

## PUBLIC RECORD

Date: 21/06/2022

Medical Practitioner's name: Dr John McCLELLAND  
GMC reference number: 4328610  
Primary medical qualification: MB ChB 1996 University of Aberdeen

Type of case	Outcome on facts	Outcome on impairment
Review - Conviction		Impaired
Review - Misconduct		Impaired
XXX		XXX

**Summary of outcome**

Suspension, 12 months.  
Review hearing directed

**Tribunal:**

Lay Tribunal Member (Chair)	Mrs Linda Lee
Lay Tribunal Member:	Mr Chris Weigh
Medical Tribunal Member:	Dr Anita Clay
Tribunal Clerk:	Mr Sewa Singh

**Attendance and Representation:**

Medical Practitioner:	Present and not represented
Medical Practitioner's Representative:	None
GMC Representative:	Ms Fiona Wise, 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 Impairment - 21/06/2022

1. At this review hearing the Tribunal 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 McClelland's fitness to practise remains impaired by reason of misconduct, a conviction for a criminal offence, XXX.

## Background

2. Dr McClelland qualified in 1996 from the University of Aberdeen and went on to become a General Practitioner ('GP').

## The 2019 Tribunal

3. Dr McClelland appeared before a Medical Practitioners Tribunal ('MPT') in June 2019 ('the 2019 Tribunal'). Dr McClelland made full admissions to the Allegation that on 12 March 2019, XXX.

4. XXX

5. Dr McClelland was referred to the GMC in 2011 following a police caution for false representation for presenting a prescription at a pharmacy XXX. He was offered undertakings by the GMC in 2012 which he accepted. These undertakings remained in place until October 2015.

6. XXX

7. XXX.

8. In 2017 concerns were raised about Dr McClelland's behaviour at work XXX. As a result, an enquiry was made, and a clinical audit noted that there had been an 11-minute short session on the EMIS system, in which time Dr McClelland had generated five prescriptions which had been issued and logged. Two prescriptions appeared troublesome, as set out in the initial referral to the GMC by Dr McClelland's Responsible Officer ('RO'):

"XXX."

9. These findings were presented to Dr McClelland on 4 July 2017, and he admitted that he XXX and as a result, he was suspended from work. Disciplinary proceedings followed and it was determined that his actions constituted gross misconduct and his employment was terminated. He was referred to the GMC and NHS England.

10. A further referral was made to the GMC by Boots Pharmacy on 4 January 2018. Dr McClelland had presented at the pharmacy with a private prescription XXX.

11. At the 2019 Tribunal Dr McClelland admitted to the Allegation and accepted that his fitness to practise was impaired XXX. The 2019 Tribunal noted that Dr McClelland failed to follow the recommendations of XXX.

12. The 2019 Tribunal determined that Dr McClelland had partial insight and considered that there was a moderate risk of repetition. XXX.

13. The 2019 Tribunal concluded that Dr McClelland's fitness to practise was impaired XXX. It imposed conditions on his registration for a period of 24 months and directed a review.

#### The 2021 Tribunal

14. A new and review MPT hearing commenced in June 2021 ('the 2021 Tribunal'). The 2021 Tribunal was first required to consider two new matters. A conviction in North Tyneside Magistrates Court in August 2019 and a misconduct matter relating to a conditional discharge which was imposed in Ballymena Magistrates' Court in October 2019.

#### Conviction

15. On 22 August 2019, at North Tyneside Magistrates' Court, Dr McClelland was convicted of committing fraud between June and December 2018. He was sentenced to a community order requiring him to be under a curfew with electronic monitoring for three months XXX. Relevant background to his conviction as set out in the police case summary was that there had been an unusual frequency of occasions between June and December of 2018 where Dr McClelland had created prescriptions and then deleted them on the patient record computer system in the practice in which he worked. XXX.

16. At the time of the creation of the prescriptions, Dr McClelland was employed as a GP at Crowhall Medical Practice in Gateshead which had an electronic record system called EMIS. The police investigator cross referenced the EMIS records with scanned prescription records provided by NHS prescription service. XXX.

#### Misconduct

17. On 10 October 2019, Dr McClelland was made subject of an order for conditional discharge for a period of two years in respect of dishonestly making a false representation to an employee of Lloyd's Pharmacy, Ballymena on 17 August 2018, to which he pleaded guilty.

18. In the police case summary, it was detailed that a male entered a pharmacy, claiming to be a GP and wrote a prescription XXX. He provided Dr McClelland's name and a GMC number. He showed photo identification confirming his name and told the pharmacist that he was on holiday in the area and that the prescription was for a close family member. The police summary records that after the man left, the pharmacist checked the system and saw that there were two doctors by the name recorded on the prescription. XXX. The pharmacist stated that Dr McClelland became flustered. The pharmacist had become suspicious as there was no surgery address on the prescription document, prompting them to search Dr McClelland's name on the register. The individual whose GMC number had been used was contacted and he stated that he had not attended the pharmacy. As the other Dr John McClelland was listed as having restrictions on his practise, including not been able to provide prescriptions for friends and family the pharmacist raised the issue with the police.

19. Dr McClelland made full admissions to the Allegation, including admitting that the actions that led to his conditional discharge from Ballymena Magistrates' Court were dishonest. In relation to making a false representation to an employee of Lloyd's Pharmacy, the 2021 Tribunal noted that Dr McClelland had admitted his dishonesty to the police in an interview which he voluntarily attended. Dr McClelland stated to the 2021 Tribunal that his behaviour was outrageous and that he was really sorry.

20. Having accepted Dr McClelland's admissions and announced the facts as proved, the 2021 Tribunal was made aware of its requirement to review a previous finding of impaired fitness to practise XXX. The 2021 Tribunal therefore considered whether Dr McClelland's fitness to practise was impaired by reason of XXX, a conviction for a criminal offence and misconduct.

21. The 2021 Tribunal considered Dr McClelland's conviction and misconduct to be serious. Both involved dishonesty and amounted to breaches of a fundamental tenet of the profession and brought the profession into disrepute. The 2021 Tribunal acknowledged that dishonesty, while difficult to remediate, in Dr McClelland's case XXX. It also accepted that he expressed genuine remorse, was ashamed of his actions and had not sought to excuse his dishonesty. The 2021 Tribunal determined that Dr McClelland had shown some insight into his misconduct and conviction and had started the process of remediation. It considered that while his remediation remained incomplete, there was a risk of repetition. Given the gravity of his dishonesty and that his insight and remediation was only developing, the 2021 Tribunal determined that a finding of impairment by reason of Dr McClelland's conviction and misconduct, was necessary in the public interest to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession.

22. XXX

23. The 2021 Tribunal determined to suspend Dr McClelland from the medical register for a period of 12 months. It considered that Dr McClelland’s dishonesty, while difficult to remediate was remediable XXX. The 2021 Tribunal concluded that in the specific circumstances Dr McClelland’s actions were not fundamentally incompatible with continued registration. The 2021 Tribunal determined that given the seriousness of the case, the maximum period of 12 months suspension was necessary. It was satisfied that a period of 12 months would mark the seriousness of Dr McClelland’s conduct and uphold the overarching objective to protect the public, maintain public confidence in the profession, and uphold proper professional standards.

24. The 2021 Tribunal directed a review of Dr McClelland’s case and suggested that the following may assist a reviewing Tribunal:

- XXX;
- XXX;
- A reflective statement;
- Evidence of keeping his medical knowledge up to date;
- Any other evidence Dr McClelland considers may assist the Tribunal.

### Today’s Review Tribunal

#### The Evidence

25. The Tribunal took into account all the documentary evidence received, including the Record of Determinations from Dr McClelland’s 2019 and 2021 Tribunal hearings XXX.

26. XXX

27. XXX

28. XXX

29. XXX

30. XXX

31. XXX

32. XXX

33. XXX

34. XXX

35. In an email to the GMC dated 29 March 2022, Dr McClelland stated:

*'Hi, Heather, thank you for this information.*

*I'd like to make this statement:*

*My suspension period has been trying, but useful. I have been working nights in a local supermarket, and I've been able to reflect on my impairment.*

*I feel however, that I may need further time to remediate my conduct. It's been difficult to keep up to date, at least to my satisfaction, and I don't feel that I can in all honesty tell the Panel that I'm now fully insightful and ready to rejoin the NHS.*

*In the last 4 weeks I've managed however, to swap to day shifts, and this has made it much easier to attend to CPD, reflection and remediation.*

*I'll make further submissions before the deadline mentioned in your letter.*

*I hope this initial outline of my position is helpful.'*

36. XXX

37. XXX

38. XXX

39. On 21 June 2022, the morning of the Review hearing, at 9.08 am Dr McClelland first made contact in relation to the Review. The MPTS received an email from Dr McClelland in which he provided details of his current position in relation to the concerns identified in this case. Dr McClelland stated:

*'Please could you forward this to the MPTS.*

*As I mentioned in a previous email, I'm not in a position to tell the Panel that I'm remediated. I've been working in Tesco for this past year, initially on night shift, more recently on days. XXX, and so you'll have noticed that my engagement with the GMC has faltered badly. I meant no disrespect, but I can see how this could be seen as such. It's just that I can't seem to see beyond the next payday each month. XXX*

*There is however light at the end of this tunnel. XXX. I'll restart my CPD, arrange observerships, attend meetings etc. It's been a dreadful few months but I want to reassure the Panel that with more time, I'll be able to show how well I'm doing. XXX.*

*I've been open and honest about my previous behaviour to management at work. I disclosed XXX and convictions during my initial interview with Tesco, back in August 2021, and I freely talk about it when asked by colleagues at work - most want to know why an erstwhile GP is working in Tesco, and I tell them.*

*If I'm granted another Hearing, say in 6 or 12 months, I'll provide documentary evidence of this, but I simply stopped opening emails and post a little while ago, because the thought of today's Hearing, and of preparing for it, XXX.*

*Again, I meant no disrespect. I will be in a much better place in 6 or 12 months - whichever the Panel feels is the most appropriate period of time for further reflection. Many thanks.'*

40. Dr McClelland gave oral evidence. He apologised for not engaging with the GMC stating that he tended to compartmentalise matters XXX. He stated that he meant no disrespect to the Tribunal or to his regulator. Dr McClelland told the Tribunal that he had undertaken CPD by way of reading journals and using those as an aide memoire in order to reflect on his learning, identifying areas where his knowledge and skills were lacking. He reflected on that training in a journal so that he could prepare for his appraisal. He said that he intended to restart his CPD and was arranging an observership. He told the Tribunal that he had spoken with his local GP and she had agreed she would allow him to observe consultations, in order for him to get his medical knowledge up to date.

41. He said he had reflected on his past offending and its impact on his family, friends, ex-colleagues, ex-patients and the NHS as a whole. Dr McClelland acknowledged that he had not yet remediated but added that he was trying to do so stating that he had continued to XXX. He had not produced a reflective statement as he felt that in his last statement, he was still trying to deflect blame. XXX

42. In concluding his evidence, Dr McClelland said that he was not ready to return to clinical practice and that, in his view, a further period of 12 months was required for him to demonstrate he had insight into and had remediated the concerns identified in his case.

### Submissions for the GMC

43. Ms Wise submitted that Dr McClelland's fitness to practise remained impaired by reason of his conviction, misconduct XXX.

44. Ms Wise submitted that Dr McClelland had not demonstrated sufficient evidence that he had insight or had remediated his misconduct or addressed the matters relating to his conviction XXX. She said that Dr McClelland himself acknowledged that he required more time to do this, referring the Tribunal to his email dated 21 June 2022 and his oral evidence.

45. Ms Wise submitted that there remained a risk of repetition of Dr McClelland repeating his misconduct. She added that he had not provided adequate evidence to demonstrate that he has kept medical knowledge and skills up to date, adding that Dr McClelland had not provided any objective evidence of the steps he has taken to address the concerns in this case.

46. Ms Wise submitted that Dr McClelland's fitness to practise remains impaired.

### Dr McClelland

47. Dr McClelland submitted that he agreed with the GMC submissions.

### The Relevant Legal Principles

48. The Tribunal reminded itself that impairment involved a two-step process:

- a) the Tribunal must find “serious misconduct”; and
- b) the Tribunal must decide as a result of that serious misconduct, if the doctor’s fitness to practice is impaired.

49. XXX

50. In a review case, in practical terms, there is a persuasive burden upon the doctor to demonstrate that all the concerns which had been identified had been adequately addressed, and that remediation had taken place. If so, a Tribunal might then conclude that the doctor’s fitness to practise is no longer impaired.

51. The Tribunal was mindful that the decision in relation to impairment is a matter for the Tribunal’s judgement alone. As noted above, the 2021 Tribunal set out the evidence that a future Tribunal may be assisted by. The Tribunal was aware that it was for the doctor to satisfy it that he would be safe to return to unrestricted practice.

52. The Tribunal reminded itself of the questions posed by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of CHRE v NMC and Grant [2011] EWHC 927 (Admin), as follows:

*‘Do our findings of fact in respect of the doctor’s misconduct...show that his/her fitness to practise is impaired in the sense that s/he:*

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or...*
- d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.’*

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

54. In reaching its decision, the Tribunal bore in mind that its primary responsibility is to the statutory overarching objective which is as follows:

- To protect, promote and maintain the health, safety and well-being of the public;
- To promote and maintain public confidence in the medical profession;



- To promote and maintain proper professional standards and conduct for members of that profession.

55. The Tribunal considered the evidence before it, as well as the submissions made by the GMC and by Dr McClelland.

56. The Tribunal noted from Dr McClelland's email of 21 June 2022 and his oral evidence the steps he had taken to get his medical knowledge and skills up to date. It also noted that he had arranged an observership at his local GP surgery but had yet to commence this. Dr McClelland himself openly acknowledged he still had further work to do to ensure his skills were up to date.

57. XXX. The Tribunal was encouraged by the positive steps Dr McClelland had taken and he should be given credit for this. Dr McClelland appeared to be on the right path to addressing some of the concerns identified in this case

58. However, the Tribunal considered the seriousness of the matters before it and considered each individually.

59. In considering these, the Tribunal had regard to paragraph 164 of the Sanctions Guidance ('SG') which states:

*'164 In some misconduct cases it may be self-evident that, following a short suspension, there will be no value in a review hearing. However, in most cases where a period of suspension is imposed, and in all cases where conditions have been imposed, the tribunal will need to be reassured that the doctor is fit to resume practice – either unrestricted or with conditions or further conditions. A review hearing is therefore likely to be necessary, so that the tribunal can consider whether the doctor has shown all of the following (by producing objective evidence):*

- a they fully appreciate the gravity of the offence*
- b they have not reoffended*
- c they have maintained their skills and knowledge*
- d patients will not be placed at risk by resumption of practice or by the imposition of conditional registration.'*

### Conviction and Misconduct

60. In relation to the misconduct matters, whilst the Tribunal acknowledged that Dr McClelland was heading in the right direction, it took into account that there were a number of very serious matters such as using the GMC number of another doctor of the same name and deleting patient records. XXX. His actions were dishonest and had the potential to put patients at serious risk of harm. The Tribunal concluded that Dr McClelland's actions amounted to serious misconduct.

61. Dr McClelland had not provided the Tribunal with objective evidence that he had addressed the matters relating to this misconduct. The Tribunal noted that Dr McClelland had apologised for his actions and the impact of his actions on his patients, his colleagues, and on the reputation of the profession. Dr McClelland also reported that he had built up a support network of friends and colleagues and was open and honest about his past conviction and difficulties. The Tribunal determined that Dr McClelland was sincere and had shown some insight into his misconduct and conviction and had started the process of remediation. However, he had not evidenced that he had taken steps to reflect on and improve his understanding of his behaviour and the full impact of his actions on the public's trust in doctors and patient safety.

62. The Tribunal considered that while Dr McClelland's remediation remained incomplete, it could not be satisfied that there was no risk of him repeating his misconduct. In the circumstances, the Tribunal determined that a finding of impairment by reason of his conviction and misconduct, was necessary in the public interest to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession and for patient safety.

63. Accordingly, the Tribunal determined that Dr McClelland's fitness to practise is currently impaired by reason of his conviction and misconduct.

XXX

64. XXX

65. The Tribunal noted paragraph 99 of the Sanctions Determination produced by the 2021 Tribunal, which stated:

*'99. The Tribunal determined to direct a review of Dr McClelland's case. A review hearing will convene shortly before the end of the period of suspension, unless an early review is sought. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr McClelland to demonstrate how he has developed insight, maintained his knowledge of medicine and what remedial action he has taken. It therefore may assist the reviewing*

*Tribunal if Dr McClelland provided the following information:*

- XXX;  
XXX;
- A reflective statement;
- Evidence of keeping his medical knowledge up to date;
- Any other evidence Dr McClelland considers may assist the Tribunal.

66. XXX. The Tribunal could not at present, in the absence of any objective evidence, be satisfied that, if faced with difficult situations in the future, Dr McClelland would be able to manage XXX.

67. The Tribunal had not been provided with any of the evidence set out in paragraph 99 of the 2021 Tribunal's determination on Sanction. It accepted Dr McClelland's oral evidence that it was as a result of his XXX but concluded that this was further evidence that Dr McClelland remained impaired. In the circumstances, the Tribunal remained concerned that Dr McClelland had not been able to provide any supporting evidence (other than his oral evidence) to satisfy the recommendations of the 2021 Tribunal. In addition, the Tribunal considered that public confidence would be undermined if a finding of impairment were not made in a case such as this.

68. Accordingly, it found Dr McClelland's fitness to practise is currently impaired XXX.

#### **Determination on Sanction - 21/06/2022**

1. Having determined that Dr McClelland's fitness to practise is impaired by reason of his misconduct, conviction XXX, the Tribunal now had to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to Dr McClelland's registration.

#### **The Evidence**

2. The Tribunal took into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Dr McClelland's registration. It received no further evidence at this stage of the proceedings.

#### **Submissions on behalf of the GMC**

3. Ms Wise submitted that the appropriate sanction to impose on Dr McClelland's registration was a further period of suspension, acknowledging that Dr McClelland himself accepted that a period of 12 months would be required. She said that the Tribunal must start with the least restrictive sanction. She referred the Tribunal to paragraph 168 of the SG. She submitted that a period of suspension would allow Dr McClelland time to develop insight into the concerns and to remediate those concerns. She added this period would also allow Dr McClelland to update his medical knowledge and skills in order to return to clinical practice.

#### **Dr McClelland**

4. Dr McClelland Agreed with the submissions of the GMC.

#### **The Relevant Legal Principles**

5. The decision as to the appropriate sanction to impose, if any, in this case was a matter for this Tribunal exercising its own judgement.

6. In reaching its decision, the Tribunal took account of the SG. It had borne in mind that the purpose of sanctions was not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect. It had also taken account of the submissions made by the GMC and by Dr McClelland.

7. Throughout its deliberations the Tribunal applied the principle of proportionality, balancing Dr McClelland's interests with the public interest. It reminded itself that it should only impose the minimum sanction necessary to achieve the over-arching objective. In deciding what sanction, if any, to impose the Tribunal considered each of the sanctions available, starting with the least restrictive.

### **The Tribunal's Determination**

8. In reaching its decision as to the appropriate sanction, the Tribunal considered the aggravating and mitigating factors in this case.

#### Aggravating

9. Dr McClelland's dishonesty was an aggravating factor. It was repeated, pre-meditated, complex and sustained over a period of time. His actions were an abuse of his professional position and led to a serious criminal conviction.

10. The 2021 Tribunal found Dr McClelland's fitness to practise impaired by reason of misconduct due to his conditional discharge and conviction. The conditional discharge was in October 2019 and the subsequent conviction of committing fraud in November 2019.

#### Mitigating

11. The Tribunal acknowledged that a significant mitigating factor was XXX and heavy workload.

12. It noted throughout this and other previous MPT proceedings that Dr McClelland admitted the allegations against him and did not seek to excuse his misconduct.

#### No action

13. The Tribunal first considered whether to conclude Dr McClelland's case by taking no action with regard to his registration. The Tribunal has already determined that Dr McClelland's fitness to practise remains impaired by reason of his conviction, misconduct XXX. It determined that, in the absence of any circumstances which could be regarded as exceptional, it would be inappropriate to take no action at this point.

#### Conditions

14. The Tribunal next considered whether it would be sufficient to impose conditions on Dr McClelland's registration. It had regard to paragraph 85 of the SG, which states:

*'85 Conditions should be appropriate, proportionate, workable and measurable.'*

15. The Tribunal had already determined that Dr McClelland's insight in relation to his misconduct, conviction XXX was limited. It had also found that it could not exclude the risk of Dr McClelland repeating his misconduct. The matters before the Tribunal included his dishonest behaviour. The Tribunal, therefore, determined that it would not be possible to formulate workable conditions sufficient to maintain confidence in the profession or maintain proper professional standards.

### Suspension

16. The Tribunal then went on to consider whether imposing a period of suspension on Dr McClelland's registration would be appropriate and proportionate.

17. The Tribunal considered the following paragraphs of the SG to be particularly relevant to its consideration of suspension:

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

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

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

*a A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.*

18. The Tribunal had regard to the steps which Dr McClelland submitted he had now put in place to address the concerns identified in this case XXX. The Tribunal took into account that Dr McClelland himself considered he needed further time to address the concerns, XXX.

19. The Tribunal, taking into account of all the evidence before it, considered it necessary and appropriate to suspend Dr McClelland's registration for a further period of 12 months. It considered this was necessary in order to uphold and maintain standards and to maintain public confidence in the medical profession. The Tribunal also considered this period would allow Dr McClelland time to XXX and to develop further insight and remediation. The Tribunal was of the view that Dr McClelland's misconduct was not fundamentally incompatible with his continued registration.

20. The Tribunal determined to direct a review of Dr McClelland's case. A review hearing will convene shortly before the end of the period of suspension, unless an early review is sought. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr McClelland to demonstrate how he has developed insight, maintained his knowledge of medicine and what remedial action he has taken. It therefore may assist the reviewing Tribunal if Dr McClelland provided the following information:

- XXX;  
XXX;
- A reflective statement covering all aspects of his impairment including (but not limited to) his misconduct and conviction XXX;
- Evidence of keeping his medical knowledge up to date;
- Any other evidence Dr McClelland considers may assist the Tribunal.

This is not intended to be an exhaustive list and Dr McClelland may provide any other information he considers will assist at a future review hearing.

21. The Tribunal has determined to impose a further period of suspension on Dr McClelland's registration for 12 months. The MPTS will send Dr McClelland a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period, should Dr McClelland decide to appeal.

22. That concludes the case.