

PUBLIC RECORD

Dates: 24/06/2026

Doctor: Dr Kate EVE

GMC reference number: 6074387

Primary medical qualification: MB ChB 2003 University of Leeds

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

Summary of outcomeConditions, 12 months.
Review hearing directed**Tribunal:**

Legally Qualified Chair	Mr Ian Comfort
Registrant Tribunal Member:	Dr Marianne Kennedy
Registrant Tribunal Member:	Dr Rebecca McGee

Tribunal Clerk:	Mrs Olivia Gamble
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Richard Smith, Counsel, instructed by MDDUS.
GMC Representative:	Mr Tom Phillips, Counsel

Attendance of Press / Public

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

Protecting the Public

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

Determination on Impairment - 24/06/2026

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential. This determination will be handed down in private but as this case also concerns a 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 Eve's fitness to practise remains impaired by reason of conviction XXX.

Background and 2025 Tribunal

3. Dr Eve graduated from University of Leeds with BSc in Microbiology in 2002, followed by her MB ChB in 2003. She received her MRCGP in 2010 and completed a RCGP Qualification in the management of substance misuse in 2017. Dr Eve was employed by Leeds Teaching Hospitals Trust for her junior and senior house officer posts prior to joining Bradford Vocational Training Scheme. After qualifying as a GP, Dr Eve worked at The Ridge Medical Practice in Bradford, where she developed an interest in Palliative Care and was the Lead GP for Safeguarding Children.
4. The allegations that led to Dr Eve's original hearing can be summarised as follows: on 19 July 2024, at Leeds Magistrates' Court, Dr Eve was convicted of driving a motor vehicle in a public place on 3 July 2024 having consumed excess alcohol. She was sentenced to imprisonment for 8 weeks, which was suspended for 12 months; a requirement to undertake 100 hours of unpaid work within the next 12 months and disqualified from holding or obtaining a driving licence for 36 months.

5. XXX

6. The matters came to the attention of the GMC when Dr Eve completed a GMC online self-referral form on 5 August 2024.

7. Dr Eve’s original hearing took place in December 2025. At the outset of proceedings, the doctor admitted the full Allegation and her fitness to practise was found impaired by reason of conviction XXX.

8. The Tribunal determined to suspend Dr Eve’s registration for a period of 6 months. It was satisfied that the appropriate period of suspension fell within the 6 – 12 months banding in Dr Eve’s case.

9. The 2025 Tribunal directed a review hearing and suggested that Dr Eve provided the following:

- XXX;
- XXX;
- Evidence of ongoing CPD;
- Any other information Dr Eve may consider relevant to her case.

Today’s Review Hearing

The Evidence

10. The Tribunal has taken into account all the evidence received.

Documentary Evidence

11. The Tribunal received:

- The determinations of the 2025 hearing;
- Various correspondence between Dr Eve and the GMC;
- XXX;
- XXX;
- Dr Eve reflection statements – dated 21 April 2026 and 4 June 2026;
- Various CPD – various dates;

- XXX;
- XXX;
- Various testimonials – various dates.

Submissions on Behalf of the GMC

12. On behalf of the GMC, Mr Phillips submitted that the GMC is neutral on the matter of impairment in relation to Dr Eve’s conviction. XXX.

13. Mr Phillips submitted that Dr Eve has been cooperative and engaged throughout these proceedings, has provided the evidence that the 2025 Tribunal asked of her and has kept up to date with her clinical knowledge and skills. He further submitted that the risk to public protection is currently low.

14. XXX

Submissions on Behalf of Dr Eve

15. Mr Smith, on behalf of Dr Eve, agreed with the submissions of Mr Phillips. He submitted that it would be appropriate for the Tribunal to determine XXX.

16. Mr Smith submitted that Dr Eve continues to work positively XXX. Mr Smith stated that Dr Eve’s insight was genuine and noted that she has kept up to date with her clinical skills and knowledge.

17. Mr Smith submitted that Dr Eve has already ‘tested herself’ by going back to work as GP shortly after the events that led to these proceedings. Dr Eve practised under conditions (which were lifted shortly before the 2025 Tribunal). Mr Smith stated that this was already a test for Dr Eve, which she ‘passed with flying colours’ as she managed to work as GP XXX.

18. However, notwithstanding Dr Eve’s progress, Mr Smith submitted that it would now be appropriate for Dr Eve to be tested further by being allowed to practise again, under conditions.

The Relevant Legal Principles

19. The Tribunal reminded itself that, although the previous Tribunal had set out the matters that a future Tribunal might be assisted by, the decision of impairment is a matter for this Tribunal's judgement alone. The Tribunal is aware that it is for the doctor to satisfy it that she would be safe to return to unrestricted practise.

20. This Tribunal must determine whether Dr Eve's 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.

21. In reaching its decision, the Tribunal should take into account the three parts of public protection, that is: protecting and promoting the health, safety and wellbeing of the public; promoting and maintaining public confidence in the profession; and promoting and maintaining proper professional standards and conduct.

22. The Tribunal must determine whether the doctor has demonstrated insight, and if so, to what extent. The Tribunal must also determine whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of current impairment were not made.

23. The Tribunal will need to consider whether the doctor has shown the following:

- 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 unrestricted practice.

The Tribunal's Determination on Impairment

Conviction

24. The Tribunal first considered the matters relating to Dr Eve's Conviction.

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

25. The Tribunal had regard to the findings and conclusions of the 2025 Tribunal. It noted that the previous Tribunal's determination on impairment was that Dr Eve's conduct had

seriously departed from these fundamental tenets of the medical profession. It had considered that the seriousness of the conviction was at the higher end of the spectrum of seriousness. In relation to public protection, the 2025 Tribunal considered the risk to public protection to be medium.

What has happened since the last assessment of risk and what impact does this have?

26. The Tribunal reviewed the evidence it had received in this case, both oral and documentary.

27. This Tribunal considered the bundle of documentary evidence it had before it, including Dr Eve's written reflections, testimonials and extensive CPD.

28. The Tribunal considered Dr Eve's reflective statement, where she stated:

'I take full responsibility for my actions and know that my behaviour fell far below the high standards of honesty, integrity and respect for the law that are rightly expected and required as a doctor. I understand that public confidence in the profession extends beyond individual clinicians and that my personal conduct may have undermined that confidence. In addition, my behaviour has had wider consequences for my profession: concern and disruption for my colleagues and employer, damage to the reputation of our practice and primary care more broadly, and the burden on the regulatory process that has been evoked. I understand that suspension was imposed not as punishment, but to protect the public and maintain confidence in the profession. I respect that decision.'

29. The Tribunal noted that Dr Eve had clearly taken into consideration the findings of the 2025 Tribunal and had reflected individually on those findings.

30. The Tribunal was satisfied that Dr Eve had fully accepted the findings of the 2025 Tribunal and acknowledged her wrongdoing. It was clear to the Tribunal that Dr Eve had been on a journey of reflection and that she now recognised the seriousness of her actions, the wider impact of them, and how her behaviour had damaged the reputation of the profession. The Tribunal was satisfied that Dr Eve XXX and that she has now developed significant insight into her previous behaviour, including the triggers that led to her conviction.

How has the doctor responded to the 2025 Tribunal's findings?

31. It was clear to the Tribunal that Dr Eve had considered the findings of the previous Tribunal. The Tribunal considered that Dr Eve now fully understands the impact of her conviction, and how it undermined public confidence. Dr Eve has demonstrated genuine, meaningful remorse and sincerely apologised for her conduct.

32. The Tribunal assessed the quality of Dr Eve’s remediation in relation to her conviction. It considered that she has taken significant steps to directly address the conviction, as well as maintain her clinical knowledge and skills. It noted that Dr Eve had undertaken relevant CPD courses and deeply reflected on those courses, with specific reflections on how she will apply her learning to her future conduct.

33. The Tribunal was of the view that Dr Eve has responded extremely positively to the 2025 Tribunal’s findings and progressed successfully in terms of demonstrating her insight and the remediation undertaken. The Tribunal determined that the progress made has had a substantial impact on its assessment of risk.

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

34. The Tribunal determined that Dr Eve has reflected fully on her conviction. It considered that her reflections were genuine, sincere and meaningful. It was satisfied that there was nothing further that Dr Eve could reasonably have provided to the Tribunal to demonstrate that she has remediated the conviction.

35. The Tribunal was satisfied that Dr Eve has also demonstrated sufficient insight into the impact of her offending on the reputation of the profession. The Tribunal determined that Dr Eve has developed effective safeguards and put in place a series of measures to avoid future repetition of her previous conduct.

36. In relation to Dr Eve’s conviction, the Tribunal concluded, based on the evidence before it, that the risk of repetition identified in this case had significantly reduced, such that there is now no current risk to any of the three limbs of public protection requiring restrictive action in response. The Tribunal therefore concluded that Dr Eve’s fitness to practise is no longer impaired by reason of her conviction.

XXX

ANNEX A – 24/06/2026

Application for hearing to be held in private pursuant to Rule 41

37. At the outset of the proceedings, Mr Tom Phillips, Counsel on behalf of the GMC, made an application under Rule 41 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), for the entire proceedings to be heard in private.

Submissions

On Behalf of the GMC

38. On behalf of the GMC, Mr Phillips made an application for the entire of these proceedings to be held in private, on the basis that XXX.

On Behalf of Dr Eve

39. Mr Smith agreed with Mr Phillips submission.

The Tribunal's Decision

40. The Tribunal had regard to Rule 41 of the Rules. Rule 41 XXX states:

'41

(1) Subject to paragraphs (2) to (6) below, hearings before the Committee and a Medical Practitioners Tribunal shall be held in public.

(2) The Committee or Medical Practitioners Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where they consider that the particular circumstances of the case outweigh the public interest in holding the hearing in public.

XXX'

41. Ordinarily in cases concerning allegations of both conviction XXX, MPT hearings would sit in public for the conviction matters XXX. However, it was submitted in this case that there is an intrinsic link between the conviction XXX. The GMC's submission was that the conviction matter is XXX that it would be difficult to separate them when addressing the Tribunal on them during these proceedings.

42. The Tribunal was invited to consider whether it ought to sit in private for the entirety of the hearing or move between public and private session dealing with the two separate issues.

43. It was submitted that the entirety of the hearing should be heard in private XXX. It has been submitted that it would be difficult to conduct the hearing, moving between public and private session.

44. The Tribunal, on balance, agreed with the GMC's submission. It decided to hold the entirety of these proceedings in private.