insight and remediation, failing to address the concerns arising from the 2024 Tribunal determination of his rape of Ms A.

77. In considering if there was a risk of repetition from Dr Foy-Yamah, the Tribunal considered his complete lack of insight, complete lack of remediation, his failure to apparently understand the consequences of his actions on Ms A, the profession and wider public confidence in the profession. The Tribunal also considered as part of its assessment, the lack of any evidence which minimised the future risk of repetition of sexual misconduct. The Tribunal noted Mr Justice Ritchie’s analysis that “... *His denial at the hearing was part of his right to defend himself but his lack of any insight and remediation gave the Panel no room to feel secure that his disgraceful and dangerous behaviour would never happen again.*”

78. The testimonial witnesses spoke about his clinical competence and how he behaved as a friend, relative and work colleague but that, in the Tribunal’s opinion, did not in any way mitigate the future risk to women if a similar situation arose in the future. The Tribunal agreed with Mr Justice Ritchie’s point saying, “*His excellence at work before and since does not go to that risk. It goes to clinical competence*”.

79. The Tribunal had regard to the approach set out in *Grant*. The Tribunal found that Dr Foy-Yamah had not acted in the past so as to put a patient or patients at unwarranted risk of harm but considered that there remained a risk of repetition and as such the Tribunal could not rule out a future risk to women generally. The Tribunal also considered that Dr Foy-Yamah had in the past and was liable in the future to bring the medical profession into disrepute and breached fundamental tenets of the medical profession by his actions. The

Tribunal noted that doctors are expected to be trustworthy, to have integrity and to follow the law.

80. The Tribunal determined that all three limbs of the overarching objective were engaged in this case. It noted that the first limb: *“protects, promotes and maintains the health, safety and wellbeing of the public”* incorporates both public and patients. With reference to Mr Justice Ritchie’s conclusions, the Tribunal concluded that Dr Foy-Yamah continues to present a risk in respect of all three limbs of the overarching objective.

Aggravating and mitigating factors

81. The Tribunal identified the following aggravating factors in this case:

- Serious sexual misconduct of rape of Ms A involving ejaculation without a condom.
- Blaming Ms A for making false allegations and minimising his own actions in the misconduct.
- The Tribunal had regard to paragraph 51 of the SG and identified that a *“lack of insight”* was an aggravating factor in this case. The Tribunal considered that there was a palpable absence of any meaningful insight expressed by Dr Foy-Yamah into his behaviour. The Tribunal was of the view that Dr Foy-Yamah’s reflections were confined only to how he could prevent future risk of similar allegations arising against him but there was no apology or recognition of the impact of his actions on Ms A or the impact on public confidence or on the reputation of the profession.
- The Tribunal had regard to paragraph 55(e) of the SG and identified that *“circumstances surrounding the event... sexual misconduct”* was an aggravating factor in this case. The Tribunal also referred to paragraph 150 of the SG, which sets out that sexual misconduct *“seriously undermines public trust in the profession... More serious action, such as erasure, is likely to be appropriate in such cases”*. The Tribunal referred to the findings set out by the 2024 Tribunal that serious sexual misconduct was found based on the proven facts.

82. The Tribunal identified the following mitigating factors in this case:

- The Tribunal had regard to paragraph 26 of the SG, as to whether Dr Foy-Yamah was “*presenting evidence that they have attempted to address or remediate the problem*”. The Tribunal acknowledged the submission of CPD by Dr Foy-Yamah. He had provided evidence of clinical courses undertaken to maintain his medical skills and knowledge, as well as maintaining professional boundaries courses to seek to address the concerns.
- The Tribunal acknowledged that Dr Foy-Yamah has received unconditional, supportive testimonials from several family, friends and work colleagues. They were complimentary about Dr Foy-Yamah’s clinical skills and about him as a person.
- The Tribunal had regard to paragraph 25 of the SG and identified that a “*lapse of time since an incident occurred*” was a mitigating factor in this case. The Tribunal noted that the incident took place in 2018 and there has been no further incidents reported since.
- The Tribunal also noted that Dr Foy-Yamah has no previous adverse fitness to practise history.

83. The Tribunal noted, however, that the boundaries courses were taken before the 2024 Tribunal’s findings. The Tribunal found that they did not address the proven fact of rape and the relevant insight and or remediation that would engage.

84. The Tribunal noted however that the testimonial witnesses had varying levels of knowledge about the outcome of the 2024 Tribunal and the appeal proceedings. The Tribunal was clear that there was a universal view, expressed by all testimonial witnesses, that they could not reconcile the doctor they knew with the proven facts and a disbelief, by some, more than others, of the 2024 Tribunal findings. The Tribunal noted that some witnesses made disparaging remarks about the lower burden of proof within regulatory proceedings with which the 2024 Tribunal had made its findings and that the police investigation concluded without charge. The Tribunal considered that some of the witnesses somehow regarded it as a less compelling finding and, in terms of the police point, suggestive of being evidence of Dr Foy-Yamah’s innocence.

85. The Tribunal was aware of the case of *Yeong v GMC* [2009] EWHC 1923 (Admin), in that matters of mitigation are of less significance to serious misconduct matters involving protection of the public.

86. The Tribunal was of the view that, notwithstanding all of the evidence, there was nothing that would support it being satisfied that Dr Foy-Yamah has taken any steps to remediate in relation to the sexual misconduct. The Tribunal noted that Dr Foy-Yamah has suggested that he has but it is not persuaded that the evidence he has produced supports that assertion.

Decision

87. At the outset of submissions, Ms Dudley Jones advanced that there was only one sanction of erasure based on the facts of this case. Mr Bennett however advanced that it could be either a sanction of suspension or erasure. Notwithstanding those submissions, and in order to follow the Sanctions Guidance and fully explore this, the Tribunal considered the whole range of sanctions, starting with the least restrictive option.

88. The recent case of *GMC v Gilbert & PSA* [2026] EWCA Civ 53 was referred to on behalf of Dr Foy-Yamah in respect of the approach to be taken under the SG in which the Court of Appeal ruled out a score sheet approach to the SG stating that a Tribunal needed to undertake an evaluation of the overall gravity of the matter, taking into account all relevant factors. On behalf of Dr Foy-Yamah it was suggested that erasure may not be the only sanction available to the Tribunal and depending on the risk assessed by the Tribunal it could be a fine balance between suspension or erasure in this case.

No action

89. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Foy-Yamah's case, the Tribunal first considered whether to conclude the case by taking no action.

90. The Tribunal determined that, in view of the serious nature of the findings on impairment, it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action. The Tribunal was unable to identify any exceptional circumstances that would justify taking no action.

Conditions

91. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Foy-Yamah's registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

92. The Tribunal noted that, with reference to paragraph 81 of the SG, conditions might be most appropriate in cases involving the doctor’s health, where there is a lack of necessary knowledge of English, or involving issues around the doctor’s performance. The Tribunal determined that these factors were not relevant in Dr Foy-Yamah’s case.

93. The Tribunal noted that, with reference to paragraph 82 of the SG, conditions are *“likely to be workable”* in circumstances where the doctor *“has insight”*, has *“the potential to respond positively to remediation”*, where *“a period of retraining and/or supervision is likely to be the most appropriate way to address any findings”*, and where *“the tribunal is satisfied the doctor will comply with them”*. The Tribunal did not consider that any of these factors were applicable in Dr Foy-Yamah’s case. The Tribunal was unable to formulate any workable conditions to address Dr Foy-Yamah’s actions.

94. In the circumstances, the Tribunal determined that it would be neither sufficient nor appropriate to direct the imposition of conditions on Dr Foy-Yamah’s registration given the serious nature of the findings set out by the 2024 Tribunal.

95. The Tribunal also noted that none had been offered by the GMC as a potential sanction.

Suspension

96. The Tribunal then went on to consider whether suspending Dr Foy-Yamah’s registration would be appropriate and proportionate.

97. The Tribunal had regard to the 2024 Tribunal findings in respect of misconduct and impairment, as well as the aggravating and mitigating factors listed above.

98. The Tribunal determined that, in relation to paragraph 93 of the SG, there has been no *“acknowledgement of fault”* by Dr Foy-Yamah and it was unable to conclude that his behaviour was *“unlikely to be repeated”*.

99. The Tribunal considered the factors set out at paragraph 97 of the SG, which if present, would indicate that suspension may be appropriate. It considered that the factors at (a), (e) and (g) could potentially have been relevant to the facts of this case however the Tribunal was also satisfied that there was no evidence to demonstrate that they are engaged in this case. For completeness, paragraph 97 (a), (e) and (g) reads as follows:

“Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate:

a. A serious breach of Good medical practice, but where the doctor’s misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.

...

e. No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor’s unwillingness to engage.

...

g. The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.”

100. The Tribunal also had regard to paragraph 92 of the SG, which reads:

“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).”

101. The Tribunal determined, on its risk assessment, that all three limbs of the overarching objective are engaged in this case, and the risk is such that a suspension would not address the serious misconduct of Dr Foy-Yamah, satisfy the wider public confidence in the profession or maintain proper standards of conduct in the medical profession, or protect the public in the long term.

Erasure

102. The Tribunal therefore went on to consider the sanction of erasure. It considered that the following two paragraphs of the SG were relevant in this case:

“107. The tribunal may erase a doctor from the medical register in any case - except one that relates solely to the doctor’s health and/or knowledge of English - where this is the only means of protecting the public.

108. Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.”

103. The Tribunal had regard to the nature and seriousness of the misconduct found, to the aggravating and mitigating factors that it had identified, and to its comments and conclusions. The Tribunal also took account of the section within the SG on sexual misconduct, including paragraphs 149 and 150:

“149. This encompasses a wide range of conduct from criminal convictions for sexual assault and sexual abuse of children (including child sex abuse materials) to sexual misconduct with patients, colleagues, patients’ relatives or others...

150. Sexual misconduct seriously undermines public trust in the profession. The misconduct is particularly serious where there is an abuse of the special position of trust a doctor occupies, or where a doctor has been required to register as a sex offender. More serious action, such as erasure, is likely to be appropriate in such cases.”

104. The Tribunal is clear that Dr Foy-Yamah poses a future risk in respect of all three limbs of the overarching objective.

105. The Tribunal then went on to consider paragraph 109 of the SG, which states *“Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive)”*. The Tribunal determined that the following factors were present in Dr Foy-Yamah’s case:

“a. A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.

b. A [...] reckless disregard for the principles set out in Good medical practice and/or patient safety.

...

c. Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients [...]

...

j. Persistent lack of insight into the seriousness of their actions or the consequences.”

106. The Tribunal did consider the relevance of the *Gilbert* case to the current facts but remained satisfied that there is a clear basis for erasure when considering all the factors of this case.

107. In all the circumstances, the Tribunal determined that Dr Foy-Yamah’s actions were “*a particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor*”. It concluded that erasure was the only necessary, appropriate, and proportionate sanction that it could impose given the seriousness of the misconduct, the lack of insight and remediation shown and the risk of repetition that remained.

108. The Tribunal therefore directs that Dr Foy-Yamah’s name be erased from the medical register.

Determination on Immediate Order - 13/05/2026

1. Having determined to erase Dr Foy-Yamah’s name from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Foy-Yamah’s registration should be subject to an immediate order.

Submissions

Submissions on behalf of the GMC

2. Ms Dudley-Jones submitted that an immediate order was necessary in this exceptionally serious case. She referred to paragraphs 172, 173 and 178 of the SG as follows:

“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, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a

position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.

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."

3. Ms Dudley-Jones commended paragraph 178 to the Tribunal and referred to the seriousness of the findings and the Tribunal's evaluation of those findings. She referred to the Tribunal's sanction determination that it considered that Dr Foy-Yamah poses a future risk in respect of all three limbs of the overarching objective. Ms Dudley-Jones submitted that an immediate order is necessary to protect members of the public and is otherwise in the public interest.

Submissions on behalf of Dr Foy-Yamah

4. Mr Bennett had no submissions to make on behalf of Dr Foy-Yamah.

5. Both parties agreed that there is an interim order in place on Dr Foy-Yamah's registration. They asked that this was revoked.

The Tribunal's Determination

6. In making its decision the Tribunal took account of the relevant paragraphs of the SG as referred to above.

7. The Tribunal had regard to the seriousness of its findings, which it has set out in detail in its sanction determination.

8. In all the circumstances, the Tribunal determined to impose an immediate order of suspension on Dr Foy-Yamah's registration. The Tribunal determined that this was appropriate and necessary to protect members of the public and was otherwise in the public interest.

9. This means that Dr Foy-Yamah's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, 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.

10. The interim order currently in place on Dr Foy-Yamah's registration is hereby revoked.

11. That concludes this case.

ANNEX A - 13/05/2026

Clarification of Sanctions Guidance version

1. On 5 May 2026 Ms Dudley-Jones, Counsel on behalf of the GMC, asked the Tribunal to clarify which version of the Sanctions Guidance was going to be applied in these proceedings.

Submissions

2. Ms Dudley-Jones submitted that it was the GMC's view that the February 2024 Sanctions Guidance should be used. She indicated that, in January 2025, when the matter was heard at the sanction stage of the previous hearing, the February 2024 Sanctions Guidance had been used. She said that the reason for this was that it was the current guidance as of January 2025. Ms Dudley-Jones said that the GMC and indeed the MPTS would normally use the updated Sanctions Guidance in force at the time of the hearing, which it was.

3. Ms Dudley-Jones said the reason that the GMC did not suggest that the November 2025 guidance should be used at this hearing (although that is currently in force as of May 2026) was that stages one and two of this case were not dealt with in accordance with this November 2025 guidance. Ms Dudley-Jones submitted that it would not be procedurally correct that stage three would be determined using it. However, although in principle the 2020 guidance may have been applicable to the hearing in 2023, when the case began, by the time the sanction stage started in January 2025, the applicable guidance at that stage was the February 2024 guidance. Ms Dudley-Jones therefore submitted that it was common sense that the February 2024 Guidance was used as it was essentially what the appeal to the determination was based upon. She reiterated that it was not appropriate to use the 2020 Guidance, but ultimately, she said it was a matter for the Tribunal.

4. On behalf of Dr Foy-Yamah, Mr Bennett, Counsel, said that it was undoubtedly the case that the impairment and sanction stages were dealt with working under the February 2024 Guidance at the initial hearing. He said it was also the case at the High Court. However, it had not been suggested at that stage that this may not be the correct course. Mr Bennett said that within the High Court judgement there was no reference to which was the applicable guidance. He said that the original Tribunal were correct in using the February 2024 guidance, but there was no legal argument on it.

5. Mr Bennett said that it was when the hearing was first due to be heard again in March 2026, that the previous Tribunal raised for the first time that it believed that the correct Guidance to use was the 16 November 2020 version. This was because the first day of the substantive hearing was on 11 December 2023. Mr Bennett said that hearing scheduled for March 2026 was adjourned and then moved to this new Tribunal. He said it was against this background that there was a misapprehension the last time sanction was dealt with, and the wrong Guidance was used. He said this was why he made it clear that it was not the subject of legal argument by the High Court.

6. Mr Bennett said that he understood that logic says because the case was here previously under the 2020 Guidance, then we should be here under the same Guidance again. However, in a case where the Tribunal will be aware that both parties have, rightly or wrongly, felt the need to appeal, the mere fact that it was wrong the first time does not mean that the same error should occur again.

7. Mr Bennett submitted that looking at the start date of the first hearing, which was December 2023, the appropriate Guidance should have been 16 November 2020. Although he said that he agreed with the GMC that it did not make a vast amount of difference when comparing the two. However, if it was the right Guidance to use and the hearing fell into error previously, then it would be wrong to fall into the same error today. He reiterated that it was his position that the 2020 Guidance was what should be used.

8. In response to Mr Bennett, Ms Dudley-Jones said that she was not convinced that the Tribunal got it wrong the first time in January 2025. She said that the most updated Sanctions Guidance at that stage was February 2024, and it was encouraged that Tribunals use the most updated guidance that is current at that time. Ms Dudley-Jones submitted that the first Tribunal was right and further that there had been no mention in the High Court that it was the wrong Guidance because in fact it was the right Guidance.

9. Ms Dudley-Jones said that there had been no ruling made by the previous March 2026 Tribunal that the 2020 Guidance should be used. In response to Ms Dudley-Jones, Mr Bennett clarified that he was not suggesting that the March 2026 Tribunal decided on the Guidance. In any event, this Tribunal may not be bound by it.

10. In regard to the November 2025 Guidance, Mr Bennett said that this newer Guidance makes it clearer than it did in the past that it applies to all three stages. Therefore, he said that as the hearing started in December 2023, it was inconceivable that the 2025 Guidance would be used.

11. Mr Bennett reiterated that the principle would normally be that the Guidance used should be the one that was in force when you start a hearing. Therefore, if the hearing stated in December 2023, it would be unusual if, because of a series of issues that arise leading to delay – used in the neutral term – that results in new guidance which then comes in superseding what would have been in play had the hearing progressed smoothly.

Tribunal’s Decision

12. The Tribunal noted that during Dr Foy-Yamah’s initial hearing, which started in December 2023, the Tribunal used the February 2024 Sanctions Guidance which was the current guidance in force at the time when the Tribunal came to consider sanction.

13. The Tribunal also noted that Mr Justice Ritchie in his judgment dated 31 October 2025 made no criticism that the incorrect Sanctions Guidance had been used during the initial hearing which started in December 2023.

14. The Tribunal therefore determined that as the 2024 Tribunal had made decisions using the February 2024 Sanction Guidance, and Mr Justice Ritchie had considered at appeal the decision based on that same guidance, there was no good reason to deviate from using the February 2024 Guidance which has been used throughout this case. Accordingly, the Tribunal will use the February 2024 Guidance when determining sanction in this case.

ANNEX B - 13/05/2026

Application to hear witness evidence

1. On 5 May 2026 Mr Bennett, on behalf of Dr Foy-Yamah, made an application for nine testimonial witnesses to be called to give evidence in this case remotely due to work and health reasons.

Submissions

2. On behalf of the GMC, Ms Dudley-Jones referred the Tribunal to the testimonial bundle and the proposed testimonial witnesses to be called by Dr Foy-Yamah. She said that out of the 12 testimonial witnesses, Dr Foy-Yamah proposed to call nine of those witnesses to give evidence. However, she said that five of those nine witnesses had already given evidence

previously. Ms Dudley-Jones said that the GMC objected to these five witnesses being called to give evidence again as this would amount to a repeat of their evidence. Furthermore, she said that the Tribunal had transcripts of this evidence.

3. Ms Dudley-Jones stated that the GMC would have no objection, in principle, to the four new witnesses being called as they had not given evidence before and the Tribunal had properly received their evidence as outlined in the timetable.

4. Mr Bennett said that the Tribunal was entitled to hear any and all of the evidence. He said that this was in the interest of the public, the GMC, and Dr Foy-Yamah and it would allow the Tribunal to properly reach its conclusions.

5. Mr Bennett said that, when the GMC's objection to these witnesses being called again was first made known before the adjourned March 2026 hearing, he asked the GMC if it relied on a particular rule of the GMC (Fitness to Practise) Rules 2004 or any case law and the answer was no. He said that the original objection appeared to be more to do with time constraints rather than any meaningful substance.

6. Mr Bennett said that, in regard to the Tribunal having the transcripts of this evidence, the written word on the page did not necessarily have the same nuance. He said that he would not be making the application to hear the witnesses again if this was not a new Tribunal because the previous Tribunal would have had the advantage of seeing and hearing from the witnesses as well as reading the transcripts. However, he said that because of the High Court order of Mr Justice Ritchie, this Tribunal will have to determine risk afresh. He submitted that risk was one of the central issues that this Tribunal was going to need to determine and conclude in reaching upon its final decision on sanction. Mr Bennett submitted that the Tribunal would be greatly assisted in fairly dealing with Dr Foy-Yamah's case in assessing the level of risk by hearing from these witnesses who are people who have worked with him, who are his colleagues, and have worked with him for a considerable period of time.

7. Mr Bennett stated that he was not seeking to minimise the findings of fact made against Dr Foy-Yamah, as these were serious allegations that were found proved. However, when the Tribunal assess risk, there is a scale. He said that Dr Foy-Yamah had not committed these allegations against colleagues or patients, and it was over a relatively short space of time and related to one complainant. Mr Bennett said that this was why hearing from people in person (not having had the opportunity to hear from them as a Tribunal before), was particularly valuable.

8. Mr Bennett submitted that there was no meaningful, valued objection from the GMC. He submitted that not to allow Dr Foy-Yamah to recall the five testimonial witnesses to give evidence would be unfair.

9. In response to Mr Bennett, Ms Dudley-Jones said that the fact there was no case law on this matter did not stop the GMC from objecting. She reiterated that these five witnesses had already given evidence, and she did not envisage that the questions put to them would be any different, therefore it would be a direct duplication.

Tribunal's Decision

10. The Tribunal took into account the fact that this was a remittal hearing with a newly constituted panel that has not had the benefit of hearing the oral evidence of the testimonial witnesses on behalf of Dr Foy-Yamah.

11. The Tribunal determined that it was fair to Dr Foy-Yamah and relevant to the case that all nine witnesses give oral evidence to the Tribunal including the five witnesses who have previously given evidence in this case.

12. The Tribunal was satisfied that the GMC will be given the opportunity to cross examine the witnesses.

13. The Tribunal therefore determined to allow the application made by Mr Bennett on behalf of Dr Foy-Yamah and was satisfied that it was proportionate to allow the witnesses to attend remotely.