

PUBLIC RECORD

Dates: 19/08/2024 - 22/08/2024

Medical Practitioner's name: Dr Bervin TEO CHONG WEI

GMC reference number: 6122749

Primary medical qualification: MB BS 2005 University of London

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

Summary of outcome

Suspension, 6 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Mr John MacGregor
Lay Tribunal Member:	Mr Mark O'Brien
Medical Tribunal Member:	Dr Jane Mamelok
Tribunal Clerk:	Mr Michael Murphy

Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Mr Stephen McCaffrey, Counsel, instructed by Kings View Chambers
GMC Representative:	Mr Jacob Dyer, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held 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/impairment - 21/08/2024

1. In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public. During the course of the hearing, certain issues were heard in private as issues concerning XXX and family circumstances arose. This determination will be handed down in private. However, as this case concerns Dr Teo Chong Wei's misconduct a redacted version will be published at the close of the hearing.

FACTS

Background

2. Dr Teo Chong Wei qualified as a doctor in the UK in 2005. Prior to the events which are the subject of the hearing, Dr Teo Chong Wei worked as a locum consultant, from April 2020 to October 2021, at James Cook University Hospital (the Hospital) which is a part of South Tees Hospitals NHS Foundation Trust (the Trust). He lived in Singapore from November 2021 and returned to the UK on 3 April 2022. Dr Teo Chong Wei began his current role, a locum medical consultant at Queens Hospital in Burton-on-Trent, on 8 April 2024.
3. The Allegation that has led to Dr Teo Chong Wei's hearing can be summarised as him attending the Hospital on 3 April 2022, wearing a pass that identified him as a consultant in order to persuade Dr A to take, and process, a blood sample from him. The GMC alleged that Dr Teo Chong Wei told Dr A that he was a consultant working at the Hospital and that he accessed the Trust's "Web ICE" computer system to submit his blood samples for testing. It was alleged that Dr Teo Chong Wei intended to give the false impression that he was a current employee at the Hospital, when he knew he was not, and that he knew that he no longer had permission to access the Trust's "Web ICE" computer system. The GMC alleged that Dr Teo Chong Wei's actions were dishonest.

4. The initial concerns were raised with the GMC in April 2022 by the Trust. The referral to the GMC was further to a local investigation which arose from Ms B's email to the Trust on 3 April 2022. In this she informed the Trust about an incident which involved Dr Teo Chong Wei attending the Hospital, whilst claiming to be a working consultant, in order to have his bloods taken and that he accessed the Trust's "Web ICE" computer System.

The Outcome of Applications Made during the Facts Stage

5. The Tribunal granted the GMC's application, made pursuant to Rule 17(6) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that, the allegation should be amended. The GMC submitted that paragraph 1(b)(iii) should be amended to read "wore your pass with the intention it be seen by Dr A" and that in paragraph 1(d), the reference to Ms D should be changed to Mr D as the individual was in fact male. Mr McCaffrey on behalf of Dr Teo Chong Wei supported these amendments as they more accurately reflected the underlying facts. The Tribunal considered that the amendments should be made because they would not cause any injustice to Dr Teo Chong Wei. The changes are of a relatively minor nature and it is in the interests of justice to allow this amendment.
6. The Tribunal granted Dr Teo Chong Wei's application, made pursuant to Rule 41(2) of the Rules, that parts of the hearing be held in private which relate to XXX and family circumstances. The GMC had no objection to this. As such the Tribunal determined that it was fair and just to allow the application.

The Allegation and the Doctor's Response

7. The Allegation made against Dr Teo Chong Wei is as follows:

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

1. On 3 April 2022 you attended Ward 29 of James Cook University Hospital ('the Hospital'), and you:
 - a. wore a South Tees Hospital pass ('the Pass') that identified you as a consultant, which had been previously issued to you; **Admitted and found proved**
 - b. in order to persuade Dr A to take and process a blood sample from you,:

- i. told Dr A that you were a consultant working:
 1. on the ward, or words to the effect, which was untrue;
Admitted and found proved
 2. at the Hospital, or words to that effect, which was untrue;
Admitted and found proved
 - ii. were already holding equipment needed to take blood samples;
Admitted and found proved
 - iii. ~~showed Dr A your Pass~~ wore your pass with the intention it be seen by Dr A; **Amended under Rule 17(6)**
Admitted and found proved
 - iv. told Dr A you did not have access to your Web ICE account due to a technical problem, or words to that effect, which was untrue.
Admitted and found proved
- c. accessed the Web ICE system; **Admitted and found proved**
 - d. submitted your blood samples for testing using the accounts of Ms C and ~~Ms~~ Mr D despite being asked not to and/or being asked to leave by Ms B.
Amended under Rule 17(6)
Admitted and found proved
2. Your actions at paragraph 1a and/or 1b were intended to give the false impression that you were a current employee of the Hospital. **Admitted and found proved**
 3. You knew:
 - a. your employment at the Hospital had ceased on 29 October 2021;
Admitted and found proved
 - b. your actions/representations at paragraphs 1a-b and 2 above were false;
Admitted and found proved

- c. you no longer had permission to access the Web ICE system; **Admitted and found proved**
 - d. your Web ICE account did not have a technical problem. **Admitted and found proved**
4. Your actions at paragraphs 1-2 were dishonest by reason of paragraph 3.
Admitted and found proved

The Admitted Facts

8. At the outset of these proceedings, through his counsel, Mr McCaffrey, Dr Teo Chong Wei made full admissions to the paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

IMPAIRMENT

9. In light of the full admissions made by Dr Teo Chong Wei, 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 Teo Chong Wei's fitness to practise is impaired by reason of misconduct.

Witness Evidence

10. The Tribunal received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:
- Dr A, Trust grade Senior House Officer at the Trust and subject of the Allegation;
 - Ms B, Cardiology Ward Sister at the Trust and subject of the Allegation;
 - Ms C, Brain injury specialist nurse at the Trust and subject of the Allegation;
 - Mr D, Charge nurse at the Trust and subject of the Allegation;
 - Ms E, Senior General Manager to the CMO's Office at the Trust;
 - Dr F, Chief Medical Officer at the Trust.
11. Dr Teo Chong Wei provided his own witness statement, dated 8 July 2024, and a reflective statement, dated 12 August 2024. Dr Teo Chong Wei also gave oral evidence at

the hearing. In his oral evidence Dr Teo Chong Wei explained to the Tribunal his personal circumstances during the time of the events in the Allegation. These included XXX. Dr Teo Chong Wei did not seek to use his family circumstances as an excuse for his actions.

12. Dr Teo Chong Wei also explained that XXX. On the date in question, he knew that what he was doing was wrong. XXX.
13. Dr Teo Chong Wei stated that he was sorry for his actions and ashamed. He apologised and acknowledged that his actions were wrong. He stated that he would never do this again. He accepted that he put his former colleagues under unnecessary pressure to assist him. Dr Teo Chong Wei explained that his actions impacted himself and his colleagues and that they endangered the reputation of the Hospital. He acknowledged that his actions were dishonest and said that he has since familiarised himself with the guidance set out in Good Medical Practice.
14. Dr Teo Chong Wei confirmed that he had undertaken up to date information governance training this year. He stated that he had undertaken mentoring. His mentoring, reflections, reading and a professional boundaries course he had undertaken had enabled him to learn the impact that his dishonesty had. Dr Teo Chong Wei also said that he had taken steps to ensure his dishonest actions do not happen again as he plans to use a Google diary to schedule any future blood tests.
15. Dr Teo Chong Wei stated that he had told colleagues that provided testimonials about the incident at the heart of the Allegation and the Tribunal proceedings. However, in cross examination, he accepted that he had not told his colleagues, or the authors of the testimonials, that he persisted in seeking to obtain blood tests when he was challenged by a member of staff at the Hospital.

Documentary Evidence

16. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:

- Printouts from the Trusts Web ICE System dated 4 March and 3 April 2022;
- Serum Biochemistry Request, dated 3 April 2022;
- Results of the haematology or Full Blood Count request, dated 3 April 2022;
- Datix Report for incident raised by Ms B, dated 3 April 2022;
- Certificate of completion of course entitled '*Professional Boundaries In Practice*', dated 4 October 2022;

- Independent mentoring report, dated 2 August 2024;
- Dr Teo Chong Wei’s reflective statement, dated 12 August 2024;
- Numerous testimonials in support of Dr Teo Chong Wei.

Submissions

17. On behalf of the GMC, Mr Dyer submitted that Dr Teo Chong Wei’s actions involved a degree of planning, persistence and the deception of a junior doctor. He acknowledged that some evidence has been provided of remediation. However, he submitted that Dr Teo Chong Wei’s actions did not amount to a lapse of judgement as they involved a degree of planning. In particular, the alleged dishonesty and false statements made to Dr A. He submitted that although Dr Teo Chong Wei has now made full admissions, he had initially denied that he had said anything that was untrue. He initially denied Dr A’s account that he represented himself as a current employee of the Hospital. These denials were made after completing the professional boundaries course.
18. Mr Dyer noted that a number of testimonials had been provided in support of Dr Teo Chong Wei. However, he invited the Tribunal to take account of the fact that there has been no opportunity for the GMC to validate these and that there was no clear indication as to what the authors of these testimonials knew about the Allegation made against Dr Teo Chong Wei. He reminded the Tribunal that in evidence, Dr Teo Chong Wei had accepted that he did not tell the authors of certain testimonials that he had persisted in seeking to obtain the blood tests at the Hospital even when he had been challenged about his conduct.
19. Mr Dyer submitted that a finding of impairment was necessary in this case in order to maintain public confidence in the medical profession and to uphold proper professional standards. He stated that the Tribunal may think that a reasonable and well informed member of the public would expect a finding of impairment to be made to mark the seriousness of Dr Teo Chong Wei’s misconduct. He submitted that public trust in the medical profession would be undermined if no finding of impairment was made as Dr Teo Chong Wei’s fitness to practise is impaired by reason of misconduct.
20. On behalf of Dr Teo Chong Wei, Mr McCaffrey admitted that the Allegation in this case amounts to serious misconduct. He requested that the Tribunal take account of Dr Teo Chong Wei’s witness statement and reflections in order to understand the impact XXX had on him, his mindset during the events in the Allegation, and the impact it would

have had on him if he could not get the blood tests done. Mr McCaffrey stated that these do not excuse Dr Teo Chong Wei's behaviour but make it more understandable.

21. Mr McCaffrey reminded the Tribunal that Dr Teo Chong Wei had made admissions before the hearing began and that he made full admissions at the start of this hearing, which demonstrates evidence of insight. He referred the Tribunal to the testimonials received and stated that if it takes nothing else away from these in determining what weight to attach, it should have regard to the fact that they show Dr Teo Chong Wei is clearly liked, respected and valued by colleagues. No one has raised any concerns about his integrity probity or conduct in the period since the events at the heart of the Allegation.
22. Mr McCaffrey submitted that Dr Teo Chong Wei has not attempted to minimise his actions and had spoken of his remorse, apologised for his actions and has focused on the impact his actions had upon his colleagues, the Hospital and the wider public.
23. Mr McCaffrey submitted that this is an isolated incident. There is no indication that there has been any repetition of the conduct in the years that have followed. He submitted that the risk of repetition is nil.
24. Mr McCaffrey submitted that Dr Teo Chong Wei's fitness to practise is not currently impaired. He has demonstrated insight, remorse and has taken serious steps towards remediation. The fully informed member of the public would be aware of all these issues. As such, he submitted that a finding of impairment should not be made in this case.

The Relevant Legal Principles

25. 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.
26. 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, and that the misconduct was serious, and then whether the finding of that misconduct which was serious could lead to a finding of impairment.

27. The Tribunal must determine whether Dr Teo Chong Wei'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.

28. In *Roylance v General Medical Council (no 2)* [2000] 1 AC 311, Lord Clyde described misconduct as:

“...a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances”.

29. The Tribunal bore in mind that not every breach of Good Medical Practice (GMP), and not every falling short of what would be proper in the circumstances, will constitute misconduct. The breach must be serious *R (on the Application of Remedy UK Ltd) v GMC* [2010] EWHC 1245 (Admin).

30. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Paula Grant* [2011] EWHC 297. In particular, the Tribunal considered whether the admitted and proved facts showed that Dr Teo Chong Wei's fitness to practise is impaired in the sense that he:

a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

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

c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession

d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.

31. The Tribunal had regard to the case of *Cohen v General Medical Council* [2008] EWHC 581 where the Court held that:

‘Any approach to the issue of whether...fitness to practise should be regarded as ‘impaired’ must take account of...the collective need to maintain confidence in the

profession as well as declaring and upholding proper standards of conduct and behaviour’

32. The Tribunal also had regard to the case of *GMC v Patel 2018 EWHC 171* which is authority for the proposition that in non-clinical cases, such as those involving dishonesty, evidence of remediation will usually be of limited relevance.
33. In its deliberations on dishonesty, the Tribunal proceeded on the basis that dishonesty constitutes a breach of a fundamental tenet of the profession of medicine (*PSA v GMC & Igwilo [2016] EWHC 524*). While there is a wide range of dishonest behaviour, dishonesty generally lies at the top end of the spectrum of gravity of misconduct (*Tait v Royal College of Veterinary Surgeons (2003) 147 SJLB 536*).
34. The Tribunal noted that a finding of impairment does not automatically follow from a finding of dishonesty. It had regard to Lang J’s observations in the case of *PSA v GMC & Uppal [2015] EWHC 1304*: ‘not every act of dishonesty results in impairment’.
35. The Tribunal also had regard to *GMC v Nwachuku 2017 EWHC 2085* which is authority for the proposition that: ‘It will be an unusual case in which dishonesty is not found to impair fitness to practise’.

The Tribunal’s Determination on Impairment

Misconduct

36. In determining whether Dr Teo Chong Wei’s fitness to practise is currently impaired by reason of misconduct, the Tribunal first considered whether the facts proved amount to misconduct which is serious.
37. In its deliberations, the Tribunal noted that Dr Teo Chong Wei’s actions involved pre-planning. They could not be described as a spontaneous, isolated, incident because Dr Teo Chong Wei persisted in his dishonest course of conduct even when challenged by a staff member at the Hospital.
38. The Tribunal was mindful that Dr Teo Chong Wei would have known for a long time that XXX. He travelled to the Hospital on the day in question with the intention of using his Pass to gain access to facilities at the Hospital. Dr Teo Chong Wei therefore deliberately planned the actions at the heart of the Allegation.

39. The Tribunal considered Dr Teo Chong Wei's actions would be considered delportable by other members of the medical profession as they breached the following paragraphs of Good Medical Practice (2013) (GMP):

'1 Patients need good doctors...are honest and trustworthy, and act with integrity and within the law.

36 You must treat colleagues fairly and with respect.

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

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

68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

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

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

b You must not deliberately leave out relevant information.'

40. 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 Teo Chong Wei's dishonest conduct amounted to a serious departure from GMP and the standards expected of a doctor.

41. The Tribunal noted that, in his oral evidence, Dr Teo Chong Wei admitted that he knew his actions at the time of the events in the Allegation were wrong. In his submissions, Mr McCafferty accepted that the admitted facts amount to misconduct which is serious.

42. The Tribunal has concluded that Dr Teo Chong Wei's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to serious misconduct.

Impairment

43. 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 Teo Chong Wei's fitness to practise is currently impaired.
44. The Tribunal's task is not to punish Dr Teo Chong Wei 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 Teo Chong Wei'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.
45. 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 highly unlikely to be repeated.
46. The Tribunal considers that dishonesty is not easily remediable. There was evidence before the Tribunal that Dr Teo Chong Wei has made some attempts to remediate his misconduct. He has undertaken a professional boundaries course. He has undertaken a period of mentoring. He has clearly reflected on his behaviour given the content of his reflective statement and his oral evidence. He has admitted that he was dishonest and has taken responsibility for his conduct. He has not sought to use XXX his family circumstances as an excuse for his behaviour.
47. In considering all of the evidence, the Tribunal was satisfied that Dr Teo Chong Wei's remorse is genuine. It has borne in mind the previous good standing of Dr Teo Chong Wei, 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. It has also considered the wider context, including the personal circumstances referred to in Dr Teo Chong Wei's evidence XXX.
48. However, it was a matter of concern to the Tribunal that Dr Teo Chong Wei persisted in denying aspects of the Allegations in the period after he undertook a course in professional boundaries. Dr Teo Chong Wei has also not been fully candid with colleagues and individuals that provided testimonials. In particular, he did not tell

individuals that provided testimonials that he persisted in seeking to obtain the blood tests even when challenged by a member of staff at the Hospital. XXX.

49. The Tribunal considers that Dr Teo Chong Wei has developed some insight into his misconduct. However, the Tribunal was not satisfied that he has developed full insight. The material available to the Tribunal does not indicate that full remediation has taken place. Dr Teo Chong Wei completed a professional boundaries course but after this maintained his denial that he attempted to represent himself as an employee of the Hospital when he was no longer employed there.
50. Whilst Dr Teo Chong Wei has not acted to put patients at unwarranted risk of harm, and there is no risk of him doing so in the future, his actions have brought the profession into disrepute. He has breached a fundamental tenet of the profession by not acting with honesty and integrity. Having considered all the available material, the Tribunal could not be confident that Dr Teo Chong Wei would not act dishonestly in the future.
51. 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.
52. The Tribunal considered that there was a breach of a fundamental tenet of the medical profession, namely that doctors should act honestly and with integrity. The Tribunal proceeded on the basis that this was serious misconduct. The Tribunal noted that there were no unusual or exceptional factors in this case to justify Dr Teo Chong Wei's misconduct. Dr Teo Chong Wei's XXX and family circumstances are relevant context. However, they do not justify his actions.
53. The Tribunal is also conscious that the misconduct in this case concerns dishonesty. The importance of honesty and integrity on the part of members of a profession, including the medical profession, is well recognised.
54. Dishonesty is not a monolithic concept. Questions of degree obviously arise. The Tribunal requires to consider not just the nature of the dishonesty that occurred in this case but also the context that it occurred. The Tribunal proceeded on the basis that it will be an unusual case in which dishonesty is not found to impair fitness to practise. However, each case will turn on its individual facts and circumstances.

55. Having considered the specific factors in the present case, the Tribunal has concluded that this is not an unusual case where it would be appropriate to find that Dr Teo Chong Wei's fitness to practise is not currently impaired. There has been a finding of dishonesty. This was pre-meditated and was persisted in even after the doctor was challenged. Significant weight needs to be accorded to this finding and the public interest limbs of the over-arching objective set out in the 1983 Act. While there has been remorse shown and a degree of insight and remediation, the Tribunal ultimately concluded that these factors were insufficient to outweigh the public interest concerns that arise. While XXX and family circumstances of Dr Teo Chong Wei provide context, they do not excuse the behaviour or amount to special or exceptional circumstances.
56. The Tribunal took the view that a fully informed member of the public would be surprised to learn that Dr Teo Chong Wei's fitness practise was found not to be impaired, given all the circumstances in this case.
57. Taking all matters into consideration, the Tribunal determined that a finding of impairment is required to promote and maintain proper standards and conduct in the profession and to promote and maintain the wider public interest. 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.
58. The Tribunal has therefore determined that Dr Teo Chong Wei's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 22/08/2024

1. In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public. During the course of the hearing, certain issues were heard in private as issues concerning XXX and family circumstances arose. This determination will be handed down in private. However, as this case concerns Dr Teo Chong Wei's misconduct a redacted version will be published at the close of the hearing.
2. Having determined that Dr Teo Chong Wei'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

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

Submissions

4. On behalf of the GMC, Mr Dyer submitted that it would not be appropriate for the Tribunal to take no action in this case due to the findings it has already made. He also submitted that it would not be appropriate to impose conditions in this case as none could be formulated to reflect the seriousness of the allegations found proved in this case.
5. Mr Dyer submitted that the appropriate sanction in this case is one of suspension in order to maintain public confidence in the medical profession. He stated that Dr Teo Chong Wei's misconduct falls short of being fundamentally incompatible with continued registration and therefore erasure would not be proportionate. He reminded the Tribunal that it has found that there there is a risk of the conduct being repeated. Mr Dyer accepted that Dr Teo Chong Wei has demonstrated some insight and remediation but he does not yet have full insight. He reminded the Tribunal that Dr Teo Chong Wei has engaged with the regulatory process and that there has been no suggestion that his misconduct can not be remediated.
6. Mr Dyer considered the mitigating factors in this case to be XXX, that there has been no repetition and that he has demonstrated some evidence of remediation and insight. Mr Dyer considered the aggravating factors in this case to be Dr Teo Chong Wei's abuse of his professional position to convince a more junior doctor to allow him to use the Trust's resources along with the fact that he persisted in the dishonest behaviour after being challenged.
7. Mr Dyer submitted that Dr Teo Chong Wei should be suspended for a length of time towards the upper end of the scale given the serious nature of the misconduct and in order to allow him adequate time to remediate.
8. On behalf of Dr Teo Chong Wei, Mr McCaffrey acknowledged that it would be difficult to formulate conditions to address a case involving integrity concerns outside of a doctor's

clinical practice. However, he stated that if the Tribunal were to impose conditions these could include indirect supervision and mentoring.

9. Mr McCaffrey submitted that if the Tribunal determined to suspend Dr Teo Chong Wei's registration then they should do this for a length of time towards the lower end of the scale, with a review hearing being fixed to allow him to undertake further steps towards remediation with a view to demonstrating full insight and remediation to a future Tribunal.
10. Mr McCaffrey reminded the Tribunal that it found Dr Teo Chong Wei's remorse to be genuine and that he understood his actions were wrong. He also reminded the Tribunal that it found Dr Teo Chong Wei had demonstrated remediation and insight but that it was not complete.
11. Mr McCaffrey stated that there has been clear engagement from Dr Teo Chong Wei at every stage. He also stated that Dr Teo Chong Wei is a valued and clinically competent doctor and that any gap in practice would have an affect upon his career and his clinical skills. Mr McCaffrey submitted that imposing a suspension on Dr Teo Chong Wei's registration would remove a competent doctor from the register.

The Tribunal's Determination on Sanction

12. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement. There is no burden or standard of proof at this stage. The Tribunal recognises that every case will necessarily turn on its own facts and circumstances.
13. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (2024) (SG) and GMP. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.
14. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Teo Chong Wei's interests with the public interest. It has taken account of the overarching objective, which includes the protection of the public, the maintenance of public confidence in the profession, and the promoting and maintaining of proper professional standards and conduct for members of the profession.

15. In reaching its decision, the Tribunal has taken into account its earlier findings, Counsels' submissions and the evidence heard during the course of these proceedings. The Tribunal has already given a detailed determination on impairment and has taken those matters into account during its deliberations on sanction.

Aggravating and Mitigating factors

16. The Tribunal considered the aggravating factors in this case to be that Dr Teo Chong Wei falsely represented himself as an employee of the Hospital and abused his senior position over Dr A to get his blood tested. In addition, it noted that Dr Teo Chong Wei has not demonstrated full insight.
17. The Tribunal considered the mitigating factors in this case to be Dr Teo Chong Wei's demonstration of partial insight and that he has taken steps towards remediation. The Tribunal noted that Dr Teo Chong Wei is of previous good character and that there has been no repetition of the events in the Allegation. The positive testimonials indicate that fellow professionals hold him in high regard. XXX. He has engaged with the GMC and the Tribunal. This included making substantial admissions in advance of the hearing, including admitting that his actions were dishonest. He made full admissions to the amended Allegation at this hearing. Dr Teo Chong Wei has apologised for his actions and has demonstrated sincere remorse. He has also recognised the impact his actions had upon Dr A and the wider public interest.
18. Having identified the aggravating and mitigating factors, the Tribunal reminded itself that it must consider each of the sanctions available, starting with the least restrictive, taking account of the current SG.

No action

19. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to conclude by taking no action.
20. The Tribunal determined that there were no exceptional circumstances to justify taking no action and that it would not uphold the statutory overarching objective to do so. Given the serious nature of the dishonesty found proved, taking no action would be inappropriate, inadequate and would not be in the public interest.

Conditions

21. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Teo Chong Wei's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.
22. In considering all of the evidence in this case, the Tribunal was not satisfied that any workable or proportionate conditions could be formulated to address the Tribunal's concerns and findings regarding the serious misconduct which involved dishonesty.
23. The Tribunal was concerned that an order of conditions would not sufficiently mark the gravity of the misconduct. It would undermine public confidence and fail to send a sufficiently strong message to the wider profession about the seriousness of such dishonesty, such that the overarching objective would not be met.
24. The Tribunal therefore concluded that conditions are insufficient to meet the public interest, maintain public confidence in the medical profession or uphold proper professional standards for members of the profession.

Suspension

25. The Tribunal then went on to consider whether imposing a period of suspension on Dr Teo Chong Wei's registration would be appropriate and proportionate. In doing so it had regard to the following paragraphs of the SG:

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

93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or

incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions

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

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

...

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

f No evidence of repetition of similar behaviour since incident.

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

26. The Tribunal noted Dr Teo Chong Wei's acknowledgement that his actions in the Allegation were wrong. He took responsibility for his actions at the hearing and did not seek to downplay the serious nature of the misconduct or to make excuses for his actions. Dr Teo Chong Wei has demonstrated a degree of insight into his actions, as evidenced in his reflections and oral evidence, but would need to develop this further in order to reduce the risk of repetition.
27. The Tribunal considers that remediation is possible. It bore in mind that Dr Teo Chong Wei's actions amounted to serious misconduct but took the view that this was not fundamentally incompatible with continued registration as his actions are remediable and he has already begun the process of remediation. The Tribunal notes that the GMC accepts that erasure would be disproportionate in this case.
28. The Tribunal considered that Dr Teo Chong Wei's misconduct was a serious breach of GMP and breached a fundamental tenet of the medical profession as to honesty. The

Tribunal had regard to those paragraphs of SG concerning dishonesty. The Tribunal noted that more serious sanctions should be considered in cases involving dishonesty. In certain cases, this can require erasure.

29. The Tribunal assessed the specific facts of Dr Teo Chong Wei's case. While the Allegation that has been admitted and proved is of a serious nature, it is one incident in an otherwise unblemished career. Given the fact that Dr Teo Chong Wei has apologised, has demonstrated a degree of insight, and has taken steps towards remediation, the Tribunal considers that any sanction greater than suspension would be disproportionate in the particular facts of this case.
30. The Tribunal determined that a period of suspension would be an appropriate and proportionate sanction which would protect public confidence in the profession and promote and maintain proper standards of conduct and behaviour.
31. In considering the appropriate period of suspension, the Tribunal was aware that the maximum period of suspension is 12 months and had regard to paragraph 100 of the SG which states:

'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'

32. Having balanced all relevant factors, the Tribunal determined that a period of suspension for 6 months would be reasonable and proportionate and would give sufficient time for Dr Teo Chong Wei to demonstrate further remediation and how he has developed his insight. The Tribunal considers that this period marks the gravity of the misconduct. However, it also acknowledges the fact that Dr Teo Chong Wei has fully engaged with the regulator and the Tribunal process, has made full admissions, has demonstrated a degree of insight and has taken steps towards remediation. The Tribunal considers that any longer period would be punitive in this case. Any shorter period would not mark the gravity of the misconduct and would not provide Dr Teo Chong Wei with the time that is

required for further reflection and development and demonstrate that full remediation has taken place to a future Tribunal.

33. The Tribunal determined to direct a review of Dr Teo Chong Wei'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 Teo Chong Wei to demonstrate how he has remediated and developed insight. It therefore may assist the reviewing Tribunal if Dr Teo Chong Wei provided:

- Evidence which demonstrates he understands why his actions were wrong, the impact his actions had upon his colleagues, public confidence in the medical profession and proper professional standards, learning from his remediation and what steps he has taken to prevent recurrence;
- XXX;
- An update on any training and remediation undertaken in relation to information governance, working with colleagues and probity;
- An updated mentoring report;

34. Dr Teo Chong Wei will also be able to provide any other information that he considers will assist.

Determination on Immediate Order - 22/08/2024

1. Having determined to suspend Dr Teo Chong Wei's registration, 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

2. On behalf of the GMC, Mr Dyer submitted that the GMC do not seek an immediate order.

3. On behalf of Dr Teo Chong Wei, Mr McCaffrey agreed with the GMC's submission.

The Tribunal's Determination

4. In its deliberations, the Tribunal considered Section 38 of the Medical Act 1983 (as amended). It also considered the following paragraphs of the SG:

'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.'

5. The Tribunal considered that an immediate order of suspension would not be necessary as Dr Teo Chong Wei has been working without incident since the events in the Allegation. It considered that an immediate suspension order would not allow him to implement the proper procedures to end his current employment contract. This is not a case with any clinical risk to patients. Balancing all the relevant considerations, the Tribunal doesn't consider an immediate order to be in the public interest.
6. The Tribunal therefore determined not to impose an immediate order.
7. This means that Dr Teo Chong Wei's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless he lodges an appeal. If Dr Teo Chong Wei does lodge an appeal he will remain free to practise unrestricted until the outcome of any appeal is known.
8. That concludes the case.