PUBLIC RECORD

Date: 18/08/2026

Doctor:	Dr John HENDERSON
GMC reference number:	6157429
Primary medical qualification:	MB ChB 2007 University of Aberdeen

Type of case	**Outcome on impairment**
Review - Conviction	Not impaired

Summary of outcome

Suspension to expire

Tribunal:

Legally Qualified Chair	Mr Sean Ell
Registrant Tribunal Member:	Dr Mohammad Shahid
Registrant Tribunal Member:	Dr Fatima Ali

Tribunal Clerk:	Mrs Jennifer Ireland

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Anthony Haycroft, Counsel, instructed by MDDUS
GMC Representative:	Ms Lucy Chapman, 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 public.

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 Impairment - 18/08/2026

1. This determination will be handed down in private due to the confidential nature of matters under consideration. However, as this case concerns Dr Henderson's conviction, a redacted version will be published at the close of the hearing.

2. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules) whether Dr Henderson's fitness to practise is impaired by reason of a conviction for a criminal offence.

Background

3. Dr Henderson qualified in 2007. Prior to the events which are the subject of the hearing, Dr Henderson worked as a locum and out of hours General Practioner (GP). At the time of the events, Dr Henderson was practising as an out of hours GP at NHS Lanarkshire.

The 2025 Tribunal

4. The facts as admitted and found proved at Dr Henderson's hearing, which took place in August 2025 (the 2025 Tribunal), can be summarised as, on 23 January 2024, Dr Henderson was convicted of having written fraudulent prescriptions in his own name and the names of patients, some of whom were deceased, on several occasions between July 2021 and February 2022. He was sentenced to pay compensation in the sum of £883.02, a community payback order with a supervision period of 9 months, and an unpaid work/activities period of 100 hours to be completed within 12 months.

5. Moving to the impairment stage, the 2025 Tribunal was mindful of Dr Henderson's explanation of the difficult personal circumstances that he was experiencing at the time of the events, including XXX, as well as the stressors associated with working as a doctor during

the pandemic. It had also regard to Dr Henderson's evidence in respect of his XXX. The 2025 Tribunal took into account this contextual background to Dr Henderson's offending in its deliberations.

6. The 2025 Tribunal considered that, whilst there was no evidence of actual harm to patients in this case, Dr Henderson's actions presented a significant risk of harm to patients. It considered that XXX was significant. The 2025 Tribunal was satisfied that Dr Henderson had acted in such a way as to bring the medical profession into disrepute and by his dishonest actions had breached a fundamental tenet of the medical profession.

7. The 2025 Tribunal considered that the criminal offences which led to Dr Henderson's conviction, and the underlying dishonesty, would be considered deplorable by fellow practitioners. It noted that the dishonesty was prolonged and repeated, on Dr Henderson's evidence occurring on more than 40 occasions, and that he stopped only when he was discovered. The 2025 Tribunal also took into account that Dr Henderson abused his position as a doctor in order to carry out his offending, which could not have occurred without the ability to prescribe medication entrusted to medical professionals. It determined that Dr Henderson's actions undermined public confidence in the medical profession.

8. The 2025 Tribunal then went on to consider whether Dr Henderson's actions were remediable, whether they had been remediated, and whether there was any likelihood of repetition.

9. The 2025 Tribunal first considered the level of insight evidenced by Dr Henderson. It was of the view that Dr Henderson had shown a good degree of insight into the impact of his offending and demonstrated genuine remorse and regret for his actions. The 2025 Tribunal also took into consideration the large number of targeted and relevant Continuing Professional Development (CPD) courses that Dr Henderson had undertaken and his written reflections on what he had learned. It noted that Dr Henderson had made efforts to develop his insight into his offending behaviour and the seriousness of his dishonesty.

10. However, the 2025 Tribunal was concerned that Dr Henderson appeared not to have been transparent with colleagues about the personal or professional stress he was experiencing at the time of the events, or the impact of XXX on his ability to cope. It noted that Dr Henderson's appraisal documents from the time recorded that he was managing well with an adequate work-life balance. The 2025 Tribunal noted that Dr Henderson has been subject to GMC restrictions on his registration twice in the past, both for driving related

offences, which Dr Henderson stated as being caused by '[XXX]' behaviour, which Dr Henderson attributed to a '*work hard, play hard*' coping mechanism. The 2025 Tribunal considered that Dr Henderson had a history of maladaptive coping mechanisms and of concealing his need for support and therefore may not benefit from mechanisms designed to identify when he is in need of support. The 2025 Tribunal considered that there remained a risk of Dr Henderson repeating this maladaptive coping behaviour, which increases the risk of repetition of similar poor decision making occurring in future.

11. The 2025 Tribunal also considered that, while Dr Henderson was clearly experiencing significant personal stressors at the time of his offending, the life events he experienced were not so extraordinary that similar events would be unlikely to reoccur. Taking into account Dr Henderson's history of maladaptive coping behaviour, the 2025 Tribunal was not satisfied that Dr Henderson has evidenced that he would cope differently with similarly stressful situations in future, whilst working in a busy clinical role.

12. In considering impairment, the 2025 Tribunal balanced its assessment of his insight, remediation and the risk of repetition against the statutory overarching objective. It concluded that Dr Henderson's offending behaviour had put patients at risk of harm, had seriously undermined public trust and confidence in the medical profession and brought the medical profession into disrepute. In addition, the 2025 Tribunal concluded that a finding of impairment in respect of Dr Henderson's conviction was required in order 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. It considered that this was a particularly serious conviction for dishonesty arising out of Dr Henderson's clinical practice. The 2025 Tribunal concluded that Dr Henderson's fitness to practise was impaired by reason of conviction.

13. Turning to consideration of sanction, the 2025 Tribunal determined to suspend Dr Henderson's registration for a period of twelve months. It determined that this period would be sufficient time to meet both the seriousness of the findings and the public interest in the case. Further it would send the appropriate message to the profession.

14. The 2025 Tribunal advised that the reviewing Tribunal may be assisted if Dr Henderson could provide:

- Testimonials for all paid and unpaid work he has undertaken;
- Evidence of all the steps he has taken to keep his knowledge and skills up-to-date;
- Evidence of how he has used his coping mechanisms in stressful environments.

The Evidence

15. The Tribunal received documentary evidence which included but was not limited to:

- MPTS Record of Determination, dated 4 to 8 August 2025;
- Dr Henderson's witness statement, dated 28 July 2026;
- Dr Henderson's reflective statement, undated;
- CPD certificates, various dates, with reflections;
- Testimonials; and
- Reports of Dr B, a pro bono mentor through the Southwest Leadership Academy, dated 23 June 2026 and 12 August 2026.

Submissions

16. On behalf of the GMC, Ms Chapman submitted that the GMC was neutral on the matter of impairment.

17. Ms Chapman referred the Tribunal to the bundle of material provided by Dr Henderson, which she submitted contains all of the material the 2025 Tribunal suggested may assist. She stated that what had been provided is extensive and relevant. Further, she stated that there had been a number of very positive developments, including that Dr Henderson had completed all of the terms of his sentence, his attitude in undertaking supermarket work to support his family, as well as his voluntary work and numerous applications for medical admin roles which is commendable. She highlighted that Dr Henderson has utilised the support provided by the NHS mentoring and NHS training hub, which shows his intention and desire to return to clinical work and indicates steps taken to address the risk of harm.

18. Ms Chapman referred the Tribunal to the Guidance for MPTS Tribunals ('the Guidance') (*MPT Hearings > MPT review hearings > MPT review: stage one – impairment).* She reminded the Tribunal that impairment is a forward-facing exercise, considering any current or ongoing risk to the three limbs of public protection. She submitted that the Tribunal should take into consideration the 2025 Tribunal's determination on impairment and sanction, which found there to be a risk of repetition and that all three limbs of the overarching objective were engaged. Further, the 2025 Tribunal made it clear that the facts of the conviction were considered to be particularly serious, as it involved dishonesty and a risk of harm to members of the public with aggravating features present.

19. Ms Chapman submitted that the Tribunal should take into account what has happened since the 2025 Tribunal's decision, and consider whether the risk identified by the 2025 Tribunal has been mitigated to such a degree that Dr Henderson's fitness to practise is no longer impaired. She stated that the Tribunal should look at all the evidence Dr Henderson has provided of his reflection, insight and maintenance of skills and knowledge, and consider whether he has developed insight to such a degree as to satisfy the limbs of public protection and lower the risk of repetition such that restrictive action is no longer required.

20. Ms Chapman submitted that, given the positives she had outlined in relation to Dr Henderson's progress, the GMC would say the level of risk has reduced to low. She accepted that Dr Henderson has not been able to work clinically whilst suspended, so the Tribunal will need to consider the evidence when assessing a return to clinical practice.

21. On behalf of Dr Henderson, Mr Haycroft submitted that Dr Henderson's position is that his fitness to practise is no longer currently impaired by reason of his conviction.

22. Mr Haycroft stated that there is no impairment on any public interest concern and any concern about public protection issues by reason of coping with work will be dealt with on a local level by a phased and safe return to work, as identified by Dr Henderson.

23. Mr Haycroft referred the Tribunal to the evidence Dr Henderson had provided, which addressed all of the points raised by the 2025 Tribunal. He stated that Dr Henderson could not have done any more than he has to demonstrate insight and remediation. He highlighted the glowing testimonials he had received from his employers at both his paid and unpaid work. Further, he stated that Dr Henderson has detailed his 51 attempts to secure a placement at a GP practice, which has paid off with a recent offer for a position as a pathology driver by NHS Gloucestershire. He told the Tribunal that Dr Henderson has other interviews lined up for part-time work doing nurse clinical work such as ECGs and phlebotomy, which would allow him time to complete return to practice work.

24. Mr Haycroft also submitted that Dr Henderson has extensively added to his coping mechanisms and put them into practice including in his non-clinical work and in his personal life. He accepted that Dr Henderson has not worked as a GP, but stated that this was no bar to the Tribunal considering how he would cope in a work environment by analogy with his coping elsewhere.

25. Mr Haycroft stated that Dr Henderson has shown genuine and much greater insight into the issue such that it is submitted he is unlikely to repeat his behaviour. He submitted that Dr Henderson understands the need for a safe phased return to work as he explained in his detailed personal reflection and proposed plan for return to work. He stated that Dr Henderson is XXX. Overall, he submitted that the risk to public protection has decreased significantly and the Tribunal can find him no longer impaired.

The Relevant Legal Principles

26. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for Dr Henderson to satisfy it that he would be safe to return to unrestricted practice.

27. This Tribunal must determine whether Dr Henderson's fitness to practise is impaired today, taking into account Dr Henderson's conduct at the time of the events, and any relevant factors since then, such as whether the matters are remediable, have been remedied and any likelihood of repetition.

28. The Tribunal was reminded that it must have regard to the Guidance (*MPT Hearings > MPT review hearings > MPT review: stage one – impairment)* when making its decision.

The Tribunal's Determination on Impairment

What was the last assessment of current and ongoing risk to public protection resulting in Dr Henderson's fitness to practise being found impaired?

29. The Tribunal noted that the 2025 Tribunal hearing took place before the implementation of the Guidance. It noted that, prior to the introduction of the Guidance, original hearings may not have specifically stated the level of risk a doctor posed to one or more of the three parts of public protection. However, this Tribunal is clear that this does not preclude it from considering whether the level of risk posed by Dr Henderson has changed and, if so, deciding whether it has decreased or increased.

30. The Tribunal had regard to the findings and conclusions of the 2025 Tribunal, which decided that Dr Henderson had some insight and had made attempts at remediation, but was of the view that there was a risk of repetition, particularly given the concerns about his ability to cope with stressful situations. It therefore formed the view that the 2025 Tribunal would likely have assessed the risk to public protection as medium.

How has Dr Henderson responded to the 2025 Tribunal's findings, what has happened since the last assessment of risk and what impact does this have?

31. The Tribunal considered the evidence before it, which it noted was extensive and targeted to the issues identified by the 2025 Tribunal.

32. It was clear to the Tribunal that Dr Henderson has considered the findings of the 2025 Tribunal, understood what went wrong and accepted he should have acted differently. The Tribunal considered that now Dr Henderson fully understands the impact of his conduct, and how it could have undermined public safety. Dr Henderson has demonstrated genuine, meaningful remorse and apologised for his actions.

33. The Tribunal assessed the quality of Dr Henderson's remediation. It considered that he has taken steps to directly address the conduct, as well as maintain his knowledge and skills. It noted that Dr Henderson had undertaken some relevant CPD courses and reflected on his learning from those courses.

34. The Tribunal took into account the testimonials submitted on behalf of Dr Henderson, from his employers at both his paid and unpaid positions during his period of suspension. The Tribunal noted that Dr Henderson has been open and honest about the circumstances which led to his conviction. It also noted that, whilst Dr Henderson has not undertaken any clinical work, he has spent time in paid and unpaid employment and received positive feedback on that work.

35. The Tribunal considered that Dr Henderson had engaged with two mentors, Dr B and Dr C. It noted that these mentors had met with Dr Henderson on numerous occasions and were providing support to him. Dr B had met with Dr Henderson on four occasions, and was providing practical support on how to return to practice. Dr C had met Dr Henderson on two occasions and was providing pastoral support on returning to work. The Tribunal had regard to the evidence provided by those mentors, and the positive comments made by both on Dr Henderson's approach.

36. XXX

37. The Tribunal also considered that Dr Henderson had done his best to keep his professional knowledge and skills up to date during the course of his suspension. He provided certificates from a number of CPD courses he has undertaken, covering various aspects of clinical practice, and provided the Tribunal with brief written summaries of each course to

demonstrate his learning and understanding. It is evident from the dates of the courses that these have been undertaken on a continuing basis throughout the period of suspension, rather than in a short period prior to this review hearing.

38. The Tribunal acknowledged that Dr Henderson has been out of clinical practice for an extended period, but noted that he has developed a credible return to work plan, which identifies the need for support to return to practice. It was satisfied that Dr Henderson would return to practice in a safe, measured and appropriate manner.

39. Overall, the Tribunal was of the view that Dr Henderson has responded well to the 2025 Tribunal's findings and progressed positively in terms of his insight and the remediation undertaken. The Tribunal determined that the progress made has a positive impact on the assessment of risk.

Has the risk to public protection requiring restrictive action in response changed and if so, how?

40. The Tribunal considered that Dr Henderson has reflected fully on his dishonest conduct which led to his conviction. It considered that his reflections were genuine, sincere and meaningful. It was satisfied that there was nothing further that Dr Henderson could reasonably have provided to demonstrate that he has remediated his conduct.

41. Considering the extent and depth of insight and remediation demonstrated by Dr Henderson, the Tribunal was satisfied that patients would not be placed at risk if he returned to unrestricted clinical practice and the risk of repetition was low.

42. The Tribunal concluded, based on the evidence before it, that the risk of repetition identified by the 2025 Tribunal had further reduced, such that there is now no current and ongoing risk to any of the three parts of public protection requiring restrictive action in response.

43. The Tribunal therefore concluded that Dr Henderson's fitness to practise is no longer impaired by reason of a conviction for a criminal offence.

44. The Tribunal was mindful that the 2025 Tribunal decided, given the seriousness of the conviction, that a 12-month suspension was necessary to ensure that public confidence in the profession was upheld, and that proper professional standards would be maintained. This Tribunal decided that the period of suspension should run its full course, to ensure that those

aspects of public protection are maintained, as envisaged by the last Tribunal. The Tribunal decided that the full 12 months of suspension is necessary to send the appropriate signal to the public, to Dr Henderson and the wider profession that Dr Henderson's conduct was a serious breach of expected professional standards and will not be tolerated.

45. This Tribunal has therefore determined that Dr Henderson's fitness to practise is not impaired by reason of his conviction.

46. The order of suspension currently imposed will remain in effect until its expiry.

47. That concludes this case.