

PUBLIC RECORD

Dates: 02/12/2024 - 16/12/2024

Doctor: Dr Aung TINT

GMC reference number: 4603483

Primary medical qualification: MB BS 1996 Med Inst (I) Rangoon

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

Summary of outcome

Suspension, 12 months
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Ms Angela Georgiou
Lay Tribunal Member:	Mr Andrew Galliford-Yates
Registrant Tribunal Member:	Dr Stephen Duxbury
Tribunal Clerk:	Ms Fiona Johnston (02 – 12/12/2024) Mrs Rachel Horkin (13 – 16/12/2024)

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Robin Kitching, Counsel, instructed by DWF Solicitors
GMC Representative:	Ms Katie Nowell, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts - 11/12/2024

Background

1. Dr Tint qualified in 1996 from the Rangoon University Medical School, Rangoon, Burma. Dr Tint moved to the UK and registered with the General Medical Council in 1997. At the time of these events Dr Tint worked as a Consultant Psychiatrist.
2. It is alleged that, between 30 March 2020 and 30 April 2021, Dr Tint worked remote sessions as a Consultant Psychiatrist for two NHS Trusts and received payment from both for working concurrent sessions. It is alleged that Dr Tint's actions prevented him from being readily accessible to patients and/or colleagues and put patient safety at avoidable risk.
3. It is further alleged that, on 23 November 2020, Dr Tint underwent an NHS appraisal and failed to declare the full scope of his practice. It is also alleged that in 2021, when providing services as an individual medical practitioner to Greater Manchester Mental Health NHS Foundation trust ('GMMH'), Dr Tint failed to inform GMMH that he had been suspended by his designated body despite knowing that this was a condition under which Dr Tint provided services to GMMH.

Events leading to the allegation

4. Dr Tint worked for Lancashire and South Cumbria NHS Foundation Trust ('LSCFT') from 30 March 2020 until August 2020 in the community and within inpatient wards, as an Approved Clinician ('AC') Psychiatric Consultant.
5. From August 2020, Dr Tint worked as an AC Psychiatric Consultant within the Skylark unit, a rehabilitation unit containing 11 beds. The LSCFT post involved remote working on Monday and Tuesday and being on-ward for the whole of Wednesday. Dr Tint was paid for 6 programmed activities or sessions for carrying out this work and was accordingly required to work for all 6 sessions, including the 4 remote sessions.
6. For the period 30 March 2020 to 30 April 2021, Dr Tint was additionally working as a Consultant Psychiatrist for Cumbria, Northumberland, Tyne and Wear NHS Trust ('CNTW'), providing a total of 6 sessions. This again included 2 remote sessions on a Monday and Tuesday afternoon. In December 2020/January 2021 this changed to only one in-person day

(2 sessions) at the Hadrian Unit in Carlisle and 4 remote sessions. This again included 2 remote sessions on a Monday and Tuesday afternoon.

7. However, LSCFT were at all times unaware that Dr Tint was working concurrently on Monday and Tuesday afternoons at CNTW. They were kept in the dark as to Dr Tint's potential unavailability on those days and accordingly had no awareness that they needed cover during Monday and Tuesday afternoons.

8. Between 12 April 2021 and 21 July 2021, Dr Tint agreed to provide services to Greater Manchester Mental Health NHS Foundation Trust (GMMH). As the services were being provided by Dr Tint as an individual medical practitioner, it was a condition of the agreement that LSCFT would be acting as his designated body. However, Dr Tint failed to inform GMMH that he had been suspended from working at LSCFT with effect from 5 May 2021.

The Allegation and the Doctor's Response

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

1. Between 30 March 2020 and 30 April 2021:
 - a. you worked remote sessions as a Consultant Psychiatrist on Monday and Tuesday afternoons concurrently for:
 - i. Lancashire and South Cumbria NHS Foundation Trust (LSCFT);
Admitted and found proved
 - ii. Cumbria, Northumberland, Tyne and Wear NHS Trust ('CNTW');
Admitted and found proved
 - b. your actions at paragraph 1.a.:
 - i. risked preventing you from being readily accessible to patients and/or colleagues seeking:
 1. information; **Admitted and found proved**
 2. advice; **Admitted and found proved**
 3. support; **Admitted and found proved**
 - ii. put patient safety at avoidable risk; **Admitted and found proved**
 - c. you received payment from both LSCFT and CNTW for working concurrent sessions referred to at paragraph 1.a.; **Admitted and found proved**

- d. you knew that you should not be working concurrent sessions at both LSCFT and CNTW; **Admitted and found proved**
 - e. your conduct at paragraphs 1.a. and 1.c. was dishonest by reason of paragraph 1.d.; **Admitted and found proved**
 - f. you failed to inform your employers at LSCFT of the information at paragraph 1.a.; **Admitted and found proved**
 - g. you knew you should have informed your employers at LSCFT of the information at paragraph 1.a.; **Admitted and found proved**
 - h. your conduct at paragraph 1.f. was dishonest by reason of paragraph 1.g. **Admitted and found proved**
2. On 23 November 2020, you underwent an NHS appraisal ('the Appraisal') which covered the time period between 20 December 2019 and 23 November 2020 and:
- a. the Appraisal required you to declare your whole scope of practice, including all the places you had worked and the roles you had carried out as a doctor since your last NHS appraisal; **Admitted and found proved**
 - b. at the time of the Appraisal, you were employed as a Consultant Psychiatrist at CNTW; **Admitted and found proved**
 - c. you failed to declare the information at paragraph 2.b.; **Admitted and found proved**
 - d. you knew the:
 - i. requirement at paragraph 2.a.; **Admitted and found proved**
 - ii. information at 2.b.; **Admitted and found proved**
 - e. your actions at paragraph 2.c. were dishonest by reason of paragraph 2.d. **Admitted and found proved**
3. Between 12 April 2021 and 21 July 2021, you agreed to provide services as an individual medical practitioner to Greater Manchester Mental Health NHS Foundation Trust ('GMMH') and:
- a. a condition of your agreement with GMMH was that LSCFT would be acting as your designated body; **Admitted and found proved**

- b. between 5 May 2021 and 17 December 2021, you were suspended from working at LSCFT; **Admitted and found proved**
 - c. you failed to inform GMMH that you were suspended from working at LSCFT; **Admitted and found proved**
 - d. you knew you should have informed GMMH that you were suspended from working at LSCFT; **To be determined**
 - e. your actions at paragraph 3.c. were dishonest by reason of paragraph 3.d. **To be determined**
4. You sent a letter dated 27 July 2021 ('the Letter') to your LSCFT Responsible Officer, Dr A, and:
- a. you stated in the Letter: *'I was seeing some referrals of adult ADHD patients in the waiting list from Greater Manchester Mental Health Partnership NHS Trust's adult ADHD service...I have also duly informed both organizations of my exclusion from my role as Locum Consultant Psychiatrist at Lancashire & South Cumbria NHS Foundation Trust.'*; **Admitted and found proved**
 - b. you knew that:
 - i. you had not informed GMMH that you were suspended from working at LSCFT; **Admitted and found proved**
 - ii. the statement at paragraph 4.a. was untrue; **Admitted and found proved**
 - c. your actions at paragraph 4.a. were dishonest by reason of paragraph 4.b. **To be determined**

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

The Admitted Facts

9. At the outset of these proceedings, through his Counsel, Mr Robin Kitching, Dr Tint made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

Witness Evidence

10. The Tribunal received written statements and oral evidence on behalf of the GMC from the following witnesses:

- Dr B, Consultant Liaison Psychiatrist and the Deputy Chief Medical Officer at LSCFT;
- Dr C, Consultant in Old Age Psychiatry at CNTW;
- Dr D, Medical Director at GMMH;
- Ms E, Delivery Director for Health and Care Integration (Salford), part of Greater Manchester Integrated Care Partnership Board (ICB).

11. Dr Tint provided his own witness statement dated 17 September 2024 and gave oral evidence.

Expert Witness Evidence

12. The Tribunal also received evidence from Dr F, a Consultant Psychiatrist, who provided an expert report. He also gave oral evidence at the hearing to assist the Tribunal in understanding Dr Tint's conduct in respect of certain alleged incidents.

Documentary Evidence

13. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to: statements, emails, investigation meeting notes and the LSCFT Investigation Report and Appendices.

The Tribunal's Approach

14. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Tint does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it is more likely than not that the events occurred. Whilst there is one standard of proof, the more serious the allegation, the more cogent the evidence may need to be to find it proved to the civil standard.

15. The Tribunal bore in mind that it should consider each of the particulars of the Allegation separately and all the evidence in relation to each. It should consider any explanation or position put forward by the doctor in relation to the facts and explain how it has reached its findings.

16. The Tribunal must reach its decision on the facts only on the evidence before it. The Tribunal was entitled to draw reasonable inferences from what it had heard. It must not speculate, for example, on what other evidence might have been adduced or what other witnesses might have been called. When drawing inferences, the Tribunal must be able to

safely exclude, as less than probable, any other explanation. There must be evidence that justifies the inference.

17. The Tribunal were advised of the test for dishonesty, as set out in *Ivey v Genting Casinos Ltd* [2017] (UKSC67) at para 74:

‘When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual’s knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.

18. In relation to allegations 3(d) and 3 (e), the GMC case is that Dr Tint knew that he should have informed GMMH that he was suspended from working at LSCFT. The Tribunal must first consider Dr Tint's knowledge or belief as to that fact and then taking that into account, consider whether his actions were dishonest by the standards of ordinary decent people.

Paragraph 3d

Suspended from working at LSCFT

19. In determining paragraph 3d of the allegation the Tribunal had regard to paragraph 76 of Good Medical Practice (“GMP”) 2013:

“If you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must without delay, inform any other organisations you carry out medical work for and any patients you see independently.”

20. The Tribunal took into consideration that between 12 April 2021 and 21 July 2021, Dr Tint agreed to provide services as an individual medical practitioner to GMMH. As Dr Tint did not have a clinic registered with the CQC, it was agreed that LSCFT would act as his Designated Body. The Tribunal noted that Dr Tint had been introduced to GMMH by Salford CCG (‘Salford’), to whom Dr Tint had been providing adult ADHD services for some time.

21. It noted that Dr Tint had already admitted that he failed to inform GMMH that he was suspended from working at LSCFT. Dr Tint had however informed Salford of his suspension on or about 16 June 2021. He thought that informing Salford was sufficient to cover both organisations. The GMC case is that knowing that he should inform GMMH of his suspension, Dr Tint purposely withheld this information from GMMH. Dr Tint denies this allegation.

22. The Tribunal had regard to the witness statement of Dr Tint:

‘Although I now accept that I should personally have informed GMMH, initially I did not believe that I needed to inform GMMH about my suspension from LSCFT as I was under the impression that Salford Clinical Commissioning Group ("CCG") had informed GMMH of this, as I had informed Salford CCG of my suspension from LSCFT.

I am also aware that GMMH had been informed of LSCFTs investigation and suspension by LSCFT themselves. This was, I believe, in July 2021. It is my understanding that GMMH contacted LSCFT to enquire about the position because they (GMMH) had indeed been made aware of LSCFTs action against me by Salford CCG.’

23. In his oral evidence Dr Tint presented a persuasive narrative of why he thought Salford CCG would inform GMMH of his suspension from LSCFT. Dr Tint explained how he had worked for Salford for many years, providing adult ADHD services. Dr Tint had been introduced to GMMH by Salford, and although he negotiated directly with GMMH for the provision of services to GMMH, Dr Tint was aware of a plan to merge Salford and GMMH’s adult ADHD services. He believed that there was regular information sharing between the two organisations, and on that basis he assumed that Salford would inform GMMH of his suspension from working at LSCFT. Dr Tint reminded the Tribunal that that is, in fact, what happened.

24. The Tribunal had regard to the witness statement from Ms E and accepted her evidence that Salford CCG were a commissioning group and GMMH were a provider organisation, and so there was no question of a merger between the two organisations. Ms E did however tell the Tribunal of discussions which were taking place to expand service provision for Salford ADHD patients, which included Salford approaching GMMH to provide such services. She told the Tribunal that GMMH were keen to provide services to Salford, and that there were monthly meetings at which this issue, and others, were discussed.

25. The Tribunal noted that Dr Tint had received a letter from LSCFT regarding his exclusion on 6 May 2021 in which it stated:

‘Whilst you are excluded you will not be allowed into any areas of work, unless you are in receipt of Trust services or are required to attend meetings related to the investigation...You must not undertake work as a doctor for any other organisation during the period of your exclusion without the express consent of the Case Manager, [Dr G].’

26. It also had regard to a letter dated 7 June 2021 from LSCFT to Dr Tint:

‘You have recently confirmed to [Dr G] that you are currently continuing to see patients in your private clinic on Thursdays and Fridays. As your Responsible Officer I am required to advise you that your current exclusion from work at the Trust should

apply to all your clinical roles, and therefore you should not be undertaking any clinical work while the investigation is ongoing. If you are not in agreement with this I would be grateful if you could let me know.'

27. It noted Dr Tint's response on the 14 June 2021:

'With regards to your advice that I should not be undertaking clinical work at my private clinics on Thursdays and Fridays, I would request that I should be able to continue seeing patients in private clinic on Thursdays and Fridays. This clinical activity is outside of my contracted hours with LSCFT, and the terms of exclusion with my clinical duties are confined to my role as Locum Consultant Psychiatrist at Lancashire & South Cumbria NHS Foundation Trust as per the meeting and the letter dated 5th May 2021.'

28. The Tribunal had regard to the very clear requirement set out in paragraph 76 of GMP. This mandated that when suspended by LSCFT, Dr Tint was obliged to inform any other organisations for whom he carried out work, without delay. This undoubtedly included GMMH. The Tribunal also had regard to the fact that Dr Tint knew that it was a condition of his working for GMMH that LSCFT would be acting as his designated body, otherwise he would have required CQC approval. The Tribunal also had regard to the very clear instruction within LSCFT's letter of 5 May 2021, that Dr Tint must not undertake other work during the period of his suspension without the express consent of Dr G. This instruction was clarified, in very direct terms, within LSCFT's letter of 7 June 2021.

29. For these reasons, the Tribunal found it was more likely than not that Dr Tint knew that he should have informed GMMH of his suspension, without delay, shortly after 5 May 2021.

30. Accordingly, the Tribunal found paragraph 3d of the Allegation proved.

Paragraph 3e

Dr Tint was dishonest by reason of paragraph 3d

31. In relation to paragraph 3e of the Allegation, the Tribunal considered the test for dishonesty in *Ivey* (above). The Tribunal considered Dr Tint's knowledge or belief as to the facts as determined at 3(d).

32. The Tribunal has regard to the email appended to the statement of Dr D, which formed part of the investigation conducted by LSCFT:

'Dr Tint has worked with GMMH service users in the separately commissioned ADHD waiting list initiative as a private medical contractor during the period he was excluded from work in LSCFT. He saw patients within this service between 2/5/21 and 28/6/21. We have the exact dates he saw patients although I understand that admin work must

have been completed on other days. We could potentially look with our ADHD lead at the dates/times that we received correspondence from him if required. Dates from our spreadsheet of patient contact (I am sorry I don't have times for these appointments):

- a. 4/5/21
- b. 10/5/21
- c. 13/5/21
- d. 17/5/21
- e. 18/5/21
- f. 21/5/21
- g. 24/5/21
- h. 25/5/21
- i. 27/5/21
- j. 1/6/21
- k. 4/6/21
- l. 3/6/21
- m. 10/6/21
- n. 11/6/21
- o. 14/6/21
- p. 17/5/21
- q. 18/6/21
- r. 21/6/21
- s. 25/6/21
- t. 25/6/21
- u. 28/6/21'

33. It noted that Dr Tint stopped accepting new referrals from 11 June 2021, however, he continued to see GMMH patients until 2 July 2021.

34. The Tribunal determined that it was self-evident and obvious that while Dr Tint was working for GMMH, he knew he had been suspended. However, the Tribunal had regard to Dr Tint's evidence, which was to the effect that whilst he personally did not inform GMMH of his suspension, he fully expected that they would be informed of it by Salford, or from other sources. This was because of the close relationship between the two organisations, their regular meetings, and the fact that it was Salford that had introduced Dr Tint to GMMH. The introduction occurred during a time when Dr Tint was Salford's sole provider of adult ADHD services. Although they were separate organisations, Dr Tint's evidence about the closeness of the two and the regular meetings held between them, was supported by the evidence of Ms E.

35. The Tribunal also had regard to the fact that GMMH were in fact made aware of Dr Tint's suspension from LSCFT, by Salford, albeit in July 2021. In other words, what Dr Tint expected to happen, did in fact happen.

36. The Tribunal determined that Dr Tint had a genuinely held belief that Salford would share the fact that he had been suspended, with GMMH. The Tribunal accepted Dr Tint's suggestion that in a small service where he was the sole provider of adult ADHD services, it was unlikely that he would be able to hide his suspension from one organisation, if the other already knew about it. The Tribunal considered that Dr Tint's decision not to personally inform GMMH of his suspension was based on a misunderstanding of the nature of the relationship between the parties and perhaps naïve, but it did not consider the decision to be a deliberate attempt to deceive GMMH. On that basis, Dr Tint's failure was not dishonest.

37. Therefore, the Tribunal found paragraph 3e not proved.

Paragraph 4c

Dr Tint's actions at paragraph 4a were dishonest by reason of paragraph 4b.

38. The Tribunal considered the email from Dr Tint to Dr A which was sent on 27 July 2021, in which Dr Tint stated (emphasis added):

'Thank you for your letter dated 22 July 2021 and updating me about the status of my exclusion from clinical duties in LSCFT.

Aside from my work with LSCFT, my work in the last 12 months was as follows.

I was seeing some referrals of adult ADHD patients in the waiting list from Greater Manchester Mental Health Partnership NHS Trust's adult ADHD service, as they have contracted with me for the months of May and June 2021. I had stopped both of the above works by the end of June 2021, following your letter to me on 7th June 2021. I have also duly informed both organizations of my exclusion from my role as Locum Consultant Psychiatrist at Lancashire & South Cumbria NHS Foundation Trust.

I have also seen private, self-funding patients, in the scope of adult ADHD and common mental health disorders, in the last 12 months in my private clinics. I also write some medicolegal reports when I receive referrals from solicitors. This is part of my personal development plan in my appraisal and part of my training plan. Therefore, I have continued this activity.'

39. The Tribunal bore in mind that the email was sent late at night, at a time when Dr Tint may have been tired, and that English is not Dr Tint's first language. It also had regard to Dr Tint's explanation for the wording in the email, which he said was intended to convey that the two organisations *were aware* of his suspension from LSCFT, not that he had personally made them aware.

40. The Tribunal had regard to an email from Dr Tint to the investigation officer at LSCFT dated 21 October 2021, in which he responded to queries raised. The answer to question 2 is pertinent to the Tribunal's consideration of allegation 4c:

1. *Between the months of May to July 2021, what days did you work for Greater Manchester Mental Health NHS Foundation Trust?*

I firstly wish to clarify that I was not employed by GMMH or worked for GMMH, but contracted with them to receive referrals on private basis. I saw my first GMMH patient on 6th May 2021 and my last clinic was on 2nd July 2021. I have ended the agreement with GMMH and stopped receiving anymore referrals on 11th June 2021, so I could stop this clinical activity as soon as I could clear the already referred and the promised follow up patients. Some of these patients were in waiting list for 5 years.

2. *In your letter to [Dr A], you advised that you informed Greater Manchester Mental Health Partnership NHS Trust of your exclusion from the role as Locum Consultant Psychiatrist at Lancashire & South Cumbria NHS Foundation Trust. Is this correct? If yes:*

- a. *Who did you provide this information to?*
 - b. *When did you provide this information to the GMMH Trust?*
- No. This is not correct.*

At the time of writing this letter to [Dr A] I had received correspondence from both GMMH and [Dr A] which had led me to understand that GMMH were aware of my exclusion, although I had not informed GMMH personally.

I apologise for the inaccuracy in my letter dated 27 July. I should have made clear that I understood that GMMH were aware but that I had not informed them. I was not employed by GMMH and I never had service level contract with them, as well as I stopped receiving referrals from GMMH since 11th June 2021 and ended the clinics on 2nd July 2021.'

41. The Tribunal considered that the sentence in Dr Tint's email of 27 July 2021 that "I have duly informed both organisations of my exclusion from my role as Locum Consultant Psychiatrist at Lancashire & South Cumbria NHS Foundation Trust" to be both subjectively and objectively untrue. Dr Tint knew that he had not informed GMMH of his suspension. The Tribunal bore in mind that Dr Tint was writing to his Responsible Officer at LSCFT, and the email was sent during an active investigation by LSCFT into Dr Tint's conduct. The email was written in clear terms, using precise language, adopting the possessive pronoun and with a technical use of the word 'duly'. Against that background, the tribunal were not persuaded that the wording of the email was due to tiredness, a lack of attention or due to some language difficulty.

42. As to Dr Tint's suggestion that what he meant to convey was that both Salford and GMMH were aware of his suspension, the Tribunal considered the letter from Dr A dated 22 July to Dr Tint. That was the letter which prompted the reply from Dr Tint on 27 July 2021. The Tribunal had regard to the fact that Dr A's letter sought clarification on two specific

issues, neither of which related to whether or not Dr Tint had informed other organisations of his suspension. Dr Tint's comment that *"I have duly informed both organisations of my exclusion from my role as Locum Consultant Psychiatrist at Lancashire & South Cumbria NHS Foundation Trust"* was therefore superfluous – he was providing a response to a question which had not been asked. The sentence stands out as being questionable and motivated by something other than to give the clarification sought by Dr A.

43. Moreover, as at 27 July 2021, Dr Tint did not know that GMMH were aware of his suspension from LSCFT. On 21 July 2021, Dr Tint had received an email from Mr I at GMMH, which stated:

"Further to my email to you on 17 February (attached) it was agreed that you would not require CQC registration in your independent work as an individual medical practitioner providing services to Greater Manchester Mental Health NHS Foundation trust. The reason for this was that you would be operating as under Lancashire and South Cumbria NHS FT (L&SC) as your designated body and this negates the need for you, individually, to have CQC registration.

I have today been informed that there may be issues in relation to L&SC being your designated body. Until I have confirmed the details of this I would ask that you do not see or have contact with any Greater Manchester Mental Health patients, as per the letter of intent."

44. Prior to 27 July 2021 therefore, that email from Mr I was the only notification that Dr Tint had that there may be a problem with his work at GMMH. Mr I had not informed Dr Tint that GMMH were aware that Dr Tint had been suspended from his work at LSCFT; merely that there may be *"...issues in relation to L&SC being your designated body."*

45. Dr Tint's response to Mr I, sent on 21 July 2021 is as follows:

'Thanks for the email.

I have stopped seeing GMMH patients since 3rd July 2021 and I have handed over all patients to [Ms J] just today. I will not be having any contact with Greater Manchester Mental health patients.

I could not manage he [sic] whole case load and I requested [Ms K] and Manchester ADHD team that I stop the clinical activity for at least 3 months during which I can seek CQC registration and reorganize my team'.

46. Nowhere within Dr Tint's reply to Mr I did he inform GMMH of his suspension. On that basis, the Tribunal struggled to understand how and why Dr Tint considered that GMMH were aware of his suspension from LSCFT, if neither Dr Tint or Mr I had referred to the suspension so as to justify the meaning within the email to Dr A.

47. Accordingly, the Tribunal took the view that the sentence “*I have duly informed both organisations of my exclusion from my role as Locum Consultant Psychiatrist at Lancashire & South Cumbria NHS Foundation Trust*” was not only untrue, but was dishonestly so, since Dr Tint knew that he had not informed GMMH of his suspension, despite having the opportunity to do so when he replied to Mr I on 21 July 2021. Nor were the Tribunal persuaded that Dr Tint genuinely believed that GMMH were aware of his suspension, when he wrote to Dr A on 27 July 2021.

48. The Tribunal concluded that allegation 4c was proved.

The Tribunal’s Overall Determination on the Facts

49. The Tribunal has determined the facts as follows:

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

1. Between 30 March 2020 and 30 April 2021:

a. you worked remote sessions as a Consultant Psychiatrist on Monday and Tuesday afternoons concurrently for:

i. Lancashire and South Cumbria NHS Foundation Trust (LSCFT);

Admitted and found proved

ii. Cumbria, Northumberland, Tyne and Wear NHS Trust (‘CNTW’);

Admitted and found proved

b. your actions at paragraph 1.a.:

i. risked preventing you from being readily accessible to patients and/or colleagues seeking:

1. information; **Admitted and found proved**

2. advice; **Admitted and found proved**

3. support; **Admitted and found proved**

ii. put patient safety at avoidable risk; **Admitted and found proved**

c. you received payment from both LSCFT and CNTW for working concurrent sessions referred to at paragraph 1.a.; **Admitted and found proved**

d. you knew that you should not be working concurrent sessions at both LSCFT and CNTW; **Admitted and found proved**

- e. your conduct at paragraphs 1.a. and 1.c. was dishonest by reason of paragraph 1.d.; **Admitted and found proved**
 - f. you failed to inform your employers at LSCFT of the information at paragraph 1.a.; **Admitted and found proved**
 - g. you knew you should have informed your employers at LSCFT of the information at paragraph 1.a.; **Admitted and found proved**
 - h. your conduct at paragraph 1.f. was dishonest by reason of paragraph 1.g. **Admitted and found proved**
2. On 23 November 2020, you underwent an NHS appraisal ('the Appraisal') which covered the time period between 20 December 2019 and 23 November 2020 and:
- a. the Appraisal required you to declare your whole scope of practice, including all the places you had worked and the roles you had carried out as a doctor since your last NHS appraisal; **Admitted and found proved**
 - b. at the time of the Appraisal, you were employed as a Consultant Psychiatrist at CNTW; **Admitted and found proved**
 - c. you failed to declare the information at paragraph 2.b.; **Admitted and found proved**
 - d. you knew the:
 - i. requirement at paragraph 2.a.; **Admitted and found proved**
 - ii. information at 2.b.; **Admitted and found proved**
 - e. your actions at paragraph 2.c. were dishonest by reason of paragraph 2.d. **Admitted and found proved**
3. Between 12 April 2021 and 21 July 2021, you agreed to provide services as an individual medical practitioner to Greater Manchester Mental Health NHS Foundation Trust ('GMMH') and:
- a. a condition of your agreement with GMMH was that LSCFT would be acting as your designated body; **Admitted and found proved**
 - b. between 5 May 2021 and 17 December 2021, you were suspended from working at LSCFT; **Admitted and found proved**
 - c. you failed to inform GMMH that you were suspended from working at LSCFT; **Admitted and found proved**

- d. you knew you should have informed GMMH that you were suspended from working at LSCFT; **Found proved**
 - e. your actions at paragraph 3.c. were dishonest by reason of paragraph 3.d. **Found not proved**
4. You sent a letter dated 27 July 2021 ('the Letter') to your LSCFT Responsible Officer, Dr A, and:
- a. you stated in the Letter: *'I was seeing some referrals of adult ADHD patients in the waiting list from Greater Manchester Mental Health Partnership NHS Trust's adult ADHD service...I have also duly informed both organizations of my exclusion from my role as Locum Consultant Psychiatrist at Lancashire & South Cumbria NHS Foundation Trust.'*; **Admitted and found proved**
 - b. you knew that:
 - i. you had not informed GMMH that you were suspended from working at LSCFT; **Admitted and found proved**
 - ii. the statement at paragraph 4.a. was untrue; **Admitted and found proved**
 - c. your actions at paragraph 4.a. were dishonest by reason of paragraph 4.b. **Found proved**

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

Determination on Impairment - 12/12/2024

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

The Evidence

51. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal received further documentary evidence in the form of a comprehensive stage two bundle. The Tribunal also heard further oral evidence from Dr Tint.

Submissions

On behalf of the GMC

52. On behalf of the GMC, Ms Nowell submitted that on the basis of the facts found proved, including 3 separate dishonesty findings, Dr Tint's conduct amounted to misconduct. Ms Nowell drew the Tribunal's attention to a number of paragraphs of GMP, which she submitted Dr Tint's conduct had breached. She submitted that this was evidence of misconduct of a serious nature.

53. Ms Nowell invited the Tribunal to consider each of the allegations. Whilst allegation 2 was undoubtedly linked to allegation 1, in that Dr Tint would not have dishonestly completed his appraisal had he not been working two jobs, she submitted that it was in and of itself a significant and serious allegation. Ms Nowell reminded the Tribunal that this was an important document and one which Dr Tint acknowledged should have included his entire work history for that year. Ms Nowell submitted that this conduct involved a fundamental breach of duty on the part of Dr Tint, who knew that he had an obligation to set out the full scope of his work.

54. Whilst Ms Nowell accepted that Dr Tint was under financial pressure at the time of his misconduct, she submitted that this was not a complete explanation for Dr Tint's behaviour in respect of allegations 1 and 2. She reminded the Tribunal of the evidence at stage 1, that at no time did Dr Tint attempt to discuss his working hours with either LSCFT or CNTW with a view to reducing them so that there was no overlap. She submitted that Dr Tint could and should have reduced his hours so that there was no overlap, and enjoyed the additional finance for four sessions as opposed to six.

55. Ms Nowell invited the Tribunal to find that allegation 3 was also of itself a serious and significant allegation. It involved Dr Tint seeing GMMH patients whilst suspended despite knowing that his employment with LSCFT was a pre-requisite to his role at GMMH and when he knew that he had a duty to inform GMMH of his suspension. She reminded the Tribunal that it was not until 6 weeks after his suspension that Dr Tint informed Salford CCG, and he did not personally inform GMMH at all.

56. Ms Nowell invited the Tribunal to consider the issue of patient safety in this case. Whilst the GMC did not advance their case on the basis that there had been any adverse patient safety incidents, she submitted that the risk to patient safety in this case was very real, and was a direct consequence of Dr Tint's misconduct, rather than merely a potential risk to patient safety.

57. Ms Nowell further submitted that notwithstanding there being evidence of some remorse, insight and remediation in respect of the admitted allegations of dishonesty, the tribunal could not safely conclude that the conduct would not be repeated. On that basis, Ms Nowell submitted that Dr Tint's fitness to practise was currently impaired.

On behalf of Dr Tint

58. At the outset of his submissions, Mr Kitching conceded that all of the allegations of dishonesty that Dr Tint faces are serious enough to rise to the level of misconduct. He submitted that allegation number 1a was the most serious in that it is that which gave rise to the patient safety issues at allegation 1b and it was a situation which persisted for over a year. All of the other allegations from 1b to 4, are separate but flow from 1a.

59. Mr Kitching invited the Tribunal to consider that there were two types of misconduct, the dishonesty in paragraphs 1a, c and f, and in 2 and 4 and the risk to patients set out in 1b. He submitted that the Tribunal may not have to make separate decisions in respect of the two types of wrongdoing. He said that paragraph 1b is better seen as a consequence of, or an aggravating feature, of 1a.

60. Mr Kitching submitted that this was more than of mere academic interest because there is a real issue about whether the level of risk occasioned rose to the level of it being a serious risk in and of itself. He reminded the Tribunal of the final opinion of Dr F who, having been made aware of factors he had not previously taken into account, downgraded his opinion, from a patient risk point of view, from 'seriously below' the requisite standard to merely 'below'.

61. Mr Kitching conceded that the risk of patient harm in this case was created by Dr Tint's own conduct, even though it did not materialise to create *actual harm* to patients. Nonetheless, Mr Kitching conceded that a risk to patients which is not serious in and of itself can *become* serious, from a disciplinary point of view, when it arises as a result of a doctor's dishonest conduct.

62. In relation to allegation 2, Mr Kitching accepted the GMC's characterisation that this was a serious matter, in and of itself. He reminded the tribunal of the reasons for the misconduct, which was principally financially motivated at a time of great monetary strain for Dr Tint. This had been accepted by the GMC.

63. Finally, in relation to allegation 3 Mr Kitching submitted that it is important that the Tribunal focus on the wording of the charge and the parameters of the charge. He reminded the Tribunal that there was no allegation that Dr Tint continued to see GMMH patients after his suspension. Nor is there any allegation that it took him six weeks to notify Salford of his suspension.

64. In closing, Mr Kitching conceded that Dr Tint accepts that his conduct amounts to misconduct and he therefore accepts that his fitness to practise is currently impaired as a result of that.

The Relevant Legal Principles

65. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.

66. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, then whether as a result of that finding of misconduct, Dr Tint's fitness to practise was impaired. The Tribunal was reminded that when assessing misconduct, it was qualified by a requirement that it was linked to the practice of medicine, and serious. The Tribunal had regard to the departures from GMP which the GMC submitted had occurred in this case.

67. The Tribunal was advised that they must determine whether Dr Tint's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

68. The LQC further directed the Tribunal to the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*. In particular, whether Dr Tint:

- '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.'*

69. In coming to a conclusion on whether Dr Tint's fitness to practise is currently impaired the Tribunal must have regard to the overarching objective. This involves a consideration not only of the risk which the practitioner continues to present to members of the public, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.

The Tribunal's Determination on Impairment

70. The Tribunal considered the details of the Allegations that Dr Tint had admitted, and all the written and oral evidence it had received. It considered the submissions made by both parties and the LQC advice.

71. The Tribunal had regard to GMP (2013) which was in force during the relevant period, paragraphs:

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

65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.

66 You must always be honest about your experience, qualifications and current role.

68 You must be honest and trustworthy in all your communication with patients and colleagues....

71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

a You must take reasonable steps to check the information is correct.

b You must not deliberately leave out relevant information.'

76 If you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must, without delay, inform any other organisations you carry out medical work for and any patients you see independently.'

77 You must be honest in financial dealings with employers.'

Paragraph One

72. The Tribunal determined that there had been a breach of a fundamental tenet of the medical profession, which requires a doctor to act with honesty and with integrity. The Tribunal was of the opinion that Dr Tint's dishonest conduct amounted to a serious departure from GMP and the standards expected of a doctor. In reaching this conclusion the Tribunal noted that Dr Tint's dishonest conduct in working for two Trusts simultaneously spanned a period of 13 months.

73. The Tribunal carefully considered the issue of patient safety. It had regard to the context in which Dr Tint's misconduct occurred. This included the unprecedented Covid19 pandemic and the establishment of remote working in a number of healthcare settings. It noted that both LSCFT and CNTW were satisfied that a remote working model on Monday

and Tuesday afternoons was suitable. All of the services which Dr Tint was providing during those time were virtual. Whilst working for two employers simultaneously put patient safety at avoidable risk and undoubtedly had the potential to cause delays in the provision of healthcare. The Tribunal noted that Dr Tint was not required to have a physical presence at either location on those afternoons. It reminded itself that until August 2020 at LSCFT Dr Tint's AC Mentor role did not involve any direct clinical contact. Even when his role at LSCFT on the Skylark unit did involve direct clinical contact, there were no additional measures put in place to cover the times when Dr Tint was expected to be unavailable when in tribunals. At CNTW, although Dr Tint's accessibility may have been delayed by virtue of working for two employers simultaneously, there were other clinicians available to provide immediate advice, in the event that Dr Tint was not.

74. The Tribunal also noted that there was no evidence to suggest that Dr Tint had ever been unavailable, or had neglected his duties. Indeed, the evidence suggested otherwise. Dr C gave evidence that he was concerned to establish that CNTW were getting value for money out of Dr Tint for the sessions he was working, and he tasked the ward manager to keep a keen eye on Dr Tint for this purpose. Dr C made clear that had a problem been encountered about Dr Tint's work or his availability, the ward manager would have informed him of this during their daily briefing sessions. No such concerns were ever raised. Dr B's evidence, whilst less emphatic, again pointed to an absence of concerns about Dr Tint's work or his accessibility.

75. The Tribunal also considered Dr F's evidence. In particular, once he became aware of the true nature of the role that Dr Tint fulfilled, and in particular the remote-only services that Dr Tint was providing to each Trust on a Monday and Tuesday afternoon, he downgraded his assessment of the seriousness of the misconduct from 'seriously below' to 'below'. The reason given for maintaining his opinion that Dr Tint's conduct was below the standards to be expected was what Dr F described as the delay that would have been "inevitable" occasioned by Dr Tint's working for two Trusts at the same time. The Tribunal considered this element of Dr F's evidence to be against the weight of the evidence it had heard from Dr B and Dr C, and based on little more than assumption and speculation. The tribunal also noted that the paper cited within Dr F's report referred to delays in the provision of healthcare of days, weeks or months, rather than the much shorter period of any delay which would have been occasioned by Dr Tint's conduct.

76. Nonetheless, the Tribunal noted that due to Dr Tint's dishonest conduct, each Trust was kept in the dark about his commitments and were deprived of the opportunity to risk assess his unavailability and consider what other measures needed to be put in place to ensure patient wellbeing. Notwithstanding the absence of evidence of actual patient harm, the fact that the potential for such harm arose out of Dr Tint's own dishonest conduct did render the patient safety issue both serious and significant.

77. The Tribunal noted that, in his oral evidence, Dr Tint admitted that he knew that his actions at the time of the events in the Allegation were wrong. Accordingly, the Tribunal has

concluded that Dr Tint’s conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to serious misconduct.

Paragraph 2

78. The Tribunal was satisfied that Dr Tint knew that his appraisal form was an important document which had to be completed honestly. It found that in deliberately leaving out information on an appraisal and failing to declare the full scope his work, Dr Tint’s conduct did amount to misconduct. Whilst dishonesty can occur in a variety of ways, in the Tribunal’s view, Dr Tint’s misconduct was serious. In particular, it reminded itself that Dr Tint’s primary motivation for dishonestly completing his appraisal was so as not to be ‘found out’ to be working for two employers simultaneously.

79. Furthermore, the Tribunal considered that lying in his appraisal and misleading his Responsible Officer was a serious breach of the trust placed in Dr Tint by both his colleagues and the public. The Tribunal was satisfied Dr Tint’s behaviour was conduct that was unacceptable, and such that fellow practitioners would find deplorable. The Tribunal was satisfied that the misconduct was in breach of a number of paragraphs of GMP set out above, because it involved serious dishonesty and so breached the trust the public places in its doctors.

80. The Tribunal concluded that Dr Tint’s conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to serious misconduct.

Paragraph 3

81. Whilst the Tribunal did not find dishonesty in this case, it found that Dr Tint did not take reasonable steps to personally inform GMMH of his suspension, or to check that they had been made aware of his suspension by Salford. Whilst his conduct was not dishonest, he was not transparent with GMMH about being suspended, at a time when he knew that his role with GMMH required LSCFT to act as his designated body. Although the Tribunal found that Dr Tint genuinely believed that GMMH would eventually find out about his suspension from Salford, his conduct nonetheless fell below the standard expected. This lax attitude to administration represents a failure to maintain the professional standards expected from an experienced senior doctor and was a direct breach of rule 76 of GMP.

82. The Tribunal determined that whilst Dr Tint’s behaviour was in breach of GMP, given that Dr Tint genuinely believed that GMMH would be informed of his suspension by Salford, the Tribunal did not consider this allegation to involve conduct which fell seriously below the standard to be expected. Nor did it amount to conduct that would be regarded as deplorable by fellow practitioners. The Tribunal concluded that when assessed in isolation, Dr Tint’s conduct in respect of allegation 3 did not constitute serious misconduct.

Paragraph 4

83. The Tribunal noted that any act of dishonesty is serious, by its nature. Dr Tint wrote a misleading communication to his responsible officer, during an investigation into his conduct at LSCFT, in which he asserted “I have duly informed” GMMH of his suspension from working at LSCFT. The Tribunal has found Dr Tint’s actions to be dishonest, for the reasons set out at the facts stage. This was a clear departure from paragraphs 65 and 71 of GMP, as he had not been honest when writing and signing the letter and therefore his conduct did not justify the trust that patients and the public put in the profession.

84. The Tribunal therefore determined that Dr Tint’s actions in respect of allegation 4 amounted to serious misconduct.

Conclusion

85. The Tribunal concluded that all four limbs of the guidance set out in *Grant* were engaged in this case, and that accordingly Dr Tint’s conduct described in paragraphs 1 - 4 of the Allegation amounts to serious misconduct. Although the Tribunal found that there had been no actual patient harm occasioned by Dr Tint’s conduct, the fact that the potential for such risk was created by Dr Tint’s own conduct made this a serious matter. Dr Tint’s dishonesty, individually and collectively breached one of the fundamental tenets of the medical profession. It decided his actions could bring the medical profession into disrepute.

Impairment

86. The Tribunal having held that the facts that were admitted and found proved amounted to misconduct went on to consider whether, as a result of that misconduct, Dr Tint’s fitness to practise is currently impaired.

87. The Tribunal’s task is not to punish Dr Tint for past acts. However, the Tribunal does require to take account of past acts in order to make an informed assessment as to whether Dr Tint’s fitness to practise is currently impaired. The test of impairment is expressed in the present tense in relation to the need to protect the public against the acts and omissions of those who are not fit to practise. However, this cannot be achieved without taking account of the way a person has acted or failed to act in the past.

88. The Tribunal has considered: (i) whether the doctor’s conduct is easily remediable, (ii) whether it has been remedied, and (iii) whether the conduct is likely to be repeated.

89. The Tribunal considers that dishonesty is not easily remediable. Nonetheless, the Tribunal was impressed with the efforts that Dr Tint has made to remediate his misconduct. He has clearly reflected on his behaviour given the content of his reflective statement and his oral evidence. Dr Tint has attended a number of courses on medical ethics and has thereafter taken what he has learned and used it to teach other doctors. Dr Tint made a number of very early admissions in respect of his misconduct, including in respect of his

dishonesty as set out in allegations 1(e), 1(h) and 2 (e). He has apologised and taken responsibility for his conduct. The Tribunal took the view that Dr Tint has sincerely reflected upon his conduct and the reasons for his poor judgement and decision-making.

90. In considering all of the evidence, the Tribunal was satisfied that Dr Tint's remorse is genuine. It has borne in mind the previous good standing of Dr Tint, the fact that there is no evidence of repetition of similar issues in the period after the incident at the heart of the Allegations, and the positive terms of the testimonials from his colleagues and mentor. It has also considered the wider context in which the misconduct occurred, including the difficult personal circumstances referred to in Dr Tint's evidence.

91. The Tribunal considers that Dr Tint has developed very good insight into his misconduct, and has taken considerable steps to remediate it.

92. The Tribunal considered the risk of repetition in this case, and determined the risk to be low. The misconduct was principally financially motivated, at a time when Dr Tint was XXX. What Dr Tint described as a financial crisis is no longer extant, and the tribunal noted that Dr Tint has taken steps to ensure that XXX. Dr Tint's personal circumstances are relevant context. However, they do not justify his actions. In the circumstances, whilst the Tribunal was unable to say that there was no risk of repetition, it considered the risk to be low in this case.

93. The Tribunal has given anxious consideration to the public interest and the need to protect patients, declare and uphold proper standards of behaviour and maintain public confidence in the profession. Dr Tint has acted dishonestly in a number of material respects, and over a period of 13 months. His actions have undoubtedly brought the profession into disrepute. He has acted contrary to a number of paragraphs of GMP and has breached a fundamental tenet of the profession by failing to act with honesty and integrity. His behaviour involved serious misconduct.

94. In the circumstances, and notwithstanding Dr Tint's efforts to remediate his misconduct and the low risk of repetition, the Tribunal considered that a finding of impairment was necessary in this case. Such a finding is required to promote and maintain proper standards and conduct in the profession and to promote and maintain public confidence in the profession. In the Tribunal's judgment, the need to uphold proper professional standards and public confidence in the medical profession would be undermined if a finding of impairment were not made in relation to the misconduct in this case. Indeed, the Tribunal took the view that a fully informed member of the public would be surprised if Dr Tint's fitness to practise was found not to be impaired, given all the circumstances in this case. While the financial and family circumstances of Dr Tint provide context, they do not excuse the behaviour or amount to special or exceptional circumstances.

95. The Tribunal has therefore determined that Dr Tint's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 13/12/2024

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

The Evidence

97. The Tribunal has taken into account evidence received during the earlier stages of the hearing and all the documentation, where relevant to reaching a decision on sanction. The Tribunal also heard evidence from Dr Tint at this stage.

98. In his oral evidence this morning, Dr Tint apologised for his misconduct. He advised that he respected and accepted the Tribunal's determinations. Dr Tint said that it is rare that he passes a day when he does not think about his dishonest behaviour and the consequences of it both to him and others. Dr Tint informed the Tribunal that he feels ashamed and devastated that the high standards he had held for so many years had been broken in the last 3-4 years. Dr Tint stated that he holds as a fundamental principle, patient care. He told the Tribunal that he considered the patient to be his employer, and the one who brings food to his table. The patient comes first, and that for 20 years of his practice he had not rested until his responsibilities to his patients had been discharged.

99. Dr Tint told the Tribunal that he has learned a lot over the last 3 years during the GMC investigation and even in the last 2 weeks of this hearing. He is grateful to the authorities and the GMC for allowing him to continue to learn. Dr Tint submitted that the guilt of his misconduct is going to haunt him for years if not the rest of his life. Dr Tint advised that he finds relief in working, seeing his patients and his trainees. This is a way that he pays back for what he has done. Dr Tint said that the only way he would find peace is if those affected by his behaviour forgave him. Dr Tint apologised to his patients, colleagues and the wider profession and asked their forgiveness.

Submissions

100. Ms Nowell submitted that, whilst the Tribunal has found there has been a great deal of insight, remorse and remediation, the GMC position is that it is incomplete, particularly in respect of allegations 3 and 4. Ms Nowell submitted that the predominant reason for her submission that a sanction of erasure is necessary is the seriousness of the allegations and the findings that the Tribunal has made.

101. Ms Nowell submitted that Dr Tint's misconduct is at the serious end of dishonesty, particularly given the fact that there are three separate findings of dishonesty. Ms Nowell

submitted that the misconduct can be categorised as persistent and repeated, aggravated by the patient safety issue and the financial gain to Dr Tint.

102. Mr Kitching addressed the GMC's submission that Dr Tint's dishonesty had been 'persistent'. He sought to draw a distinction between dishonesty that was persistent in the sense of frequency rather than duration. He accepted that the dishonesty in this case involved 3 separate findings rather than a single isolated episode, but suggested that this did not amount to the dishonesty being 'persistent'.

103. Mr Kitching also took issue with the GMC's suggestion that Dr Tint had sought to 'cover up' his dishonesty. Mr Kitching submitted that Dr Tint did not cover up what he was doing but certainly kept it quiet, and that a 'cover up' involved something more. Mr Kitching submitted that Dr Tint's misconduct was not incompatible with continued registration. He invited the Tribunal to consider all of the aggravating and mitigating factors in the case, and submitted that even serious misconduct could be mitigated downwards to the point where mitigation is so strong that it is no longer incompatible with continued registration. Mr Kitching submitted that, given the doctor's admissions, insight, remediation and other mitigation, the misconduct in this case was not such that a sanction of erasure was needed. He maintained that public confidence in the profession would not be damaged if a 12 month period of suspension were imposed. Mr Kitching submitted that Dr Tint should be given the opportunity to continue as a doctor after the appropriate period of suspension.

The Tribunal's Determination on Sanction

104. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, was a matter for it alone, exercising its own judgement. In reaching its decision on sanction, the Tribunal had regard to the Sanctions Guidance (SG), its findings on the facts, its determination on misconduct and impairment and the submissions made by Ms Nowell and Mr Kitching.

105. In reaching its decision, the Tribunal took account of the SG and the statutory overarching objective, which includes protecting and promoting the health, safety and well-being of the public, promoting and maintaining public confidence in the profession and promoting and maintaining proper professional standards and conduct.

106. The Tribunal bore in mind that the purpose of a sanction is not to be punitive, although it recognised that any sanction imposed may have a punitive effect. It reminded itself that in deciding what sanction, if any, to impose, it should start with the least restrictive. The Tribunal also reminded itself that an appropriate sanction was limited to what was necessary on the facts of this case to uphold the overarching objective.

Mitigating and Aggravating factors

Mitigating

107. The Tribunal first considered the mitigating factors in this case.

108. The Tribunal reminded itself that there have been no previous regulatory or disciplinary concerns regarding Dr Tint, prior to the events which are the subject of the Allegations. The Tribunal further reminded itself that Dr Tint has had a long and unblemished career prior to these proceedings. The evidence that the Tribunal had received, including Dr Tint's most recent appraisal, MSF patient and colleague feedback, spoke of a talented and dedicated doctor who provided exceptional medical care to his patients. The Tribunal bore in mind that whilst Dr Tint had admitted putting patients at avoidable risk by his conduct, there was no evidence of actual clinical concerns or patient harm, nor of any significant delay in the provision of care to his patients.

109. The Tribunal reminded itself of the unfortunate circumstances in which the misconduct occurred, which could properly be characterised as a perfect financial storm. XXX.

110. The Tribunal noted that Dr Tint has fully cooperated with all investigations and regulatory proceedings, and that he had made admissions to a number of the allegations at an early stage.

111. The Tribunal reminded itself of its findings at the impairment stage that Dr Tint has demonstrated excellent insight into his misconduct and that he taken considerable and impressive steps to remediate it, including steps to strengthen his financial position. The Tribunal found that Dr Tint's apology given at this stage was genuine. His oral evidence and the contents of his reflective statement spoke to an individual who took responsibility for his actions without seeking to minimise his conduct or seeking to blame others. The Tribunal considered that there was clear evidence that Dr Tint had reflected sincerely on his misconduct and the effect that it had had on patients, colleagues and the wider profession. It did not consider Dr Tint to have an attitudinal deficit that could not be remediated. Against that background, the Tribunal is satisfied that the risk of repetition of the misconduct is extremely low.

Aggravating

112. The Tribunal went on to consider the aggravating factors in this case.

113. The Tribunal noted that any incidence of dishonesty on the part of a registered doctor is serious, but in this case there were 3 instances of dishonesty which pointed to a lack of probity and integrity. Further, the misconduct was committed in the context of financial gain to Dr Tint.

114. The Tribunal found that Dr Tint’s misconduct in working for two trusts concurrently was serious and significant, and noted that it was dishonesty that lasted for a period of 13 months. It was however one catastrophic decision that was sustained over a length of time, rather than what might be categorised as frequent or persistent episodes of dishonesty.

115. The Tribunal has borne in mind paragraph 28 of the SG:

128 Dishonesty, if persistent and/or covered up, is likely to result in erasure (see further guidance at paragraph 120–128)

116. The Tribunal further reminded itself that Dr Tint was dishonest in his appraisal in failing to declare his employment at CNTW. He knew his appraisal to be an important document and failed to complete it correctly so as to ensure that his dual role would not be discovered. Whilst this did involve dishonesty in the completion of an important piece of paperwork, the Tribunal did not consider this in and of itself was sophisticated enough to be characterised as a “cover up.”

117. The Tribunal reminded itself that Dr Tint denied having a dishonest state of mind when he wrote to his RO advising that:

“I have duly informed both organizations of my exclusion from my role as Locum...”

The Tribunal found that he did have a dishonest mindset when he wrote this. However, the Tribunal does not find that this goes to Dr Tint’s attitude, and it reminded itself that Dr Tint said in his evidence given at this stage, that he accepted and respected the findings of the Tribunal.

118. The Tribunal bore in mind paragraph 120 and 124 of the SG,

120 Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients’ trust in them and the public’s trust in the profession.

124 Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor’s clinical responsibility (e.g. providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.

and determined that Dr Tint has not acted with honesty or integrity. The Tribunal reminded itself that Dr Tint acknowledged in his evidence today that his conduct does not justify the public's trust in either himself or in the profession.

No action

119. The Tribunal first considered whether to conclude the case by taking no action. It accepted that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

120. The Tribunal determined that there are no exceptional circumstances in this case and that, given the seriousness of its previous findings, it would not be sufficient, proportionate, or in the public interest to conclude this case by taking no action.

Conditions

121. The Tribunal next considered whether to impose conditions on Dr Tint's registration. The Tribunal considered that, given the serious nature of the misconduct found, an order of conditions would not be sufficient nor proportionate in these circumstances to protect the public interest or maintain trust in the profession.

122. The Tribunal considered that no conditions could be formulated that would adequately deal with the misconduct found.

Suspension

123. The Tribunal next considered whether to suspend Dr Tint's registration for a period of time. The Tribunal has reminded itself of paragraphs 91 – 93 and 97 of the SG,

91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.

92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (i.e. for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).

93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions.

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

a A serious departure from Good medical practice (GMP), but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.

...

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

f No evidence of repetition of similar behaviour since incident.

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

124. The Tribunal was of the settled view that Dr Tint's misconduct represented a significant departure from GMP and was serious. It was conduct that would be considered deplorable by both the profession and the public. In the circumstances, a sanction of erasure would be under strong consideration. The Tribunal is satisfied however that having regard to the factual matrix in which the misconduct occurred, Dr Tint's excellent insight into his misconduct and the impressive steps to remediate it, in the particular circumstances of this case a sanction of erasure was not proportionate or necessary. The Tribunal was of the view that any member of the public or professional colleague fully aware of all the circumstances in which Dr Tint's misconduct occurred, would understand and accept that the imposition of a period of suspension in this case was proportionate, notwithstanding the serious nature of the misconduct. The Tribunal in particular bore in mind the public interest in having good doctors, and the evidence thus far suggested that Dr Tint was a dedicated and conscientious doctor committed to improving the lives of his patients.

125. In the circumstances, the Tribunal is satisfied that a period of suspension is appropriate, necessary and proportionate. It would also serve to mark the serious nature of the misconduct, uphold public confidence in the profession and ensure the objectives of the overarching objective were upheld.

Erasure

126. The Tribunal has borne in mind paragraphs 108 and 109 of the SG,

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.

127. The Tribunal reminded itself of its previous findings that

109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.

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

128. The Tribunal reminded itself that as it has found that the risk of repetition in this case is low. The Tribunal determined that, to erase Dr Tint from the Medical Register would be disproportionate to satisfy the overarching objective, given its findings that the doctor has insight into his misconduct and has fully remediated the same. The Tribunal reminded itself that there is no evidence before it that Dr Tint caused any clinical harm. In the circumstances, and notwithstanding the findings of dishonesty in this case, the Tribunal found that Dr Tint's conduct was not fundamentally incompatible with continued registration.

Length of Suspension

129. Having determined to impose a period of suspension on Dr Tint's registration, the Tribunal went on to consider the length of the period of suspension. It considered the following paragraphs of SG:

'100 The following factors will be relevant when determining the length of suspension:

- a) the risk to patient safety/public protection*
- b) the seriousness of the findings and any mitigating or aggravating factors*
- c) ensuring the doctor has adequate time to remediate.*

101 The tribunal's primary consideration should be public protection and the seriousness of the findings. Following any remediation, the time all parties may need to prepare for a review hearing if one is needed will also be a factor'

130. In considering the length of suspension, the Tribunal bore in mind despite the evidence of insight and remediation, the misconduct found proved remained of such seriousness that it was necessary that a significant period of suspension was imposed to protect public confidence in the profession, to uphold proper professional standards and to send a message to the profession. For those reasons it determined that a period of 12 month period of suspension was appropriate in this case.

131. The Tribunal determined to direct a review of Dr Tint's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Tint to demonstrate how he has maintained his clinical knowledge and skills. Dr Tint will also be able to provide any other information that he considers will assist.

Determination on Immediate Order - 16/12/2024

132. Having determined to suspend Dr Tint's registration for the period of 12 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

Submissions

133. Ms Nowell referred the Tribunal to the relevant paragraphs of the SG and submitted that public confidence in the profession would be damaged if no immediate order were made in this case. These are serious allegations that the Tribunal has found proved and the GMC submission is that it is appropriate to make an immediate order of suspension. Ms Nowell reminded the Tribunal that Dr Tint made admissions regarding some of the allegations and therefore it was imperative to have made some arrangements beforehand regarding his practice.

134. Mr Kitching submitted that an immediate order is not necessary. Mr Kitching submitted that there are no arrangements in place but Dr Tint's workplace are ready to act quickly. Mr Kitching informed the Tribunal that there is no interim order in place and there has not been one in place for the last three years or so, the doctor has been working entirely without restrictions. Mr Kitching submitted that an immediate order would have an additional punitive effect and public confidence in the profession will be maintained by the imposed substantive order.

The Tribunal's Determination

135. The Tribunal has taken account of the relevant paragraphs of the SG, in particular paragraphs 172, 173, 175 and 178 as set out below:

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.

175 In considering this argument, the tribunal will need to bear in mind that any doctor whose case is considered by a medical practitioners tribunal will have been aware of the date of the hearing for some time and consequently of the risk of an order being imposed. The doctor will therefore have had time to make arrangements for the care of patients before the hearing, should the need arise.

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.

136. In reaching its determination, the Tribunal considered the submissions made on behalf of the GMC and the relevant paragraphs of the SG.

137. The Tribunal acknowledged that Dr Tint has been working in unrestricted practice for three years with no other fitness to practise concerns arising. The Tribunal has reminded itself of its previous findings that Dr Tint has full insight into his misconduct and has fully remediated his misconduct. Therefore, the Tribunal does not find that an immediate order is necessary to protect public safety.

138. The Tribunal went on to consider if an immediate order is necessary to protect the public interest which includes maintaining confidence in the profession and the reputation of the profession.

139. The Tribunal has reminded itself of the seriousness of the misconduct that it has previously found and its consideration that a finding of impairment was necessary to uphold proper professional standards and public confidence in the medical profession. The Tribunal also reminded itself that Dr Tint made several admissions of dishonesty and acknowledged his

misconduct throughout this hearing. Therefore, the Tribunal determined that public confidence in the profession would be undermined and that it would be failing to uphold the overarching objective if an immediate order were not imposed in this case.

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

141. There is no interim order to revoke.

142. This concludes the case.