PUBLIC RECORD

Dates: 19/10/2026 - 23/10/2026

Doctor:	Dr Jane SIMPSON
GMC reference number:	6057342
Primary medical qualification:	MB ChB 2002 University of Glasgow

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

Summary of outcome

Conditions, 24 months
Immediate order imposed
Review hearing directed

Tribunal:

Legally Qualified Chair	Ms Jodie Kembery
Lay Tribunal Member:	Ms Sally Allbeury
Registrant Tribunal Member:	Dr Angela Jesudason

Tribunal Clerk:	Ruby Davison

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ben Rich, Counsel, instructed by Daryl Tollervey MDDUS
GMC Representative:	Chloe Fordham, Counsel

Attendance of Press / Public

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

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts and Impairment - 21/10/2026

FACTS

1. At the outset of this hearing, the Tribunal announced that the entirety of the hearing should be heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004, as amended ('the Rules'), because the matters under consideration relate in their entirety, or are inextricably connected, to XXX. The Tribunal's full decision on the application is included at Annex A.

Background

2. Dr Simpson qualified MB ChB from the University of Glasgow in 2002. Prior to the events which are the subject of the hearing, Dr Simpson had trained in General Practice and subsequently Forensic Medicine. At the time of the events, Dr Simpson was practising as a Specialist Doctor in Sexual Health and Reproductive Medicine for the Torbay and South Devon NHS Foundation Trust ('the Trust').

3. The allegations that have led to Dr Simpson's hearing relate to her conduct and use of alcohol at work. It is alleged by the General Medical Council ('GMC') that on 4 March 2025, Dr Simpson bought and consumed vodka whilst at work. She is alleged to have attended a meeting at Castle Circus Health Centre ('the Health Centre') after drinking the vodka, during

which her behaviour caused her colleagues to become concerned that she was intoxicated. Dr Simpson was taken home by a colleague and subsequently XXX

4. Dr Simpson self-referred to the GMC on 25 March 2025. She provided the background to the incident and provided supporting documentation from XXX and the Trust.

The Allegation and the doctor's response

5. The Allegation made against Dr Simpson is as follows:

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

1. On 4 March 2025, you attended work at Castle Circus Health Centre when you were:

a. unfit for work; **Admitted and found proved**

b. under the influence of alcohol. **Admitted and found proved**

2. XXX

3. XXX

And that by reason of the matters set out above your fitness to practise is impaired because of your:

a. misconduct in respect of paragraph 1; **To be determined**

b. XXX

The admitted facts

6. At the outset of these proceedings, through her Counsel, Mr Ben Rich, Dr Simpson made admissions to the entirety of the allegations, 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 considers the entirety of the allegations as admitted and found proved.

IMPAIRMENT

The outcome of applications made during the impairment stage

7. The Tribunal noted a potential conflict of interest XXX. The Legally Qualified Chair explained the concerns raised about a potential conflict or perception of bias to the parties and invited submissions as to whether there was, in parties' views, any concern in relation to potential conflict of interest or perceived bias. The Legally Qualified Chair invited submissions from parties.

8. Ms Chloe Fordham, Counsel, on behalf of the GMC, submitted that the Tribunal must consider if an informed bystander could possibly perceive that the Tribunal was biased. She submitted that an informed bystander, who had been made aware of the professional relationship and the uncontested evidence in this case, would not perceive the Tribunal to be biased in hearing evidence XXX.

9. Mr Rich submitted that he agreed that an informed bystander would not perceive there to be a bias or conflict of interest in this case.

10. Given the submissions of both parties, the Tribunal was satisfied that there would be no perceived bias or conflict of interest when hearing evidence XXX.

Witness evidence

11. The Tribunal received oral and documentary evidence on behalf of the GMC XXX

12. The Tribunal also 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:

- Ms C. Her witness statement was dated 11 July 2025.
- Dr D. Her witness statement was dated 11 August 2025.
- Ms E. Her witness statement was dated 27 August 2025.
- Dr F, Dr Simpson's Responsible Officer. Her witness statement was dated 17 April 2026.

13. Dr Simpson provided her own reflective statement dated 16 September 2026 and also gave oral evidence at the hearing.

Documentary evidence

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

- XXX.
- XXX.
- XXX.
- A statement from Dr F, Responsible Officer, dated 17 April 2026.
- XXX.
- XXX.
- Letters of support from colleagues of Dr Simpson.
- Patient and colleague feedback.
- A statement of the facts of Dr Simpson's regulatory history, agreed between parties.

Submissions

Submissions on behalf of the GMC

15. On behalf of the GMC, Ms Fordham outlined the undisputed factual background of the case, including providing a history of Dr Simpson's regulatory history. She submitted that Dr Simpson's fitness to practise is impaired by reason of XXX misconduct.

16. Ms Fordham referred the Tribunal to XXX Good Medical Practice XXX

17. XXX

18. Ms Fordham submitted that Dr Simpson's misconduct represented a serious departure from the expected standards of a medical practitioner. She said that whilst Dr Simpson was not scheduled to see patients alone on the day in question, there was potential for patient interaction given the format of the Health Centre. She reminded the Tribunal that, according to witnesses, Dr Simpson's inebriation was evident through her behaviour, and that it would have been damaging for a patient to encounter a doctor who was under the influence of alcohol. She submitted that this had the potential to damage the perception of the clinic, the profession, and the willingness of patients to seek treatment. Ms Fordham also submitted that Dr Simpson chaired an important meeting whilst under the influence of alcohol, during which individual patient care was discussed. She also said that a nurse had to leave work to drive Dr Simpson home, and that this could also have had a negative impact on patient care that day.

19. Ms Fordham submitted that Dr Simpson has provided information regarding the incident XXX and has been candid throughout these proceedings. She further submitted that Dr Simpson has acknowledged the risks posed to patient safety and public confidence by her behaviour.

20. Ms Fordham submitted that all three limbs of public protection are engaged due to Dr Simpson's misconduct.

21. XXX

22. XXX

23. Ms Fordham submitted that there are factors which increase the seriousness in this case. She said that Dr Simpson's misconduct represented a reckless disregard for patient safety and professional standards. In the circumstances, she said that this increased the seriousness of the misconduct, moving it to the high end of the spectrum of seriousness.

24. Ms Fordham said that there is relevant context to consider in this case. She said that the impact of Dr Simpson's working environment is limited as she had only returned to work that day but acknowledged that Dr Simpson felt that too much had been expected of her. Ms Fordham said that these are factors which can be changed, which therefore reduces the risk. However, she submitted that the risk is increased by the fact that Dr Simpson was surrounded by supportive colleagues who were aware of her XXX, and she did not feel able to seek support from them.

25. When considering Dr Simpson's response to the allegations, Ms Fordham submitted that Dr Simpson has accepted the allegations from the beginning, self-referred to the GMC, and has provided a detailed reflective statement. She said that XXX Dr Simpson has shown good insight, XXX, and has set up useful support networks.

26. Ms Fordham referred the Tribunal to Paragraph 106 of the MPTS Guidance for Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment) ('the Impairment Guidance') which states:

"106. When deciding what impact evidence of remediation has on the assessment of current and ongoing risk to public protection, the MPT should have regard to the quality of the steps taken, or put in place, by the doctor."

27. XXX. Ms Fordham said that, in all the circumstances, the evidence does not support the finding that Dr Simpson's XXX or misconduct concerns are unlikely to be repeated. XXX

28. Ms Fordham reminded the Tribunal that Dr Simpson knew when she drank alcohol in March 2025 that this would have XXX even if her colleagues did not notice that she had been drinking. Ms Fordham said that this demonstrates that this behaviour is not unlikely to be repeated given Dr Simpson's decision to drink despite XXX.

29. Regarding the ongoing risk posed by Dr Simpson, Ms Fordham submitted that given the nature of the misconduct and the risk of repetition, the risk to public protection is high in relation to all three limbs. She said that this is not a matter of culpability, rather the intrinsic nature of XXX and the associated misconduct. Ms Fordham drew the Tribunal's attention to XXX that Dr Simpson's fitness to practise is impaired and that she is not fit to practise without restrictions.

30. Ms Fordham acknowledged that there is no information to suggest that Dr Simpson has not kept her knowledge and skills up to date.

Submissions on behalf of Dr Simpson

31. On behalf of Dr Simpson, Mr Rich submitted that the Tribunal's Guidance should not be considered prescriptive, and that the Tribunal should keep in mind that it is not intended to be a set of rules to categorise every case.

32. Mr Rich referred to XXX Good Medical Practice and said XXX. However, he submitted she had a lapse of judgement in respect of a particular situation in which discussion of XXX during her appraisal which led her to drink alcohol and become unfit to work, but despite this she attended a meeting.

33. However, Mr Rich submitted that although Dr Simpson has accepted the allegation of misconduct, this misconduct has now been remediated and does not justify a finding of impairment. He provided the context to the day in question and emphasised that Dr Simpson has never been unfit to practise through alcohol in the presence of patients.

34. XXX

35. Mr Rich submitted that the allegations in this case fall at the lower end of the spectrum of seriousness. He acknowledged that Dr Simpson's relevant fitness to practise history may be considered XXX

36. Mr Rich provided relevant context to the incident in question. XXX

37. Mr Rich submitted that Dr Simpson has shown full insight into her XXX misconduct. He said that her own reflections on the potential impact on patient safety are overly harsh given the low probability of her having any patient contact on the afternoon in question but said that her acute awareness shows her insight. XXX. He drew the Tribunal's attention to her return to work in October 2025 and said that this was better managed by her and her employer, such that she has been back at work for a year without issue. He said that Dr Simpson being at work is a protective factor for her, rather than a risk factor.

The relevant legal principles

38. There is no burden or standard of proof at this stage of the proceedings, and the decision of impairment is a matter for the Tribunal's judgement alone. The Tribunal will 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 limbs of public protection which is likely to require restrictive action in response. The three limbs 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.

39. The Legally Qualified Chair provided legal advice and referred the Tribunal to relevant paragraphs of its Guidance and Good Medical Practice.

40. To assess whether Dr Simpson 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 Simpson and/or their working environment, and

- how Dr Simpson has responded to the allegations.

41. As the allegations fall under XXX ground for impairment, an assessment of current and ongoing risk to public protection must be made in respect of XXX them.

The Tribunal's determination on impairment

Is there a legal basis for considering impairment?

42. The Tribunal was satisfied that there is a legal basis for considering impairment as the allegations, which have been admitted, relate to Dr Simpson's XXX misconduct by attending work under the influence of alcohol. The Tribunal was satisfied that these allegations are sufficiently serious that it gives rise to the need to consider impairment in this case, and noted that this is not controversial and is accepted by both parties.

Where on the spectrum of seriousness does the allegation lie?

Misconduct

43. The Tribunal noted that it is disputed by the parties as to whether Dr Simpson's misconduct poses a current and ongoing risk. It advised that the starting point should be determined by considering the extent of her departure from Good Medical Practice. The Tribunal determined that being under the influence of alcohol at work, despite being a single event in this case, represents a serious departure from the expected standards.

44. The Tribunal considered Paragraphs 28 and 31 of the Impairment Guidance and the allegations which usually fall at the lower and higher end respectively of the spectrum of seriousness. The Tribunal did not consider that Dr Simpson's misconduct falls at the extreme ends of the spectrum of seriousness. It noted that Dr Simpson made an active decision to purchase and consume alcohol; the behaviour occurred in a clinical setting where she could have come into contact with patients whilst intoxicated; and, that she did so before proceeding to chair an important clinical meeting where decisions about patient care were discussed. The Tribunal also took into consideration the agreed facts as to her regulatory history. Given the seriousness of these concerns, the Tribunal was satisfied that it could not fall at the low end of the spectrum. However, given the examples given in Paragraph 31, the Tribunal accepted Mr Rich's submission that this misconduct was not comparable, even by analogy or extension, such that it would be at the high end of the spectrum of seriousness.

Accordingly, the Tribunal found the misconduct to fall at the upper end of the middle of the spectrum of seriousness as a starting point.

XXX

45. XXX

46. XXX

47. XXX

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

48. The Tribunal noted that Dr Simpson's working environment is still the same, but that Dr Simpson's evidence is that she has a better support network in place compared to March 2025 and she is now XXX. These changes are discussed in more detail below. However, in terms of the relevant context, the Tribunal noted that there was, in fact, extensive support available to Dr Simpson at the time XXX

49. The Tribunal noted that Dr Simpson did not feel able to use this support XXX, or on the day in question, either before or at XXX. Dr Simpson's explanation for consuming that alcohol was XXX in relation to her return to work the following day which included an appraisal.

How has Dr Simpson responded to the allegations?

50. The Tribunal took into account Dr Simpson's response to the allegations. It noted that she has made significant efforts to further increase her support system and has provided a detailed reflective statement which shows insight, regret and remorse regarding the implications of her XXX and associated behaviour. The Tribunal also noted that Dr Simpson self-referred to the GMC and admitted quickly to drinking when she was questioned by colleagues.

51. The Tribunal found that Dr Simpson's insight is supported by the evidence XXX

52. The Tribunal took into account Mr Rich's submissions that Dr Simpson has engaged with XXX and undertook a more phased return to work in October 2025 with full engagement with XXX. The Tribunal also noted that Dr Simpson has now returned to full clinical duties.

53. The Tribunal was satisfied that Dr Simpson has translated her insight into meaningful changes that were not present in March 2025. However, it noted that XXX

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

Misconduct

54. Regarding a risk of repetition of misconduct, the Tribunal noted its previous finding that the misconduct in this case is inextricably linked to XXX. It noted that there could be a real risk of repetition of the behaviour exhibited in Allegation 1 should Dr Simpson XXX.

55. The Tribunal found that, in light of the findings that the misconduct allegation fell at the upper end of the middle of the spectrum of seriousness, the starting point for addressing current and ongoing risk to the protection of the public is medium to high. It considered the evidence before it and the relevant context identified, in particular Dr Simpson's insight and remediation which reduces the current and ongoing risk to public protection. However, it could not be satisfied that her insight and remediation entirely mitigate the risks identified.

56. The Tribunal was mindful of Paragraphs 116 and 117 of the Impairment Guidance which state:

> *"116. The MPT needs to make sure that a low risk of repetition is carefully distinguished from identifying no risk of repetition. This is because a low, but nonetheless real, risk of repetition might be significant and/or have a very serious outcome where the case involves behaviour or poor performance which falls at the higher end of the spectrum of seriousness and therefore the starting point for assessing current and ongoing risk to public protection is high.*
>
> *117. Whether the allegation is highly unlikely to be repeated and the impact of this will need to be assessed based on the individual circumstances of the case. In many cases, a conclusion that the allegation is highly unlikely to be repeated will have the impact of decreasing the level of current and ongoing risk to public protection posed*

by the doctor. However, where the allegation falls at the higher end of the spectrum of seriousness and therefore the starting point for assessing current and ongoing risk to public protection is high, a conclusion that an allegation is highly unlikely to be repeated may be given less weight and therefore have less impact on the assessment of current and ongoing risk."

57. The Tribunal considers that there is a low but real risk of repetition which may be significant and have a very serious outcome. The Tribunal therefore determined that her fitness to practise is impaired by reason of her misconduct.

XXX

58. XXX

59. XXX

Determination on Sanction - 23/10/2026

1. At the outset of this hearing, the Tribunal announced that the entirety of the hearing should be heard in private in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules) as the matters under consideration relate solely to, or are inextricably linked to, XXX.

Submissions

2. On behalf of the GMC, Ms Fordham provided the Tribunal with written and oral submissions. She submitted that the sanction to be imposed is a matter for the Tribunal's independent judgement. She reflected on the Tribunal's finding during the Impairment stage which found that, in respect of Dr Simpson's misconduct, the allegation fell at the upper end of middle of the spectrum of seriousness, and that there is a low but real risk of repetition. XXX

3. Ms Fordham referred the Tribunal to Part C of its Guidance for MPT Hearings ('the Sanctions Guidance'). She said that Dr Simpson's misconduct, which arises from XXX, does not fit easily into any of the banding examples, and that there is therefore no simple starting point for determining sanction.

4. Ms Fordham took the Tribunal through the possible sanctions it could impose. Regarding taking no action, Ms Fordham submitted that this would not be an appropriate response. She highlighted the level of risk identified and that all three limbs of public protection are engaged, and said that there are no exceptional circumstances in this case which could justify the Tribunal taking no action.

5. Ms Fordham submitted that a sanction of conditions would be appropriate in this case. She highlighted Paragraph 17 of the Sanctions Guidance which states that:

> *"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."*

6. Ms Fordham submitted that this paragraph is relevant in this case. She submitted that conditions could act as "guard rails" for Dr Simpson in order to ensure XXX, and could also act as a deterrent to prevent Dr Simpson from XXX. Ms Fordham also said that the risk of repetition of the misconduct in this case is directly linked to XXX, and that the most effective way to reduce this risk is by Dr Simpson remaining subject to conditions.

7. Regarding the type of conditions which could be imposed, Ms Fordham submitted that conditions which target XXX are capable of addressing the current and ongoing risk posed. Ms Fordham submitted that Dr Simpson is currently subject to an interim order of conditions and has been working since October 2025 with no further concerns raised. XXX

8. Ms Fordham referred the Tribunal to Paragraphs 22 and 23 of the Sanctions Guidance which state:

> *"22. To be workable, conditions must be capable of producing the desired result of addressing the specific findings about the current and ongoing risk to public protection posed by the doctor.*
>
> *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."

9. Ms Fordham submitted that all the factors listed above are relevant in this case, particularly that Dr Simpson has shown insight and willingness to remediate. She further submitted that there is no information to suggest that Dr Simpson has not complied with her interim conditions.

10. Regarding the matter of proportionality, Ms Fordham referred the Tribunal to Paragraph 28 of the Sanctions Guidance which states:

"28. Conditions may be proportionate in cases where the doctor has shown a degree of insight into the allegation and some, or all, of the following factors are present:

a. the doctor has demonstrated they are willing and/or able to remediate
b. identifiable areas of the doctor's practice need prohibiting, monitoring, or retraining
c. the doctor has demonstrated they are willing to be open and honest with patients and others they work with if things go wrong
d. the doctor will not put patients at harm, either directly or indirectly, by having conditions on their registration."

11. Ms Fordham submitted that the factors outlined at subparagraphs a, c and d above are relevant in this case.

12. XXX

13. Regarding the sanction duration, Ms Fordham said that this is a matter for the Tribunal's judgement, but that it should take into account XXX. She referred the Tribunal to relevant subparagraphs of Paragraph 33 of the Sanctions Guidance:

"33. The MPT will need to decide the appropriate length of time that conditions should be put in place for, up to the maximum of three years. The following factors will be relevant:

a. the assessment of the level of current and ongoing risk to public protection posed by the doctor (low, medium, or high) …
[XXX]*".*

14. Ms Fordham addressed the Tribunal on the possibility of imposing a suspension on Dr Simpson. She said that suspension can be appropriate where a doctor's behaviour or XXX is currently incompatible with registration. Ms Fordham said that, for a time around the incident in question in March 2025, Dr Simpson's behaviour XXX would not have been adequately managed with conditions given the damage that would cause to the protection of the public. However, she submitted that the Tribunal must consider the current risk, rather than the risk from March 2025. She said that there have been nearly 18 months since this incident, and that Dr Simpson has been working under conditions for approximately 12 months without further incident.

15. Ms Fordham further submitted that Dr Simpson's current employment acts as a protective factor for her, in that it provides her with purpose and routine, and XXX.

16. Regarding the possible sanction of erasure, Ms Fordham submitted that Dr Simpson's misconduct XXX is not considered to be incompatible with continued registration. She said that it is hoped that Dr Simpson can one day practise without restriction, and that erasure would therefore not be an appropriate sanction.

17. On behalf of Dr Simpson, Mr Rich provided written and oral submissions. He submitted that he largely agreed with the submissions made by Ms Fordham. He submitted that Dr Simpson has conceded that her fitness to practise is impaired XXX, and that since the risk identified falls to the middle of the spectrum, a sanction of conditions would be sufficient.

18. Mr Rich submitted that Dr Simpson has been working under interim conditions since 2025, and that this proves the workability of a sanction of conditions. He said that she has always complied with any conditions XXX imposed by the MPTS, and that conditions are therefore workable.

19. Regarding the matter of proportionality, Mr Rich also referred the Tribunal to Paragraph 28 of the Sanctions Guidance. He submitted that Dr Simpson has largely been open and honest XXX, allowing colleagues to help her. XXX. He therefore submitted that a sanction of conditions is currently the proportionate response.

20. Mr Rich addressed the Tribunal on the possibility of imposing a sanction of suspension. He said that if the Tribunal were to find that public confidence could only be maintained by a sanction of suspension that it would be the proportionate response. However, he said that the Tribunal must consider the opinion of a reasonable member of the public, in possession of all the facts of the case. Mr Rich said that a reasonable and properly informed member of the public would be satisfied that conditions adequately mitigate the risks identified to the protection of the public.

21. Mr Rich drew the Tribunal's attention to the feedback and testimonials provided in this case. He said that this highlights that Dr Simpson is valued by patients and staff. He submitted that the testimonials XXX demonstrate that she has shown genuine and sincere insight and remorse. Mr Rich also submitted that a suspension would have a significant impact on Dr Simpson's patients, submitting that whilst the Tribunal's main priority is protecting the public, it can also take this into account. Mr Rich said that it is in the public interest for a safe doctor to be permitted to continue to practise, and that Dr Simpson is safe to practise under conditions as she has been doing since October 2025.

22. Regarding the duration of sanction, Mr Rich submitted that 12 months would be appropriate at this stage. He referred XXX, and said that given its risk assessment, the Tribunal could be satisfied that Dr Simpson will be well established and ready to return to unrestricted practice following a review shortly before the expiry of the sanction.

The Tribunal's determination on sanction

23. 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 has referred to the sanctions bandings as set out in XXX Part C of the Guidance for MPT hearings ('the Sanctions Guidance') XXX and noted the absence of a sanction banding for misconduct of this nature. This Tribunal therefore took the sanctions bandings XXX as the starting point and took into account that the misconduct arose as a result of XXX.

24. The Tribunal proceeded to consider the least restrictive sanction which is proportionate, transparent, fair, and also protects the public.

No action

25. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action. The Tribunal considered the findings of impairment regarding Dr Simpson and the reasons for the impairment. The Tribunal noted that in circumstances of a finding of impairment, it is usual for there to be a restriction on the doctor's registration to achieve public protection. XXX. The Tribunal considered that there are no exceptional circumstances in this case to warrant departing from this usual course. To do so would not be an appropriate nor proportionate response and would fail to maintain public safety, public confidence, and uphold professional standards.

Conditions

26. The Tribunal considered whether a sanction of conditions would adequately protect the public. The Tribunal referred to Paragraph 17 of its Sanctions Guidance. Dr Simpson's behaviour and XXX has restricted her ability to practise safely and effectively such that there is a current and ongoing risk to public protection, which needs to be managed by restricting her practice for a period of time. It is the ambition of both parties to see Dr Simpson safely return to unrestricted practice in the future.

27. The Tribunal also considered the purpose of conditions as outlined in Paragraph 19 which states:

> *"19. Conditions restrict a doctor's ability to practise and/or require them to do something. The purpose of putting in place a sanction of conditions is to provide a doctor with time to address identified failings to demonstrate they are fit to practise on an unrestricted basis, whilst ensuring that the current and ongoing risk posed to public protection is being adequately managed."*

28. The Tribunal has considered Paragraph 28 of the Sanctions Guidance:

> *"Conditions may be proportionate in cases where the doctor has shown a degree of insight into the allegation and some, or all, of the following factors are present:*
>
> *a. the doctor has demonstrated they are willing and/or able to remediate*

b. identifiable areas of the doctor's practice need prohibiting, monitoring, or retraining
c. the doctor has demonstrated they are willing to be open and honest with patients and others they work with if things go wrong
d. the doctor will not put patients at harm, either directly or indirectly, by having conditions on their registration."

29. The Tribunal considered whether conditions would be appropriate, workable, measurable and proportionate. Notably, Dr Simpson returned to work on a phased basis over 12 months ago, subject to an interim order of conditions, and that she has been working since October 2025 with no additional concerns raised in this time. There is no suggestion that Dr Simpson will seek to change employer or role in the imminent future and therefore there can be no real doubt that some degree of conditions is workable. The fact that she has practised in accordance with these conditions without concern XXX is good evidence of the fact that they are appropriate. This is reinforced by the testimonies that the Tribunal has had the benefit of reading from colleagues, XXX.

30. The Tribunal considered that she has not sought to minimise XXX or the impact of her behaviour on others, and has advocated for herself XXX. The Tribunal also placed weight on her reflective statement, feedback, and testimonials. She has not hidden XXX from her colleagues.

31. The Tribunal placed weight on the evidence provided XXX The Tribunal was therefore satisfied that a sanction of conditions would appropriately serve its purpose in this case, acting as "*guard rails"* for Dr Simpson XXX.

Suspension

32. The Tribunal considered imposing a sanction of suspension. The Tribunal considered that Dr Simpson has been working for 12 months without issue and is now performing full clinical duties and providing XXX.

33. The Tribunal determined that imposing a suspension on Dr Simpson would be destabilising and counter-productive, and that this case does not represent a situation where the current and ongoing risk to public protection is such that the ongoing risk to the protection of the public could not be safely managed with conditions.

34. The Tribunal noted that suspension can act as a deterrent, but found that the impairment in this case relates to XXX and consequential misconduct. It therefore determined that this case can be more suitably managed with conditions. It also determined that a deterrent is not necessary in this case as Dr Simpson has shown genuine insight and has made significant efforts XXX. The Tribunal was also satisfied that XXX, she is unlikely to conceal this and she would have the insight to remove herself from clinical duties.

35. The Tribunal also took into account that neither party seeks a sanction of suspension in this case.

36. The Tribunal accordingly determined to impose a sanction of conditions. Regarding the duration of the order, the Tribunal referred to the sanctions banding in the Sanctions Guidance. The Tribunal noted that the misconduct in this case does not fall within a specific band, but that it arose from the impact of XXX which was found to fall at the middle of the spectrum of seriousness. The Tribunal noted that the suggested duration for conditions relating to such a case is 12 to 36 months. In order to reflect the Tribunal's finding regarding the spectrum of seriousness and noting that Dr Simpson is still XXX, the Tribunal determined that a period of 24 months would be appropriate in this case.

37. The following conditions will be published:

1 She 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 her current post, including:

i her job title

ii her job location

iii her responsible officer (or their nominated deputy)

b the contact details of her employer and any contracting body, including her direct line manager

c any organisation where she has practising privileges and/or admitting rights

d any training programmes she is in

e of the organisation on whose medical performers list she is included, if working as a GP

f of the contact details of any locum agency or out of hours service she is registered with.

2 She must personally ensure the GMC is notified:

a of any post she accepts, before starting it

b that all relevant people have been notified of her conditions, in accordance with condition 8

c if any formal disciplinary proceedings against her are started by her employer and/or contracting body, within seven calendar days of being formally notified of such proceedings

d if any of her posts, practising privileges or admitting rights have been suspended or terminated by her employer before the agreed date within seven calendar days of being notified of the termination

e if she applies for a post outside the UK

3 She must allow the GMC to exchange information with any person involved in monitoring her compliance with her conditions.

4 a She must have a workplace reporter appointed by her responsible officer (or their nominated deputy).

b She must not work until:

i her responsible officer (or their nominated deputy) has appointed her workplace reporter

ii She has personally ensured that the GMC has been notified of the name and contact details of her workplace reporter.

5 a She must get the approval of her GMC Adviser before accepting any post.

b She must keep her professional commitments under review and limit her work if her GMC Adviser tells her to.

c She must stop work immediately if her GMC Adviser tells her to and must get the approval of her GMC Adviser before returning to work.

6 She must not work:

a out-of-hours

b on-call.

7 She must not work in any locum post or fixed term contract of less than 6 weeks' duration.

8 She must personally ensure the following persons are notified of the conditions listed at 1 to 7:

a her responsible officer (or their nominated deputy)

b the responsible officer of the following organisations:

i her place(s) of work, and any prospective place of work (at the time of application)

ii all her contracting bodies and any prospective contracting body (prior to entering a contract)

iii any organisation where she 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 she is registered with.

v If any of the organisations listed at (i to iv) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify this person, she must contact the GMC for advice before working for that organisation.

c the responsible officer for the medical performers list on which she is included or seeking inclusion (at the time of application)

d the approval lead of her regional Section 12 approval tribunal (if applicable) - or Scottish equivalent

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

38. XXX

39. The Tribunal determined to direct a review of Dr Simpson'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 Simpson to demonstrate how she has managed XXX. It therefore may assist the reviewing Tribunal if Dr Simpson were to provide evidence, including but not limited to:

- XXX;
- XXX;
- Ongoing CPD and reviews of her work, such as a 360 Review;
- An up-to-date reflective statement addressing XXX and her misconduct; and
- Any other information to demonstrate that she is fit to return to unrestricted practice.

Determination on Immediate Order - 23/10/2026

40. At the outset of this hearing, the Tribunal announced that the entirety of the hearing should be heard in private in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules) as the matters under consideration relate solely to, or are inextricably linked to, XXX.

41. Having determined that Dr Simpson's registration should be subject to conditions for 24 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Simpson's registration should be subject to an immediate order.

Submissions

42. On behalf of the GMC, Ms Fordham submitted that the Tribunal should impose an immediate order of conditions to reflect the substantive conditions imposed at the sanction stage. Ms Fordham referred the Tribunal to Paragraphs 79 and 80 of the Sanctions Guidance which state:

"79. The MPT may impose an immediate order where 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. Where the MPT has imposed a sanction of conditions, it may impose an immediate order of conditions. Where the MPT has imposed a sanction of suspension or erasure, it may impose an immediate order of suspension.

80. In the context of an immediate order, the best interests of the doctor includes avoiding putting them in a position where they may come under pressure from patients and/or may repeat the behaviour or poor performance giving rise to the allegation, particularly where this may also put the doctor at risk of committing a criminal offence. It may also include where the doctor's ability to practise safely and effectively may be impacted by an ongoing health condition."

43. Ms Fordham reminded the Tribunal that Dr Simpson has been subject to an interim order of conditions, which will be revoked after today. She therefore submitted that an immediate order is required for the protection of the public.

44. On behalf of Dr Simpson, Mr Rich submitted that Dr Simpson accepts that an immediate order is appropriate and necessary to protect the public given the Tribunal's findings made at the Impairment and Sanction stage.

The Tribunal's determination

45. In reaching its decision, the Tribunal considered its findings on Impairment and Sanction. The Tribunal was satisfied that there is a real risk to the protection of the public and that it should impose an immediate order of conditions which reflects the substantive conditions imposed. The Tribunal was satisfied that these conditions are workable and proportionate and sufficiently protect the public.

46. This means that Dr Simpson'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.

47. The interim order currently in place on Dr Simpson's registration is hereby revoked.

48. This concludes the case.

ANNEX A – 19/10/2026

Privacy application

49. At the outset of proceedings, Ms Chloe Fordham, Counsel, on behalf of the General Medical Council ('GMC'), submitted that the entirety of this hearing should be held in private. She submitted that the matters in question relate to, or are inextricably linked to, XXX

50. Mr Ben Rich, Counsel, on behalf of Dr Simpson, concurred with Ms Fordham and submitted that the hearing should be held entirely in private.

51. The Tribunal considered the submissions made by both parties. The Tribunal determined that the entirety of the hearing should be heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004, (as amended) ('the Rules') as the matters under consideration relate in their entirety, or are inextricably connected, to XXX. The Tribunal was satisfied that it would not be possible to discuss the matters relating to Dr Simpson's alleged misconduct without XXX, and that the hearing is therefore required to be held entirely in private.