

PUBLIC RECORD

Dates: 16/02/2026 - 23/02/2026

Doctor: Dr Daniel COVENTRY

GMC reference number: 7515747

Primary medical qualification: BM BCh 2016 Oxford University

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

Summary of outcome

Conditions, 18 months
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Michael Smith
Lay Tribunal Member:	Mr James Riley
Registrant Tribunal Member:	Dr Patricia Moultrie
Tribunal Clerk:	Mr Michael Murphy

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr Lee Fish, 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 and Impairment - 19/02/2026

Facts

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

Background

2. Dr Coventry qualified in the UK in 2016. Prior to the events which are the subject of the hearing, Dr Coventry had worked as a FY1 Trainee at Brighton and Sussex University Hospitals NHS Trust where he worked in Respiratory Medicine, Oncology and Accident and Emergency. The next year Dr Coventry moved to Worthing as an FY2 trainee and worked in various disciplines, including Cardiology and General Medicine. At the time of the events in the Allegation, Dr Coventry was practising at Eastbourne District General Hospital but following his dismissal in May 2021 has undertaken aesthetic work which involves dermal filling.

3. There are three allegations that have led to this hearing.

4. Firstly, that on 14 February 2022, Dr Coventry was convicted at Brighton Magistrates Court of (a) failing without reasonable excuse, on 1 January 2021, to co-operate with a roadside breath test and (b) failing without reasonable excuse to provide specimen for analysis at Brighton Custody Centre when suspected of having driven a vehicle whilst under the influence of alcohol. Dr Coventry pleaded not guilty to those charges but was found guilty after trial and was disqualified from holding a driving licence for 12 months and ordered to

pay fines of £346 and £519. The conviction related to a collision in which the vehicle that Dr Coventry was driving ran into a line of stationary traffic. As a result, Sussex Police attended the collision. Constable C spoke to Dr Coventry and could smell intoxicating liquor on his breath, so a request was made to provide a sample of breath at the roadside which Dr Coventry declined. As such, Dr Coventry was arrested, cautioned and taken to Brighton Custody where he again declined to provide a specimen of breath for analysis.

5. XXX

6. XXX

7. The initial concerns were raised with the GMC by East Sussex Healthcare NHS Trust in an email dated 20 January 2021. This stated that *'Apparently on NY Eve the police rang EDGH to say he would not be able to work as he was in their cells. He crashed into the back of someone in his car, refused a roadside breath test and was arrested...he is charged with refusal'*. Following this, Dr Coventry self-referred to the GMC, on 27 January 2021 and stated:

'I need to let you know that I have been charged with the offence of not providing a breath sample at the site of a vehicle accident.

My reason for this is that there was no PPE, I felt this was a potential aerosol-generating procedure, and as an ENT doctor I am any higher risk of carrying covid. Instead I offered a blood sample. I was not properly warned of the consequences of not providing...instead I was left with the impression that a blood sample was to be taken. However, no-one came to take my blood. I was only properly informed some hours later that blood was not an option by the new sergeant, but by this time he was not willing...to offer a blood test'.

8. The referral to the GMC was therefore further to a local investigation by Sussex Police which arose from Dr Coventry's refusal to provide the breath samples.

9. Whilst it doesn't make up part of the Allegation, it is also of note to the Tribunal that XXX.

The Outcome of Applications made during the Facts Stage

10. The Tribunal refused Dr Coventry's application, made pursuant to Rule 41(2) of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), for the entirety of these

proceedings to be held in private. The Tribunal's full decision on the application is included at Annex A.

The Allegation and the Doctor's Response

11. The Allegation made against Dr Coventry is as follows:

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

1. On 14 February 2022 at Brighton Magistrates' Court, you were:
 - a. convicted of, on 1 January 2021, failing without reasonable excuse:
 - i. to co-operate with a preliminary test, namely a roadside breath test, in pursuance of a requirement imposed under section 6 of the Road Traffic Act 1988 contrary to section 6(6) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988; **Admitted and found proved**
 - ii. to provide specimen for analysis at Brighton Custody Centre when suspected of having driven a vehicle and having been required to provide a specimen or specimens of breath for analysis by means of a device of a type approved by the Secretary of State pursuant to section 7 of the Road Traffic Act 1988 in the course of an investigation into whether you had committed an offence under section 3A, 4, 5 or 5A thereof, contrary to section 7(6) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988; **Admitted and found proved**
 - b. disqualified from holding or obtaining a driving licence for 12 months, to be reduced by 13 weeks if by 14 September 2022 you satisfactorily completed a course approved by the Secretary of State; **Admitted and found proved**
 - c. ordered to pay a fine of:
 - i. £346 in respect of the offence set out at paragraph 1ai; **Admitted and found proved**

- ii. £519 in respect of the offence set out at paragraph 1aii. **Admitted and found proved**

2. XXX

3. XXX

The Admitted Facts

12. At the outset of these proceedings, Dr Coventry made admissions to the entirety of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the ‘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

13. XXX

14. Dr Coventry provided his own witness statement, dated February 2026, and also gave oral evidence at the hearing. Dr Coventry also provided XXX, which the Tribunal has taken into account.

15. In summary, in his oral evidence, Dr Coventry described XXX Dr Coventry said that at the time of the events that led to his conviction he was XXX, which was evidenced by him choosing to drink alcohol in the day before going to work, and that he believed he had XXX. Dr Coventry said that when he was asked to provide samples of breath he had legitimate concerns about infection control because of (a) the Covid pandemic and (b) his daily experience as an ENT doctor in which transmission control was treated with a high degree of caution. However, Dr Coventry did accept that having raised those concerns initially he inappropriately “leant in to” providing the explanation to the police that he wanted to be assured of the sensitivity of the breath test before giving a sample. During his evidence Dr Coventry accepted that he could not rule out that he was over the limit and overall admitted that he had sought to frustrate the taking of the sample in a way that he now recognised was inappropriate. Dr Coventry did maintain that he had always offered to give blood but now understood that was not his choice to make.

16. Dr Coventry provided further oral evidence about his personal circumstances at the time and why it was that XXX, all of which the Tribunal has considered together, worsened in

2021. Dr Coventry described XXX that had occurred in 2021 over which he was suspended from work and later XXX

17. However, Dr Coventry stated that since then he has developed his insight into XXX. He stated that he has worked hard to remediate his conduct and that he now knows himself better than he ever did so he can assess XXX. He said that he does now XXX and has put in place a support network XXX and a social network that he accesses daily and other wellbeing strategies which he finds effective.

18. Dr Coventry also confirmed that whilst he has not worked in hospital medicine for approximately five years he has kept his clinical skills up to date by doing related work in pursuant to his employment in the aesthetic clinic including gaining a certificate in minor surgery, undertaking online MRCP revision and courses, and reading relevant textbooks.

19. XXX

20. Dr Coventry also stated his agreement that he is only fit to practise with restrictions in place on his registration for public protection issues. He expressed his desire to return to practice under appropriate restrictions so that he could re-engage with a career he was committed to as evidenced by his significant progress with XXX.

XXX

21. XXX

22. XXX

23. XXX

24. XXX

25. XXX

Documentary Evidence

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

- Police report, dated September 2020;
- Referral from East Sussex Healthcare NHS Trust, dated 20 January 2021;
- Dr Coventry’s self-referral, dated 27 January 2021;
- Certificate of conviction, dated 30 March 2022;
- Witness statements of Constable C, dated 1 January 2021 and 9 April 2021;
- Witness statement of police officer D, dated 6 March 2021;
- Witness statement of police officer E, dated 16 March 2021;
- XXX;
- XXX;
- XXX;
- XXX;
- XXX;
- XXX;
- XXX;
- XXX;
- XXX.

Impairment

27. 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 Coventry’s fitness to practise is impaired by reason of a conviction for a criminal offence XXX.

Submissions

Submissions on behalf of the GMC

28. Mr Fish submitted that Dr Coventry’s conviction is capable of undermining public confidence in the medical profession and bringing the medical profession into disrepute. He stated that Dr Coventry had showed limited insight into that offending, was convicted after trial and has attempted to minimise the events leading to the conviction. He also stated that Dr Coventry failed to cooperate with police officers and that his overall conduct indicates a medium level of seriousness due to factors which aggravate the conviction.

29. Mr Fish submitted that Dr Coventry’s fitness to practise is currently impaired XXX Mr Fish informed the Tribunal that Dr Coventry has not worked full time as a doctor since 2021 which should be considered in the Tribunal’s deliberations.

30. As such, Mr Fish submitted that a finding of impairment is necessary in the interests of public protection.

Submissions on behalf of Dr Coventry

31. As to his conviction Dr Coventry stated that he attempted to persuade the police to take a blood sample as opposed to a breath test initially because of infection control concerns but admitted that he would not behave in this way in future. He said that he understands that a member of the public would have concerns about his conduct but thought they would now understand that he was XXX at the time of the events in the Allegation but is now XXX again.

32. Dr Coventry reminded the Tribunal that XXX. Dr Coventry stated XXX and that he wishes to return to clinical practice.

The Relevant Legal Principles.

33. The LQC directed the Tribunal in the following terms.

34. The Tribunal can only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response.

35. The three parts of public protection are:

to protect, promote and maintain the health, safety and well-being of the public;

to promote and maintain public confidence in the profession; and

to promote and maintain proper professional standards and conduct for members of the profession.

36. The Tribunal should consider section 35C(2)(c) XXX of the Medical Act 1983, which in summary provides that “a conviction...for a criminal offence” XXX are possible grounds for impairment. XXX.

37. The Tribunal is reminded 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.

38. Further, that it should determine whether the doctor's fitness to practise is impaired today, taking into account their 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.

39. The Tribunal should further consider that, whilst there is no statutory definition of impairment, 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 927 (Admin)* ('Grant') would be of assistance in its consideration of impairment. The Tribunal is reminded it may wish to consider whether its findings show that the doctor's fitness to practise is impaired in the sense that he:

'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 has in the past or is likely in the future to bring the medical profession into disrepute;

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

40. The Tribunal is reminded that the GMC do not say that Dr Coventry's honesty is in issue [the fourth limb of the test in *Grant*] in these proceedings.

41. The Tribunal should also have regard to the MPTS Guidance.

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

- where on the spectrum of seriousness the allegation lies, based on the facts found proved;

- the impact of any relevant context known about Dr Coventry and/or their working environment;
- how Dr Coventry has responded to the allegation.

43. XXX

The Tribunal's determination on impairment

Conviction

Is there a legal basis for considering impairment?

44. The Tribunal first considered whether the proven facts engage one or more of the statutory grounds for impairment, in accordance with Step 2a of the MPTS Guidance. It was satisfied that there is a clear legal basis for considering impairment on the grounds of Dr Coventry's conviction.

45. The Tribunal accepted the unchallenged Certificate of conviction, dated 30 March 2022, issued by Brighton Magistrates Court and noted that Dr Coventry made full admissions to his conviction in the Allegation.

46. Accordingly, the Tribunal concluded that the proven facts plainly engage the statutory grounds of a conviction or caution, and that there is therefore a proper legal basis for proceeding to consider impairment under Steps 2b to 2e of the MPTS Guidance.

Where on the spectrum of seriousness does the allegation lie?

47. In its deliberations, the Tribunal had regard to paragraph 17 of the MPTS Guidance which states:

'The assessment of where on the spectrum of seriousness the allegation lies is based on the facts found proved at stage one of the hearing. To reach a view on where on the spectrum of seriousness an allegation lies (the lower end, mid-range or higher end), an MPT will need to consider the nature of the allegation and any features of the allegation that increase seriousness.'

48. The Tribunal has taken account of the fact that the conviction led to Dr Coventry being fined and disqualified from driving for his criminal conduct. Pursuant to paragraph 28 of the guidance the Tribunal has noted that “a conviction or caution for a minor criminal offence that results in a discharge or fine” will “usually” fall at the lower end of the spectrum of seriousness.

49. Whilst the Tribunal has taken into account amongst other features that (a) Dr Coventry more likely than not had XXX and (b) that at least part of Dr Coventry’s motivations were connected to concerns about infection control, nevertheless, the Tribunal concludes that, as he now admits, his conduct was designed to frustrate a lawful police request to test his breath alcohol levels. Dr Coventry admits that he had had at least one glass of wine, that he did collide with a stationary line of traffic and so the Tribunal is satisfied the officer who smelt intoxication liquor on Dr Coventry’s breath was acting entirely appropriately in the pursuance of a legitimate police inquiry.

50. Overall it appeared to the Tribunal that Dr Coventry deliberately refused to undertake a breath test due to the fact that he had consumed alcohol and had caused a car crash in the hope that offering a blood test would be advantageous to his circumstances.

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

51. The Tribunal had regard to paragraph 45 of the MPTS Guidance which states:

‘Relevant context about a doctor and/or their working environment can have an impact on the assessment of whether a doctor poses any current and ongoing risk to one or more of the three parts of public protection. There are three types of relevant context: working environment context, role and experience, and personal context.’

52. It considered whether this had any effect on its assessment that the allegation was at the low end of the spectrum of seriousness. In doing so, the Tribunal considered whether there was any relevant personal context, role-related context, or working environment context which might explain, mitigate, or otherwise change the level of seriousness or the current and ongoing risk to public protection.

53. The Tribunal took account of XXX which it considered amounted to relevant personal context. Dr Coventry has accepted XXX.

54. The Tribunal also considered the personal stressors relied upon by Dr Coventry in that at the time of the events in the Allegation he had XXX and was working in an environment in which infection control was an issue. Dr Coventry did cause a car crash after consuming alcohol and made a decision not to comply with a lawful request to undertake a breath test. In hindsight, Dr Coventry stated he was wrong to have consumed alcohol before driving to work and that he made the wrong decision not to undertake the breath test.

55. However, the Tribunal was aware that these events happened over five years ago and noted that no evidence of repetition has been presented. It could find no aggravating factors that increased the seriousness of the conviction allegation and was satisfied that the seriousness of the conviction allegation remained at the lower end of spectrum of seriousness.

56. The Tribunal took the view that Dr Coventry's behaviour was unlikely to be repeated due to the steps he has now taken. It noted that remediating a conviction is difficult, but it was satisfied given Dr Coventry's level of insight that the likelihood of repetition is low and that he had sought to remediate his personal circumstances and XXX.

57. Accordingly, the Tribunal concluded that the relevant context did not change the level of seriousness or the current and ongoing risk to public protection.

How has Dr Coventry responded to the allegations?

58. The Tribunal had regard to paragraph 81 of the MPTS Tribunal's Guidance which states:

'To demonstrate insight, and insight which is genuine, the doctor will need to show they understand what happened and accept how they could have acted differently. This involves showing, where relevant, that they have:

- *considered the allegation, understanding what went wrong and accept they should have acted differently*
- *fully understood the impact or potential impact of their behaviour, performance, or health condition*
- *empathy for any individual affected, for example by apologising*
- *taken, or are taking, steps to remediate and to identify how they will act*

differently in the future to avoid similar issues arising

- *sought appropriate support for a health condition and are seeking and/or following treatment and advice and/or are engaging with local support and any steps put in place to manage any risks to patients*
- *complied with the professional duty of candour*
- *co-operated with earlier investigations into the allegation (if they had the opportunity to do so) and engaged with the GMC's investigation, and/or*
- *self-referred to their employer and/or the GMC'*

59. The Tribunal formed the view that Dr Coventry has developed his insight as, in his oral evidence, he stated that XXX. In his submissions, Dr Coventry acknowledged that there had been a degree of manipulation in what he said to the police and that he would not behave like this in the future.

60. The Tribunal bore in mind that Dr Coventry made full admissions to the Allegation and has developed good insight but was deliberately trying to avoid a lawful request to undertake a breath test. It took the view that his evidence was more focused on XXX than the conviction but considered this to be understandable as he wishes to get back into medical practice and in fairness to him the Tribunal observed that Dr Coventry accepted that he should have undertaken the breath test and stated that he would do this if requested to in the future.

61. The Tribunal came to the view that in light of the Dr Coventry's response to the allegations the conviction still fell at the lower end of the spectrum of seriousness.

62. The Tribunal therefore proceeded to make an overall assessment of impairment.

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

63. In its deliberations, the Tribunal noted the significant lapse of time since the events which led to Dr Coventry's conviction which was over five years. In addition, there was no repetition of this behaviour, and it considered the conviction to present a low level of risk to public protection.

64. The Tribunal took the view that Dr Coventry's conviction did not engage with patient safety but that a fully informed member of the public, taking into account the circumstances

of this case and even the steps Dr Coventry has taken, would be shocked if a finding of impairment were not made.

65. The Tribunal was satisfied that there is ongoing risk to public protection that may require restrictive action on Dr Coventry's registration. It considered that his behaviour would undermine public confidence in the medical profession and proper professional standards as a member of the public would expect a registered doctor to comply with a breath test requested by the police. It took the view that a member of the public would expect regulatory action based on a doctor choosing to frustrate an investigation into a road traffic collision in circumstances where he was on his way to work and where he had taken alcohol earlier that day.

66. The Tribunal has therefore determined that Dr Coventry's fitness to practise is impaired by reason of a conviction for a criminal offence.

XXX

XXX

67. XXX

68. XXX

XXX

69. XXX

70. XXX

71. XXX

72. XXX

73. XXX

74. XXX

Record of Determinations –
Medical Practitioners Tribunal

75. XXX

76. XXX

77. XXX

XXX

78. XXX

79. XXX

80. XXX

81. XXX

XXX

83. XXX

84. XXX

85. XXX

86. XXX

87. XXX

88. XXX

89. XXX

XXX

90. XXX

91. XXX

92. XXX

Determination on Sanction - 23/02/2026

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential. This determination will be handed down in private due to the confidential nature of some of the matters under consideration. However, as this case concerns Dr Coventry's conviction a redacted version will be published at the close of the hearing.
2. Having determined that Dr Coventry's fitness to practise is impaired by reason of a conviction for a criminal offence XXX, the Tribunal now has to decide, in accordance with Rule 17(2)(n) of the Rules, the appropriate sanction, if any, to impose.
3. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction

Submissions

4. On behalf of the GMC, Mr Fish acknowledged that, in light of the findings made by the Tribunal at the impairment stage, Dr Coventry's conviction and XXX were "inextricably linked". Accordingly the Tribunal heard all the submissions in private as Mr Fish sought to make holistic submissions that dealt with Dr Coventry's case as a whole. Mr Fish submitted that it would not be appropriate for the Tribunal to take no action in this case and that a sanction of conditions would be appropriate and proportionate.
5. Mr Fish directed the Tribunal to the sanction banding for a conviction which indicates that for cases that fall within the "lower level of risk to public protection", conditions up to 12 months to Suspension of up to 3 months apply. XXX
6. Mr Fish stated that Dr Coventry clearly has insight, which appeared to have improved during the course of the proceedings, and for that reason, and Dr Coventry's proven history of attempts at remediation and willingness to make further efforts to remediate XXX in

future, that conditions are workable in this case. Nevertheless he accepted that the decision on what sanctions, if any, were for the Tribunal to assess and so highlighted that suspension would only be appropriate if conditions were deemed to be unworkable. He reminded the Tribunal that conditions can be imposed for up to three years but that the length of time would be a matter for the Tribunal's judgement.

7. Dr Coventry agreed with the GMC's submissions that conditions are appropriate in his case because of the particular facts of his conviction and his acceptance of inappropriate conduct, his extensive efforts to remediate XXX and his good insight. He stated that he will continue to work hard on XXX.

8. Dr Coventry stated that conditions would be better than suspension for him personally given the risks that excluding him from practice would have on XXX

9. Dr Coventry stated that undertaking locum work may help him get back into clinical practice and understood that very short locum appointments might not be suitable for him given the difficulties in identifying workplace reporters for short periods of employment. Dr Coventry said that he was looking to return to a FY2 training programme in relation to which he had already made preliminary enquiries. He also stated that he was willing to XXX and comply with XXX, along with any other condition the Tribunal was minded to impose. Dr Coventry repeated that he was committed to returning to practice and indicated that he was not in a position to make any submission about the length of the conditions if that was what the Tribunal was minded to impose and would accept the judgement of others on that issue.

The Tribunal's approach to sanction

10. The Tribunal was directed that:

- The Tribunal should have regard to the MPTS Guidance upon sanction;
- The Tribunal's decision as to the appropriate sanction, if any, is a matter for the Tribunal's own independent judgment;
- The Tribunal ought to consider what is a proportionate regulatory response to protect the public.

11. References made to 'public protection' throughout this guidance refer to the legal duty to protect the public which is split into three distinct parts. It means an MPT must act in a way that:

- protects, promotes and maintains the health, safety and wellbeing of the public;
- promotes and maintains public confidence in the profession, and
- promotes and maintains proper professional standards and conduct for members of the profession

12. In the context of deciding what sanction, if any, is required to address the level of current and ongoing risk to public protection posed by a doctor, being proportionate means:

- when deciding what is required but no more than necessary to achieve public protection, approaching the question by considering if the least restrictive action is appropriate, and not making a final decision until the options immediately above and below the action the MPT is minded to take, have also been assessed.
- when considering the impact on those affected by the decision, the interests of individual patients and members of the public may include the impact that taking a specific type of action is likely to have on the delivery of health services in a particular speciality or within a defined geographical location. However, whilst there may be a public interest in facilitating a doctor's return to safe practice, the decision on what sanction is required needs to reflect the level of current and ongoing risk to one or more of the three parts of public protection that has been identified, and which takes into account the seriousness of the allegations, and must be consistent with the GMC and MPTS's legal role to protect the public.
- the interests of the doctor will include the impact on their career. This means when deciding what sanction is required, it may be appropriate to consider any increased impact a specific outcome would have on an individual doctor compared to others, considering their specific circumstances. However, case law is clear that the need to protect the public always outweighs the interests of any individual medical professional. And while restrictive action is not put in place to punish or discipline a doctor, a sanction may have a punitive effect yet still remain necessary.

13. When reaching a view on what is a proportionate sanction, the Tribunal must demonstrate they have considered any submissions made by the parties.

14. When making the decision the Tribunal should remind itself of our earlier conclusions at the facts and impairment stages to ensure that they have been, and remain, consistent with previous findings and have regard to the level of current and ongoing risk to one or more of the three parts of public protection posed by the doctor.

Decision on Sanction

15. In making its decision on sanction, the Tribunal has reviewed its decision on facts and impairment and has considered the level of current and ongoing risk the doctor poses to public protection. It also had regard to the sanctions bandings as set out in Part C of the Guidance for MPT hearings. XXX. It also noted the sanctions banding for Convictions, cautions, misconduct arising from breach of court sanctions and determinations by other regulatory bodies which is Conditions up to 12 months to Suspension up to 3 months for a lower level of risk to public protection.

16. The Tribunal bore in mind that Dr Coventry is still XXX and was satisfied that the level of risk for XXX and his conviction has not changed at this point.

No action

17. The Tribunal first considered whether to conclude Dr Coventry's case by taking no action. It considered paragraph 13 the MPTS Tribunal's Guidance which states:

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

18. The Tribunal was mindful of the agreement between Dr Coventry and the GMC as to the appropriate sanction in this case. It determined that, given the nature of the facts found proved, there are no exceptional circumstances which would warrant taking no action. The Tribunal therefore concluded that taking no action would not be sufficient, proportionate, or in the public interest and that some action was clearly required for the purposes of public protection.

Conditions

19. In considering conditions of practice, the Tribunal considered the submissions made by both parties as set out above, that a period of conditional registration is the appropriate

and proportionate sanction in this case. In its deliberations, it had regard to the following paragraphs of the MPTS Tribunal's Guidance in relation to sanction:

'17. Conditions are suitable for those cases where the doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is currently incompatible with unrestricted registration. This means the current and ongoing risk to public protection posed by the doctor needs to be managed by restricting their registration for a period of time, with the aim they should be able to safely return to unrestricted practice in the future

23. Conditions are likely to be workable where:

- a. the doctor has shown insight*
- b. time is needed for the doctor to take steps to address the findings (remediate), for example through retraining, study, supervision and/or seeking medical treatment*
- c. the doctor is willing to remediate, and*
- d. the MPT is satisfied the doctor will comply with them.'*

20. The Tribunal considered that conditions are necessary as Dr Coventry has XXX which had the potential to compromise public protection and that XXX are, at least in part, linked to his conviction. It noted the evidence it has received of Dr Coventry's insight and his willingness to XXX. As such, the Tribunal was satisfied that conditions could be formulated which are proportionate, workable, measurable and enforceable.

21. In considering the impact of its decision on public confidence in the medical profession, the Tribunal was satisfied that a fully informed member of the public would regard the imposition of workable conditions as a proportionate and appropriate response to the risks identified. The Tribunal took into account the nature of the conditions that it was considering putting in place, including XXX, significant supervision XXX if required. The Tribunal also took into account that the conditions could remain in force for some time and that they could be subject to review to further ensure that the public would remain protected.

22. The Tribunal determined it was satisfied that conditions would be workable, measurable and proportionate to address the three limbs of public protection.

Suspension

23. In its deliberations, it had regard to the following paragraphs of the MPTS Tribunal's Guidance in relation to sanction:

'44 Restrictive action of suspension is intended to address the level of current and ongoing risk to public protection and is not intended to be punitive. However, as it prevents a doctor from working and earning a living within that profession, it can have this effect. Suspension can also have a deterrent effect and be used to send a signal to the individual doctor, the profession and public about what is regarded as behaviour unbecoming a registered doctor.

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

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

24. In the circumstances of this case and bearing in mind that a suspension was not sought by either party, the Tribunal was satisfied that suspension is not an appropriate sanction in this case, given that conditions could be formulated to manage the risks identified and to assist Dr Coventry in his return to safe practice.

25. The Tribunal was satisfied that the level of risk for Dr Coventry's conviction allegation remained low XXX and therefore concluded that conditions were a proportionate response to address all three limbs of public protection. In addition, it considered that suspension would be regarded as disproportionate and punitive.

Length of conditions

26. The Tribunal noted that Dr Coventry made no submissions about how long he thought the conditions should last and was happy to defer that judgement to the Tribunal. Additionally, he accepted the GMC’s submission that at least some form of review process was suitable in his case. The Tribunal considered that restrictive, measurable conditions would provide appropriate support to Dr Coventry XXX, as an alternative to the suspension of his registration and provide sufficient protection to the public in light of all the evidence in the case.

27. In considering the length of the order, the Tribunal had regard to the table set out paragraph 62 of the MPTS Tribunal’s Guidance. It noted the starting point for a low level of risk in a conviction case was conditions up to 12 months XXX. In addition it had regard to paragraph 63 of the MPTS Tribunal’s Guidance which states:

‘In all cases, once the MPT has identified the level of banding, they will need to decide the appropriate length of sanction to impose within that range provided they are satisfied it is the most proportionate type of action considering the individual circumstances of the case. The following factors will be relevant to deciding the appropriate length of time that conditions or suspension should be put in place for:

....

[XXX]’

28. Standing back and looking at the case in the round and taking into account all the circumstances, the Tribunal considered that the appropriate length for any conditions should be 18 months. It considered that this period would allow Dr Coventry sufficient time to find work, if possible, XXX with appropriate support and checks in place as he returned to practice.

29. The following conditions, all taken from “the conditions bank”, will be published:

1 He must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:

a the details of his current post, including:

i his job title

- ii his job location
 - iii his responsible officer (or their nominated deputy)
 - b the contact details of his employer and any contracting body, including his direct line manager
 - c any organisation where he has practising privileges and/or admitting rights
 - d any training programmes he is in
- 2 He must personally ensure the GMC is notified:
 - a of any post he accepts, before starting it
 - b that all relevant people have been notified of his conditions, in accordance with condition 7
 - c if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
 - d if any of his posts, practising privileges or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination
 - e if he applies for a post outside the UK
- 3 He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
- 4
 - a He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).
 - b He must not work until:
 - i his responsible officer (or their nominated deputy) has appointed his workplace reporter
 - ii he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.

- 5
- a He must get the approval of his GMC Adviser before accepting any post.
 - b He must keep his professional commitments under review and limit his work if his GMC Adviser tells him to.
 - c He must stop work immediately if his GMC Adviser tells him to and must get the approval of his GMC Adviser before returning to work.
- 6 He must not work in any locum post or fixed term contract of less than 30 days duration.
- 7 He must personally ensure the following persons are notified of the conditions listed at 1 to 6:
- a his responsible officer (or their nominated deputy)
 - b the responsible officer of the following organisations:
 - i his place(s) of work, and any prospective place of work (at the time of application)
 - ii all his contracting bodies and any prospective contracting body (prior to entering a contract)
 - iii any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
 - iv any locum agency or out of hours service he is registered with.
 - v If any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify this person, he must contact the GMC for advice before working for that organisation.
 - c the approval lead of his regional Section 12 approval Tribunal (if applicable) - or Scottish equivalent
 - d his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts)

30. XXX

31. The Tribunal determined that because Dr Coventry was still at a relatively early stage XXX, albeit having made substantial progress already, and because he had not been in clinical practice for some time, it was appropriate to direct a review of Dr Coventry's case. A review hearing will convene shortly before the end of the period of conditional registration. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Coventry to demonstrate how he has remediated, developed insight and XXX. It therefore may assist the reviewing Tribunal if Dr Coventry provided:

- Up to date reports from his medical supervisor and his workplace reporter;
- Any other information Dr Coventry may consider relevant to his case.

Determination on Immediate Order - 23/02/2026

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

2. Having determined to impose conditions on Dr Coventry'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

3. On behalf of the GMC, Mr Fish submitted that the Tribunal should impose an immediate order. He stated that whilst Dr Coventry has made significant progress he should not be free to practise without restrictions. Mr Fish submitted that it is in the public interest and in Dr Coventry's own interests for an immediate order to be imposed.

4. Dr Coventry submitted that he is currently subject to an interim order and is allowed to practise with restrictions which include having a workplace reporter XXX. He stated that these interim conditions were deemed sufficient for patient safety by the IOT. Dr Coventry informed the Tribunal that XXX would likely mean he would be unable to practise at the

aesthetics clinic for at least a number of weeks which would be detrimental for him. As such, Dr Coventry submitted that he should be able to practise with the current interim order of conditions in place.

5. Dr Coventry accepted that his contract of employment did not require him to be a registered doctor to work at the clinic and that some of the work he undertook there did not require him to be “medically qualified”. However he stated that some of the work, such as prescribing Botox and minor surgical procedures, did require him to be registered. He said that he worked at the clinic once a fortnight and that his next scheduled work was likely to be in approximately two weeks time (the Monday after next). He said that there was no specific work in his diary pending a meeting with the director of the clinic which he had arranged for tomorrow to discuss the outcome of the Tribunal.

The Tribunal’s Determination

6. In its deliberations the Tribunal took the view that an immediate order of conditions was in the public interest and was necessary to protect patient safety. It was satisfied that an immediate order was also required to maintain public confidence in the medical profession. The Tribunal reminded itself that it had found XXX and his conviction to pose a low risk to public protection. The Tribunal considered that the requirement of an immediate order was consistent with its decision on impairment and sanction as despite his good progress in addressing XXX, XXX is very much an ongoing progress that benefits substantially from some external oversight, which is also of a very high degree of value to public confidence in the medical profession.

7. The Tribunal took into account the impact that the order would have on Dr Coventry including restricting the amount and/or type of work he could undertake at the clinic over the next 28 days, but concluded that the interference was necessary and proportionate because: (a) Dr Coventry’s contract of employment did not require him to be a registered Doctor; (b) Dr Coventry would still be able to undertake some work at the clinic; (c) Dr Coventry’s working pattern meant the disruption to his employment would be relatively minimal; (d) Dr Coventry had a meeting with his employer tomorrow at which, the Tribunal was satisfied, appropriate arrangements could be made for the next few weeks.

8. The Tribunal therefore determined to impose an immediate order of conditions.

9. The following conditions, all taken from “the conditions bank”, will be published:

- 1 He must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:
 - a the details of his current post, including:
 - i his job title
 - ii his job location
 - iii his responsible officer (or their nominated deputy)
 - b the contact details of his employer and any contracting body, including his direct line manager
 - c any organisation where he has practising privileges and/or admitting rights
 - d any training programmes he is in
- 2 He must personally ensure the GMC is notified:
 - a of any post he accepts, before starting it
 - b that all relevant people have been notified of his conditions, in accordance with condition 7
 - c if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
 - d if any of his posts, practising privileges or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination
 - e if he applies for a post outside the UK
- 3 He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
- 4 a He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).

- b He must not work until:
 - i his responsible officer (or their nominated deputy) has appointed his workplace reporter
 - ii he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.
- 5 a He must get the approval of his GMC Adviser before accepting any post.
- b He must keep his professional commitments under review and limit his work if his GMC Adviser tells him to.
- c He must stop work immediately if his GMC Adviser tells him to and must get the approval of his GMC Adviser before returning to work.
- 6 He must not work in any locum post or fixed term contract of less than 30 days duration.
- 7 He must personally ensure the following persons are notified of the conditions listed at 1 to 6:
 - a his responsible officer (or their nominated deputy)
 - b the responsible officer of the following organisations:
 - i his place(s) of work, and any prospective place of work (at the time of application)
 - ii all his contracting bodies and any prospective contracting body (prior to entering a contract)
 - iii any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
 - iv any locum agency or out of hours service he is registered with.
 - v If any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to

identify this person, he must contact the GMC for advice before working for that organisation.

c the approval lead of his regional Section 12 approval Tribunal (if applicable) - or Scottish equivalent

d his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts)

10. XXX

11. This means that Dr Coventry's registration will be made subject to the immediate conditions from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

12. The interim order currently in place on Dr Coventry's registration is hereby revoked.

13. Case concluded.

ANNEX A – 16/02/2026

Application made pursuant to Rule 41 of the Rules

1. Parts of this hearing were heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules). This determination will be handed down in private due to the confidential nature of matters under consideration. However, as this case concerns Dr Coventry's conviction a redacted version will be published at the close of the hearing.

2. Dr Coventry made an application pursuant to Rule 41(2) for the entirety of these proceedings to be heard in private session.

Submissions

3. XXX

4. XXX

5. On behalf of the GMC, Mr Fish stated that the presumption is for hearings to be conducted in public unless the matters relate to XXX. He submitted that there is no reason for any exception to be made in this case.

6. XXX

The Relevant Legal Principles

7. The Tribunal had regard to paragraph 41 of the Rules XXX

The Tribunal's Decision

8. The Tribunal considered the submissions of both parties, the Rules, and in particular Rule 41. It bore in mind the starting point was that hearings should be held in public unless the circumstances outweighed the public interest in doing so.

9. XXX

10. XXX

11. The Tribunal therefore determined that it was neither appropriate nor proportionate, nor in the public interest, for matters relating to the conviction to be heard in private. Accordingly, it determined that the hearing would be held in public, except when considering matters concerning XXX.