PUBLIC RECORD

Date: 24/07/2026

Doctor:	Dr Josevania MARTINS
GMC reference number:	7055434
Primary medical qualification:	Medico 1993 Faculdade de Medicina de Valenca

Type of case	**Outcome on impairment**
Review - Misconduct	Impaired

Summary of outcome

Suspension, 6 months
Review hearing directed

Tribunal:

Legally Qualified Chair:	Mr Sean Ell
Registrant Tribunal Member:	Dr Marta Babores
Lay Tribunal Member:	Mr George McLean

Tribunal Clerk:	Miss Emma Saunders

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Dr Raj Joshi, 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 - 24/07/2026

1. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the Rules whether Dr Martins' fitness to practise is impaired by reason of misconduct.

Background

2. Dr Martins qualified in Brazil in 1993 and has been registered as a medical practitioner in the UK since 2011. Dr Martins has been practising as a doctor for 31 years. At the time of the allegation, she was practising at her own private gynaecology and fertility clinic in London.

2025 Tribunal

3. A Medical Practitioners Tribunal (MPT) to consider Dr Martins case took place on 22 September 2025 to 1 October 2025 ('the 2025 Tribunal').

4. It was alleged that Dr Martins disclosed personal confidential information about Patient A to Mr B, namely that Patient A had been tested for and/or diagnosed with a sexually transmitted disease. Secondly, the GMC alleged that Dr Martins inappropriately prescribed medication to Mr B when she was engaged in a close personal relationship with him. Thirdly, the GMC alleged she informed Mr B that a colleague had prescribed the medication, when she knew she had prescribed them. Fourthly, the GMC alleged that Dr Martins included inaccurate information in the prescriptions which suggested she held a clinical role at the Medical Express Clinic, and then the Messine Clinic, when she did not. The GMC further alleged, in relation to Dr Martins' actions, that she was dishonest. The initial concerns were raised with the GMC by Mr B on 20 March 2024 and included the fact that Dr Martins was not using her real name on dating applications and had not told him that she was a doctor.

5. At the outset of Dr Martins' hearing, she admitted that on two occasions she had prescribed Ozempic pen 1mg and Wegovy pen 1mg to Mr B. The 2025 Tribunal found proved that, in December 2023 and February 2024, Dr Martins had written the prescriptions for weight loss drugs for Mr B when she was in a close personal relationship with him. At the time of doing so, she did not tell him that she was a doctor but instead told him that a colleague had prescribed each medication. She further purported to have practising privileges at the 'Messine Clinic' when she wrote the clinic's name on the prescription in February 2024, fully aware that this was untrue, as the 'Messine Clinic' did not exist. The 2025 Tribunal found that Dr Martins acted dishonestly when she said a colleague prescribed the medication and when she gave a fake name for a clinic on the prescription.

6. The 2025 Tribunal determined that a consequence of Dr Martins' actions was that Mr B could not have given informed consent to Dr Martins treating her, as he did not know that she was the doctor writing the prescription or treating him. Further, not knowing who treated him would restrict any actions Mr B could take should any problems have arisen with his health or any recourse he could have taken with third parties to get a second opinion or raise a complaint. Dr Martins also failed to make a clinical record of the consultations with Mr B and therefore his medical records were incomplete.

7. The 2025 Tribunal considered that Dr Martins' naming of the 'Messine Clinic', which does not exist, was an intentional attempt by her to mislead. The 2025 Tribunal found it to be misleading and seriously dishonest as all details on a medical prescription must be genuine and be able to be relied upon by colleagues and the public.

8. The 2025 Tribunal accepted that Dr Martins had made no financial gain and was motivated to write the prescription in order to assist Mr B in losing weight. Nonetheless, it did not accept that there was any evidence provided by Dr Martins to support her contention that her actions were necessary as a medical emergency. The 2025 Tribunal was of the view that saving Mr B money was not a good reason to write the prescriptions to a man she was involved in a close personal relationship with.

9. The 2025 Tribunal determined that Dr Martins' behaviour amounted to serious misconduct. The 2025 Tribunal found that Dr Martins had not engaged with her breaches of Good Medical Practice and had shown no insight as to how her actions would adversely affect public confidence in her and the medical profession as a whole.

10. The 2025 Tribunal took the view that Dr Martins' written reflections were undermined by her continued assertion that there was no doctor/patient relationship and that the public would find it acceptable for her to continue to hide the fact that she was a doctor when treating Mr B by prescribing and administering weight loss drugs to maintain her privacy.

11. The 2025 Tribunal accepted that there was no evidence that Dr Martins' actions had presented a risk to patient safety. The 2025 Tribunal, nonetheless, took the view that Dr Martins' dishonesty would inevitably have an adverse impact upon public confidence in her and the medical profession as a whole.

12. The 2025 Tribunal determined that Dr Martins' fitness to practise was impaired by reason of misconduct. The 2025 Tribunal took the view that Dr Martins needed to further reflect on her misconduct and remained a risk until her insight developed. The 2025 Tribunal noted that dishonesty is difficult to remediate but it did not consider Dr Martins' dishonesty to be at the irremediable end of the spectrum and was in the context of a personal relationship.

13. The 2025 Tribunal determined to impose a period of suspension of Dr Martins' registration for nine months. It determined that this length of time was appropriate and proportionate and would allow sufficient time for Dr Martins to develop her insight and to provide evidence of remediation. The 2025 Tribunal considered that this reviewing Tribunal may be assisted if Dr Martins provided:

- Information demonstrating insight into her misconduct; and
- Any other information that she considers will assist a future Tribunal.

The Evidence

14. The Tribunal has taken into account all of the evidence received, both oral and documentary.

Documentary Evidence

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

- Record of Determination from the 2025 Tribunal hearing;
- Dr Martins' Continuing Professional Development (CPD) portfolio, with corresponding reflection documentation and 'Record & Reflective Account';
- Dr Martins' appraisal documentation dated 14 May 2025;
- Document from Dr Martins entitled 'Reflective statement and professional development during suspension'; and
- Document from Dr Martins dated June 2026 entitled 'Registrant's remediation, insight and rehabilitation submission'.

16. Within her reflective statement, Dr Martins stated that she was involved in a personal relationship with Mr B at the time and she became involved in aspects of his healthcare due to her concern about his significant medical conditions. Dr Martins stated that she now recognised that the overlap between a personal relationship and clinical considerations had the potential to give rise to concerns regarding professional boundaries, patient consent, misrepresentation, dishonesty, and governance. She stated that, although her intentions were motivated by concern for Mr B's wellbeing, she understood that professional standards require clear separation between personal and clinical roles at all times. Dr Martins stated that she understands that adherence to professional standards is fundamental to maintaining public trust in the medical profession. Dr Martins referred to the remediation and learning she has done, including that she is enrolled on a full-time MA Law Conversion Course at the University of Law, and the strengthening of governance within her practice. Dr Martins stated that she had enhanced her understanding of professional regulation, accountability frameworks and governance structures in healthcare practice. Dr Martins stated that she has made clear and lasting changes to her professional approach, including that she would not provide medical treatment to any individual with whom she has a personal relationship and would maintain strict separation between personal relationships and clinical decision-making.

Oral Evidence

17. Dr Martins gave oral evidence at the hearing. She referred to her current work and study that she is undertaking and to what she had learnt in this period of suspension. She stated that she should have seen that from the moment she prescribed that they became her patient, regardless of whether you are doing it for free or not. Dr Martins stated that the main point she discovered was the need to be honest. She referred to her conduct in prescribing to Mr B, who was someone with whom she had a close personal relationship. Dr Martins referred to the need for professional boundaries. Dr Martins referred to the risks for the patient when treating someone whom you have a personal relationship with,

including the risks that can arise where the patient may not tell you everything within the context of a relationship. Dr Martins stated that she has tried to show her understanding through the documents she has provided to this hearing.

18. Dr Martins was asked whether she accepted that Mr B effectively became her patient once she wrote the prescriptions. She stated that she did not accept this at the time and that she did when the 2025 Tribunal took place. She stated that her intention had been good but discussed the various risks as a result of treating someone with whom you are in a close personal relationship. Dr Martins was asked how a patient could give informed consent when she was concealing her identity as a treating doctor. She agreed with this and that, as a result of her reading, she understood the principle but that this had not been her thinking at the time.

19. Dr Martins stated that she did not originally accept the findings and stated that she needed to study to understand. She spoke about the evidence she had given before the 2025 Tribunal and the reflection she has completed in the last nine months. Dr Martins spoke about the limits with how you can help people, even if your intention was good.

20. Dr Martins was asked about her reflections where she said she was being compassionate. It was put to Dr Martins that the 2025 Tribunal found that her actions were wholly unacceptable and seriously dishonest and why she thought she was being compassionate. Dr Martins stated that she was trying to help at the time and the word 'compassionate' was about paying for the medication that he could not afford. Dr Martins was asked whether, if a similar patient presented today with the same money issues, she would do the same now. She stated that that it depended on the circumstances; that she would never do this again. Dr Martins stated that this had been an exceptional case and the issue was about the relationship.

21. Dr Martins was asked why the public would accept a doctor who deliberately concealed their identity and used a fake clinic name. She stated that the reason for concealing was that she was not sure about the relationship and that there were difficult private issues surrounding these matters. Dr Martins was referred to the breaches of Good Medical Practice that were found by the 2025 Tribunal and asked to set out what they were. She stated that the main one was that a doctor needs to have professional boundaries. She stated that, as a result of the lack of a boundary when she prescribed, she broke all of the rules. Dr Martins stated that it did not matter that she did not know and that she can now

understand the reasons and the risks for the patient. She referred to her responsibilities as a doctor.

22. It was put to Dr Martins that the failings found by the 2025 Tribunal included breaches of dishonesty. She stated that she had done some CPD in relation to dishonesty and the test for dishonesty, which is very clear of how that is used. She stated that, in using the test, she now understood what she has done, where the mistake was and how the dishonesty was found. Dr Martins was referred to her responsibilities as a doctor and whether she understood that her actions were professionally unacceptable. She said that she does accept it now but that at the time that she did not and that this was the reason she has needed the time to process and understand all of this.

23. Dr Martins was asked whether she understood how her actions would undermine public confidence. She stated that the public would be very suspicious of someone who had hidden their identity and prescribed a medication to someone with a fake name of a clinic. She stated that the public would not trust her as a professional if they had behaved like that. Dr Martins was asked how her insight had developed over the last nine months. She stated that she was upset at what she had one, the risks she had placed the patient in, the shame that she had experienced, and the impact of her actions on public confidence. Dr Martins spoke about the remorse she had and the impact on the profession, including that other doctors might be judged based on her actions.

24. Dr Martins was asked whether she fully accepted the seriousness of the dishonesty finding. She stated that she did now but had not at the time. Dr Martins stated that her actions had not been ethical.

25. It was put to Dr Martins that it was not one action and she was asked whether she accepted that if she continued to minimise the aspects of the issues that this increased the risk of repetition. Dr Martins said that, when she said ‘one action’ she was speaking about one person in 31 years of practice. She stated that she was not minimising the seriousness, that she knows that the matter was serious and that she needs to do her part to read and understand so that there is no repetition.

26. Dr Martins was asked what she had learnt. She stated that she learnt about honesty, about the need to be clear about your actions, the need to be ethical, transparent and maintain boundaries. Dr Martins was asked about any specific examples of how she has put this learning into practice. She stated that she is not seeing any patients due to the

suspension and so she rewrote all the policies for the business and referred to the protocol for prescriptions.

27. Dr Martins was asked how she would approach a similar situation now if she was to get into a new relationship with someone in terms of her openness about her position as a doctor. She said that she was in a new relationship and that she has been very open. She stated that she has taken him to the clinic and that it was good to do things in the right way. Dr Martins was asked, if the situation arose where that person was asking for her advice or assistance in terms of prescribing medication, how she would deal with that situation. She stated that ethically speaking it would be very risky for her given what has happened and spoke about the risks to the patient. She stated that she would not want to prescribe as it was not fair to that person and that it was really good to see the involvement with their GP that the person has.

Submissions

Submissions on behalf of the GMC

28. Dr Raj Joshi, Counsel on behalf of the GMC, submitted that Dr Martins' fitness to practise remains impaired. He stated that Dr Martins has submitted substantial material for this hearing but submitted that the reflections show that her insight remains only partially developed. Dr Joshi submitted that Dr Martins shows understanding of general professional principles but her reflection does not yet directly address the dishonesty findings. Dr Joshi submitted that the reflections place significant weight on the emotional context of the events without fully acknowledging the seriousness of the misconduct itself or its impact on public confidence. Dr Joshi submitted that the GMC therefore considered the current risk to be medium with insufficient reassurance that the risk of repetition has been fully mitigated.

29. After hearing Dr Martins's evidence, Dr Joshi stated that it was the GMC's submissions that Dr Martins' fitness to practise remains impaired. He stated that the findings were of serious misconduct which included dishonesty, misleading information, and multiple breaches. Dr Joshi submitted that it was not a one-off isolated incident but that it was a lie that kept on going. He submitted that the findings were certainly not peripheral and go to the core of professional integrity.

30. Dr Joshi referred to the answers that Dr Martins gave in cross-examination at the hearing today. He stated that Dr Martins seems to look back on that relationship and still try to justify her actions by saying it was informal and she was compassionate. Dr Joshi stated that there had been a doctor/patient relationship and the denial from Dr Martins did not show the insight that it should. Dr Joshi stated that, in terms of the dishonesty, there had to be an acceptance first and then consideration of seriousness. He submitted that Dr Martins' written reflections and the oral evidence should go further and show a practical insight into what is different, what she would do now, and an understanding of public confidence.

31. Dr Joshi submitted that Dr Martins engagement so far has been limited and that her written reflections and oral evidence were sometimes contradictory. He submitted that an understanding of how dishonesty undermines public trust is obviously fundamental and this was why the GMC says that Dr Martins insight is rudimentary and underdeveloped such that it was insufficient to mitigate risk. Dr Joshi submitted that the risk remained in respect of all three limbs of the overarching objective until the insight is developed and Dr Martins has not demonstrated that insight. He submitted that Dr Martins' insight remains seriously deficient and the risk of repetition persists. Dr Joshi submitted that public confidence would be undermined if a finding of no impairment was made and the overarching objective remains a continued finding of impairment.

Submissions from Dr Martins

32. Dr Martins provided a written legal submission document. She stated that the underlying allegations arose following prescriptions she issued to Mr B within the context of a personal relationship. She stated that the concerns and complaint only emerged after the prescribing occurred and following the deterioration of the personal relationship and the prescribing was undertaken in circumstances where Mr B presented with relevant health concerns. Dr Martins stated that there was no intention to mislead, exploit, or obtain financial gain and that the use of a clinic heading/address that was later alleged to be inaccurate did not result in patient harm, public risk, or improper financial benefit. Dr Martins stated that the circumstances must be viewed in the broader factual and personal context existing
at the time.

33. Within her written submissions, Dr Martins expressed her sincere remorse for the circumstances that have led to these proceedings and for any concern caused to the profession, the regulator, colleagues, and members of the public. Dr Martins stated that she

fully recognised that doctors are expected to uphold the highest professional standards at all times, particularly in relation to prescribing practice, professional boundaries, transparency, and public confidence in the medical profession. Dr Martins stated that she accepted that, irrespective of intention, doctors must remain vigilant in maintaining clear professional boundaries and ensuring that all administrative and prescribing arrangements are entirely compliant with professional expectations. Dr Martins stated that, during the period of suspension, she has undertaken substantial reflection regarding professional boundaries, ethical obligations, prescribing responsibilities, and the importance of maintaining public confidence in the profession. She also stated that she has reflected deeply on how personal circumstances can affect professional judgment and understands the importance of ensuring that professional objectivity is preserved at all times.

34. Dr Martins stated that the main point was the importance of public confidence in the medical profession. She stated that her actions could undermine her other colleagues and recognised that she needs to be: honest, transparent, accountable, careful with her professional boundaries, someone who keeps accurate documentation, and someone who undertakes lawful prescribing practice.

35. Dr Martins submitted that she had reflected on professional ethics and that she had been unethical in terms of her previous actions. She referred to a number of matters including improved governance, accuracy in records and transparency in prescribing.

The Relevant Legal Principles

36. The Tribunal had regard to the Guidance for MPTS Tribunals > Section three: MPT hearings - review hearings (22 June 2026).

37. Throughout the decision-making process, the Tribunal will bear in mind the GMC and MPTS' legal duty as set out in Section 1 of the Medical Act 1983 to protect the public, which is split into three distinct parts. It means that a Tribunal must act in way that: protects, promotes and maintains the health, safety and well-being of the public ('patient safety'); promotes and maintains public confidence in the medical profession ('public confidence'); and promotes and maintains proper professional standards and conduct for members of the profession ('uphold professional standards').

38. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the 2025 Tribunal set out the matters that a

future Tribunal may be assisted by. This Tribunal is aware that it is for Dr Martins to satisfy it that she would be safe to return to unrestricted practice.

39. This Tribunal must assess whether Dr Martins poses any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response. It must be made with reference to the findings of the 2025 Tribunal as well as any relevant new evidence presented at this hearing. The Tribunal must determine whether Dr Martins' fitness to practise is impaired today, taking into account her 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.

The Tribunal's Determination on Impairment

Misconduct

40. The Tribunal considered whether Dr Martins poses any current and ongoing risk to public protection and if her fitness to practise remains impaired by reason of her misconduct.

Step 1a: consider what has happened since the previous MPT's decision

What was the 2025 Tribunal's assessment of risk to public protection and the reasons given for it?

41. The Tribunal noted that the 2025 Tribunal hearing took place before the imposition of the new Guidance for MPTS Tribunals. Therefore the 2025 Tribunal did not specifically state the level of risk that it considered the doctor posed in terms of one or more or the three parts of public protection. This does not preclude this Tribunal from considering what the level of risk posed by Dr Martins was and whether the level has now changed.

42. The Tribunal had regard to the determination of the 2025 Tribunal, including that Dr Martins needed to further reflect on her misconduct and remained a risk until her insight developed. The 2025 Tribunal noted that dishonesty is difficult to remediate but it did not consider Dr Martins' dishonesty to be at the irremediable end of the spectrum and was in the context of a personal relationship. Further, the 2025 Tribunal noted Dr Martins' acceptance that she was not adequately familiar with Good Medical Practice and that it was difficult to remediate dishonesty but to continue to maintain that there was no doctor/patient

relationship and to maintain that it would be acceptable to make up the name of a clinic when prescribing a medicine, even for *'compassionate reasons'*.

43. The Tribunal noted the conclusions reached by the 2025 Tribunal including that, in respect of mitigating factors, the misconduct was in an unusual factual context that was less likely to be repeated but that it could not make a proper assessment of any future risk on the current evidence provided.

44. This Tribunal was of the view that given the findings made by the 2025 Tribunal and the categorisation of risk in the current guidance, the 2025 Tribunal would have considered this case to fall within the higher risk category given the seriousness, the multiple breaches of Good Medical Practice, the lack of insight, and the length of suspension imposed.

What new evidence has been received since the 2025 Tribunal hearing and what impact does it have? and What evidence is there of insight and is Dr Martins' insight genuine?

45. The Tribunal has been provided with new evidence since the 2025 Tribunal hearing. This included various CPD documentation, a reflective statement, a legal submissions document, and the Tribunal has heard oral evidence from Dr Martins.

46. The Tribunal has concluded that Dr Martins has taken a legalistic and theoretical approach to her development of insight. The 2025 Tribunal said that Dr Martins did not have an adequate understanding of the principles of Good Medical Practice and into her dishonest actions. The Tribunal noted that Dr Martins now accepts there was a patient relationship but she has not reflected on the reasons of why she did what she did. She has reflected on the practical issues of why the guidance says she should not have done what she did but has not sufficiently articulated why she did what she did and why she would not do such actions again.

47. The Tribunal understood that Dr Martins wants to be a compassionate doctor but it was concerned that this should not override her professional role and obligations.

48. The Tribunal noted that Dr Martins has completed some reflection on Good Medical Practice but considered that, while the theoretical framework was developing, there was no practical demonstration of her learning.

49. The Tribunal also noted that Dr Martins told the Tribunal that she had updated policies in her practice around governance but it appears, after questioning, that this was due to the CQC requirement for her to update her policies rather than it being led by her as part of the development of her insight.

50. In all the circumstances, the Tribunal concluded that Dr Martins' insight had developed since the 2025 Tribunal hearing but has not developed sufficiently such that the risk has now been mitigated.

What evidence is there relating to remediation, has the Allegation now been remedied or is it still likely to be repeated?

51. The Tribunal was of the view that Dr Martins has taken steps towards remediation, including CPD about professional boundaries and ethics. The Tribunal noted that dishonesty is difficult to remediate and determined that it has not yet been remedied in this case. Whilst there has been a development of her insight, until Dr Martins has a full understanding of her dishonesty, the Tribunal was not in a position to conclude that the misconduct will not be repeated.

Has Dr Martins kept her knowledge and skills up to date?

52. The Tribunal noted that, aside from the lack of consent issue, there had been no criticism by the 2025 Tribunal of the treatment provided by Dr Martins.

53. The Tribunal has found the CPD undertaken by Dr Martins to be relevant and was content that she has kept her knowledge and skills up to date.

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

54. The Tribunal had regard to the conclusions it has reached as set out above. The Tribunal determined, given all the evidence before it, that the present assessment of current and ongoing risk to one or more of the three parts of public protection indicated the risk posed by Dr Martins has decreased since the 2025 Tribunal and is now at a medium level.

Step 1b: make a finding on impairment

55. On the basis of the conclusions reached in Step 1a, the Tribunal must decide if Dr Martins poses any current and ongoing risk to public protection and make a finding on impairment.

56. The Tribunal took account of all of the evidence provided to it and the conclusions it has reached above.

57. The Tribunal determined that there still remains a risk in terms of the public confidence and the need to uphold professional standards. The Tribunal noted that the 2025 Tribunal concluded that there was no risk to patient safety. This Tribunal was of the view that there was nothing in the new material which would result in this Tribunal arising at a different decision.

58. In all the circumstances, the Tribunal has therefore determined that Dr Martins' fitness to practise remains impaired by reason of misconduct.

Determination on Sanction - 24/07/2026

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

The Evidence

2. The Tribunal has taken 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 Martins' registration.

Submissions

Submissions on behalf of the GMC

3. Dr Joshi stated that the decision as to the appropriate sanction to impose in this case was a matter for the Tribunal exercising its own independent judgement.

4. Dr Joshi stated that it was the GMC's position that a further period of suspension was the appropriate and proportionate sanction. He stated that the misconduct found by the

2025 Tribunal was serious and involved dishonesty that was repeated over two months including prescribing to someone with whom the doctor was in a close personal relationship and in circumstances where she concealed her identity as a doctor. Dr Joshi stated that the misconduct also involved providing false information on a prescription including a fabricated clinic name, a failure to make any clinical record of the consultations and various breaches of Good Medical Practice, including boundaries, honesty, transparency and record keeping. He submitted that this Tribunal has now reaffirmed that the findings go to the core of professional integrity.

5. Dr Joshi submitted that dishonesty, particularly when it involves misleading a patient and falsifying clinical information, strikes at the heart of public trust in the profession and the Tribunal's determination makes clear that, although there has been some development, Dr Martins' insight remains insufficient. Dr Joshi submitted that Dr Martins' desire to be compassionate continues to override professional obligations. He submitted that there was no practical demonstration of learning and that Dr Martins should look back at the incidents and identify what it means in terms of learning points now and moving forward. Dr Joshi submitted that Dr Martins had not been able to point to concrete measures that could be taken now and so the risk of repetition remains.

6. Dr Joshi stated that the Tribunal had found there to be a medium level of risk to public protection and submitted that this was a critical finding as a doctor, whose insight into dishonesty remains incomplete, continues to pose a risk to public confidence and professional standards.

7. Dr Joshi stated that this Tribunal has found that there remains a risk to public confidence and professional standards and there was no new evidence that would alter the previous finding that patient safety was not directly at risk. Dr Joshi submitted that conditions would not be appropriate as they cannot address dishonesty and insight deficiencies. He submitted that suspension was necessary to protect public confidence, which would be undermined without restrictive action. Dr Joshi submitted that a further period of suspension would allow Dr Martins to develop full, practical insight in terms of the day-to-day difficult issues that a doctor deals with such that the next Tribunal is reassured that repetition will not occur.

8. In terms of the length of suspension, Dr Joshi submitted that the length should be sufficient to enable meaningful and practical reflection. It should allow demonstration of insight beyond theoretical learning and permit evidence of behavioural change rather than

just academic study. Dr Joshi submitted that a period in the range of six to nine months would be consistent with the seriousness of the misconduct, the Tribunal's findings of medium risk, the need for further insight development, and the previous suspension length and context.

Submissions from Dr Martins

9. Dr Martins provided a written document and made oral submissions.

10. Dr Martins stated that there has been reference to the need for her to demonstrate practical insight. She asked for guidance on how she could do this and how she can demonstrate this at a future review hearing in circumstances where she is suspended and cannot see patients. Dr Martins stated that she would comply with whatever the Tribunal imposed but that she needed to be told what to do as she was unsure of what she could practically do. She referred to clinical attachments but that she could not see what the point of doing this would be.

11. Dr Martins told the Tribunal that her legalistic approach had been based on trying to understand the process and accept the mistake she had made.

12. Dr Martins referred to the large volume of CPD she has completed in the last nine months. She submitted that she would start to deskill the longer she is out of clinical practice and asked the Tribunal to take this factor into account.

13. Dr Martins spoke about the difficulties she would face as the owner of a clinic if the Tribunal imposed an order of conditional registration with a supervision requirement. This is because there would be no one in the business who could supervise her.

The Tribunal's Determination on Sanction

14. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own independent judgement. In reaching its decision, the Tribunal has taken account of the Guidance for MPTS Tribunals and the overarching objective. It has reviewed its decision on impairment and has considered the level of current and ongoing risk Dr Martins poses to public protection. The Tribunal was clear that it should have regard to the principle of proportionality and should start by considering the least restrictive option when determining what sanction to impose, if any. In terms of

proportionality, the Tribunal must ask itself what is required and no more than necessary to meet the GMC and MPTS' legal duty to protect the public in a timely way. The Tribunal has also borne in mind that the purpose of the sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

15. The Tribunal had regard to the relevant paragraphs as to sanction in the Guidance for MPTS Tribunals (including Section three: MPT hearings - review hearings > Step 2: decision on what action to take, if any > Outcomes available to the MPT at the sanction stage of a review). The Tribunal also noted that it should consider the sanctions banding for dishonesty cases as set out in the MPTS Guidance (Section three: MPT Hearings > Part C: stage three - sanction > Step 3 > Sanctions banding for specific case types). It had regard to the sanction banding, having found a medium level of risk to public protection, of *'Suspension 3 to 9 months'* as the level of banding relevant to this case.

16. The Tribunal appreciated that its task is to determine what is the necessary and proportionate regulatory action to take at this stage to address the level of current and ongoing risk to public protection.

No action

17. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Martins' case, the Tribunal first considered whether to conclude the case by taking no action.

18. The Tribunal had regard to the relevant paragraphs as to sanction in the Guidance for MPTS Tribunals, including that it will usually be necessary for the Tribunal to restrict a doctor's registration where their fitness to practise is impaired in order to achieve public protection. There may be exceptional circumstances to justify a Tribunal taking no action but *"Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare"*.

19. The Tribunal did not identify any exceptional circumstances in this case such as to justify a decision to take no further action. It determined that, in view of its findings on impairment, it would be neither sufficient nor in the public interest to conclude this case by taking no action.

Conditions

20. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Martins' registration.

21. The Tribunal had regard to the paragraphs relating to conditions in the Guidance for MPTS Tribunals. The Tribunal noted that 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. The Tribunal has borne in mind that any conditions imposed would need to be appropriate, workable and measurable.

22. The Tribunal determined, in light of its findings in respect of Dr Martins' dishonesty, that the imposition of conditions on Dr Martins' registration would be inappropriate and insufficient. The Tribunal concluded that conditions would not adequately address the current and ongoing risk given the lack of insight and consequent risk of repetition.

Suspension

23. The Tribunal then went on to consider whether suspending Dr Martins' registration would be appropriate and proportionate.

24. The Tribunal noted that suspension is 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, with the aim they should be able to safely return to unrestricted practice in the future.

25. With reference to the Guidance for MPTS Tribunals, *"suspension may be proportionate in cases where some, or all, of the following factors are present:*

a. conditions are not appropriate, measurable and/or workable

b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or

c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards."

26. The Tribunal had regard to its conclusions at the impairment stage. It has found that progress has been made by Dr Martins and matters are moving in the right direction but further development is required.

27. The Tribunal has taken into account the extensive CPD that has been undertaken by Dr Martins but, for the reasons articulated in the Impairment determination, it does not demonstrate that Dr Martins has yet developed sufficient insight into her misconduct such that there is no risk if she returns back to unrestricted practice.

28. In all the circumstances, the Tribunal determined to suspend Dr Martins' registration for a further period. It determined that this was appropriate and proportionate given its conclusions as to the lack of insight Dr Martins has displayed into her insight, the medium level of risk it has identified and the risk of repetition still present. The Tribunal determined that suspension was necessary in terms of the public confidence and the need to uphold professional standards.

29. The Tribunal determined to suspend Dr Martins' registration for a period of six months. It noted that Dr Martins has made some progress regarding insight, particularly around the legal requirements and an understanding of why doctors end up before Tribunals. The Tribunal was of the view that this progress gives a starting point for Dr Martins to apply that learning to her own misconduct so that she can reflect on why she did what she did, why she thought it was acceptable to have done so, and how she would change her practice going forward so as not to repeat the misconduct.

30. The Tribunal noted that Dr Martins understandably raised concerns that a further period of suspension could result in deskilling. The Tribunal noted its findings that there are no concerns thus far that Dr Martins has not kept her knowledge and skills up-to-date and it did not consider that this further period of suspension would lead her to become deskilled as long as she continues her CPD, which she has indicated she will do.

31. The Tribunal determined to direct a review of Dr Martins' case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Martins to demonstrate how she has

developed further insight into her own misconduct and has continued to remediate. It therefore may assist the reviewing Tribunal if Dr Martins were to provide:

- further personal reflections specifically focused on her misconduct; and
- evidence of up-to-date CPD to demonstrate that she has maintained her medical knowledge and skills.

32. Dr Martins will also be able to provide any other information that she considers will assist.

33. The Tribunal have directed to suspend Dr Martins' registration for six months. The MPTS will send Dr Martins a letter informing her of their 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.