PUBLIC RECORD

Dates: 07/08/2026

Doctor:	Dr Kee PEI
GMC reference number:	3505807
Primary medical qualification:	MB ChB 1990 University of Glasgow

Type of case	**Outcome on impairment**
Review – Misconduct	Impaired
Review - Determination by other regulator	Impaired

Summary of outcome

Suspension, 9 months
Review hearing directed

Tribunal:

Legally Qualified Chair	Mr Lee Davies
Lay Tribunal Member:	Mr Darren Shenton
Registrant Tribunal Member:	Dr Aamna Khan

Tribunal Clerk:	Mr Michael Murphy

Attendance and Representation:

Doctor:	Present, not represented
Doctor's Representative:	N/A
GMC Representative:	Ms Jolene Charalambous, 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 - 07/08/2026

1. 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 Pei's fitness to practise remains impaired by reason of misconduct and/or a determination by another regulator.

Background

2. Dr Pei qualified in 1990 with a MB ChB from the University of Glasgow. He obtained full registration with the General Medical Council ('GMC') on 3 February 1992 and remained registered without a licence to practise from 16 September 2009. Prior to the events which are the subject of the hearing, Dr Pei practised as a General Practitioner (GP) at various medical centres and clinics in Hong Kong from 2000 until January 2025. At the time of the events, Dr Pei was working at the SPK Medical Centre in Kowloon.

The 2025 Tribunal

3. At a Medical Practitioners Tribunal, which concluded on 23 July 2025 (the 2025 Tribunal), Dr Pei admitted that on 28 May 2024, the Hong Kong Medical Council (HKMC) determined that between July 2018 and June 2020, he failed to provide appropriate care and treatment to 14 patients, and as a result of that finding, his name was removed from the Hong Kong General Register for a period of 20 months. Dr Pei also admitted that he failed to disclose the determination without delay to the General Medical Council (GMC).

4. The 2025 Tribunal went on to consider whether Dr Pei's fitness to practice was impaired by reason of a determination by an overseas body and/or misconduct.

5. The 2025 Tribunal first considered the determination by an overseas body. The HKMC decision related to Dr Pei's disregard for his professional responsibilities to 14 of his patients between July 2018 and June 2020 concerning the prescription of Dormicum (Midazolam). His failings included prescribing Dormicum without justification, outside the range of appropriate dosage and duration, failing to monitor the outcome of treatment, continuing to prescribe Dormicum when its use was ineffective, inappropriate or unnecessary. Additionally, he failed to refer his patients to specialists, substance abuse clinics, drug addiction counselling centres, or other available services or facilities in the community with resources and support for a comprehensive care. Dr Pei's management of the 14 patients was found to fall below the standard of a reasonably competent GP. The HKMC considered the nature and gravity of the disciplinary charges against Dr Pei and required his removal from the General Register for a period of 20 months.

6. The 2025 Tribunal was satisfied that the determination made against Dr Pei by the HKMC on 28 May 2024 removing his name from the General Register in Hong Kong for a period of 20 months amounted to a determination by an overseas body that Dr Pei's fitness to practise was impaired.

7. The 2025 Tribunal next considered whether Dr Pei's failure to inform the GMC of the determination by the HKMC amounted to misconduct which was serious. Having regard to Good Medical Practice (2024) (GMP) and supplemental guidance *'Reporting criminal and regulatory proceedings within and outside the UK',* which were both clear and unequivocal about the requirement to notify the GMC if any regulatory body has made a finding restricting a doctor's registration.

8. The 2025 Tribunal noted that Dr Pei only disclosed the existence of the HKMC determination to the GMC some six months after it had been issued, and he says after he decided to withdraw his appeal against it. It noted that there was a clear duty on Dr Pei to have informed the GMC without delay of the findings made against him. The 2025 Tribunal was of the view that Dr Pei having chosen to pursue an appeal against the determination was not a reason for him not to inform the GMC of the findings made against him.

9. The 2025 Tribunal was satisfied that Dr Pei's failure to report the findings made by the HKMC against him, without delay, constituted misconduct and that the misconduct was serious. The 2025 Tribunal therefore concluded that Dr Pei's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

10. Turning to the matter of impairment, the 2025 Tribunal considered whether Dr Pei's conduct was easily remediable, whether it had been remedied, and whether the conduct was likely to be repeated.

11. In considering Dr Pei's insight, the 2025 Tribunal noted that Dr Pei had admitted all of the allegations he faced before the HKMC, and made full admissions to the 2025 Tribunal. It also noted he had apologised, was of previous good character and that there had been no further incidents. However, the 2025 Tribunal considered that there was limited evidence before it to ascertain Dr Pei's insight into his misconduct and the overseas finding of impairment. It noted that there were concerns raised by the HKMC about the lack of insight Dr Pei had into his limitations. Further, there was no evidence before the 2025 Tribunal of Dr Pei identifying relevant training courses and Continuing Professional Development (CPD) to address the criticisms made by the HKMC against him in its determination.

12. The 2025 Tribunal noted the similarity in both the failure to follow guidance and Practice Directions in the treatment of patients and the failure to follow GMP. Having been criticised by the HKMC for not following Guidance, the 2025 Tribunal would have expected Dr Pei to be clear on the necessity of following the expected standards and if unsure to have sought clarification from the GMC. Apart from his submission that he should have informed the GMC without delay, Dr Pei provided no evidence as to his understanding of why it was important to adhere to GMP or that he had taken any steps to keep up to date with relevant guidance. In all the circumstances, the 2025 Tribunal concluded that Dr Pei's insight into both his misconduct and the overseas finding of impairment against him was limited.

13. The 2025 Tribunal looked for evidence of any meaningful remediation that would satisfy it that if Dr Pei were to return to unrestricted practice in the UK, he would do so safely and would mitigate the risk of repetition. It noted there was a lack of evidence of reflections or remediation, notably in respect of the clinical concerns found proved by the HKMC. It noted that Dr Pei had remained in practice until January 2025, but received no evidence of the nature of his work during that time, nor any reflections on the changes, if any, to his practice in light of learnings from the HKMC determination.

14. The 2025 Tribunal was not provided with any evidence by Dr Pei of any training he had undertaken in respect of prescribing benzodiazepines and opioids. It also was not provided with any evidence of any accredited CPD training in respect of prescribing controlled medications in the UK. Although Dr Pei told the 2025 Tribunal he had reflected, the 2025 Tribunal saw no evidence of this.

15. The 2025 Tribunal concluded that, whilst Dr Pei's misconduct and the findings made by the HKMC were remediable, there was an absence of evidence of any real steps taken by Dr Pei to remediate. In light of its findings regarding the limited insight, remediation and reflection, the 2025 Tribunal was of the view there remained a real risk of repetition and that Dr Pei had not demonstrated he could return to unrestricted practice safely.

16. The 2025 Tribunal had regard to the HKMC determination in conjunction with the documentary evidence placed before it. It concluded that, owing to the limited nature of his reflections into his actions, and risk of repetition, there was a risk to patient safety should Dr Pei's fitness to practise be found not impaired. Further, it was of the view that he had brought the profession into disrepute, and a member of the public would be shocked to learn that a doctor whose fitness to practise was found to be impaired by an overseas regulator for such serious matters that he remains removed from the General Register in Hong Kong, would be allowed to practise unrestricted in the UK. This would be especially so when the doctor had delayed making the GMC aware of the decision, as in this case. The 2025 Tribunal considered that public confidence would be undermined, and patients could be put at risk, if a finding of impairment was not made.

17. The 2025 Tribunal concluded that, in respect of both Dr Pei's misconduct and the finding of impairment made by the HKMC against him, a finding of impairment was necessary to uphold all three limbs of the overarching objective.

18. Having considered all the information before it, the 2025 Tribunal determined that a period of suspension would appropriately reflect the seriousness of Dr Pei's misconduct and maintain public confidence in the profession. The 2025 Tribunal also determined that suspension would send a clear message to the medical profession that such conduct was wholly unacceptable and reinforce the need to follow Good Medical Practice (2024). It was satisfied that a period of suspension would serve to demonstrate to Dr Pei the extent to which his behaviour had fallen below the standards expected of a registered doctor. It determined that a period of suspension for 12 months was appropriate and proportionate in all of the circumstances.

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

- A reflective statement on the findings made against him by the HKMC and the necessity to follow GMC guidelines;
- Evidence of relevant CPD activities, specifically those related to the prescription and supply of controlled drugs, the management of drug dependency, guidelines for specialist referral and the risks of long-term benzodiazepine use;
- Testimonials;
- Learnings and testimonials from any clinical observership;
- Supportive statements from any mentors.

The Evidence

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

- MPTS Record of Determination, dated 21 to 23 July 2025;
- Dr Pei's Master of Science Clinical Psychiatry, dated 30 September 2025;
- Scottish Drugs Forum Certificates and Attendance, dated October to December 2025;
- Certificate of Professional Development - Addiction Medicine Program Board, dated 13 April 2026; and
- Dr Pei's reflective statement, dated 20 May 2026.

Submissions

21. On behalf of the GMC, Ms Charalambous submitted that Dr Pei's fitness to practise remained impaired by reason of both misconduct and a determination by another regulator. Throughout her submissions, Ms Charalambous referred to relevant caselaw relating to impairment and the decisions of the 2025 Tribunal.

22. Addressing first impairment by reason of a determination by an overseas body, Ms Charalambous drew the Tribunal to the conclusions of the 2025 Tribunal. She reminded the Tribunal of the circumstances leading to the HKMC removing Dr Pei's registration for a period of 20 months, which she stated remained in effect, although was due to expire in August 2026. Ms Charalambous submitted that the Tribunal should consider how much insight Dr Pei has in relation to his actions in Hong Kong. She stated that Dr Pei has provided certificates of completion for some CPD courses, as well as evidence of completion of his master's degree.

23. Ms Charalambous stated that it was concerning that Dr Pei has not been able to provide testimonials from his mentors, nor clinical learning testimonials. She submitted that

all Dr Pei has been able to provide is evidence that he has been aiding the next generation of doctors, but has not been able to demonstrate that he has learned from his failings. She stated that he has not identified how he has advanced his learning, instead limiting his review to courses described as being helpful refreshers of what he had previously been aware of. She also submitted that there is a suggestion within Dr Pei's reflective statement that he disagrees with the findings of the HKMC, which speaks to how much he understands of his misconduct at the time and his ongoing understanding. For that reason, she submitted that Dr Pei has limited insight into the findings of the HKMC, and in his reflection, only identifies the effect on himself, referring to putting his personal safety and wellbeing at risk, that he was overstretching himself by seeing these difficult cases, that he was potentially ruining his own reputation and risking the professional's reputation. She stated that Dr Pei does not identify in any part of his reflection the impact that this could have or did have on the public or the patients involved. She submitted that Dr Pei seeks to provide mitigation of events rather than accepting responsibility as a practitioner and that responsibility lies with himself and therefore is not reflective of genuine insight.

24. Moving to the second of the two findings, namely the necessity to follow the GMC guidelines and the issue in reporting, Ms Charalambous submitted that Dr Pei has not identified how he has advanced his understanding of GMP in any way since the 2025 Tribunal. She stated that Dr Pei has again sought to push the responsibility away from his self and does not accept that the fault lies with himself in choosing not to inform the GMC. She submitted that Dr Pei does not appear to appreciate or accept the importance of what needs to be done in terms of adhering to GMP and other guidelines. Ms Charalambous submitted that there is no indication within Dr Pei's reflection of genuine insight and the effect that his conduct had on the public trust in the medical profession, patients, and acceptance in his own understanding. She reminded the Tribunal that Dr Pei openly accepts he does not have any clinical learning testimonials or supportive statements from any mentors as previously mentioned, and that this does not indicate someone that has continued to reflect on the guidance and how he can improve. She submitted that, in the absence of these things, Dr Pei remains a risk to the public.

25. Ms Charalambous submitted that there is a current high risk to all three areas of public protection. Firstly, in respect of patient safety, she stated that it was clear that this is engaged by the action of prescribing benzodiazepine to patients, and also by Dr Pei not keeping his regulator up to date and being open about what had occurred with the HKMC findings. She stated that, whilst there had been no repetition, this was not persuasive as Dr

Pei has not shown any evidence that he would not, when presented with the same conditions or circumstances, repeat that conduct, particularly given he has not been in clinical practice.

26. Secondly, in respect of public confidence, Ms Charalambous submitted that the concerns in this case are engaged to a high level. She reminded the Tribunal of the seriousness of the subject matter and the severity of the sentence, which was imposed by the HKMC, meant that there was a real risk to the public protection, in terms of maintenance of public confidence in the medical professions in the UK. She stated that the risk arose from Dr Pei not informing the GMC for several months about that decision, and to merely find now that Dr Pei is no longer impaired as the period of the 20 months is near expiry would not allow the public to have confidence in the profession. She stated that it is still required that Dr Pei show insight and remediation and that has not been done. She submitted that Dr Pei in his reflective statement does not identify that he appreciates the impact that his actions could have had on public confidence or that his actions are a blatant disregard of the Hong Kong guidelines, which was a finding made. He seeks to limit his concessions and dissipate the blame of the conduct onto external factors, rather than showing willingness to learn from his past actions. She submitted that Dr Pei therefore continues to pose a high risk.

27. Turning to the last of the three factors, upholding professional standards, Ms Charalambous submitted that these concerns are engaged to a high level. She stated that a reasonable and properly informed member of the public would be surprised to learn that Dr Pei had been allowed to practise unrestricted in light of the previous determinations made and the lack of appreciation for his actions. For all of those reasons, Ms Charalambous invited the Tribunal to conclude that Dr Pei's fitness to practise remained impaired.

28. Dr Pei started his submissions with an apology to the Tribunal for his misconduct. He referred the Tribunal to his reflective statement and explained that his actions in Hong Kong relating to the prescription of Dormicum, including the dose and duration, were unacceptable treatment for a solo practising GP because of the lack of multidisciplinary assessment. He stated that input from a multidisciplinary team could have supported the correct treatment of the patient. He told the Tribunal that he regretted prescribing the medication as a solo practitioner, and if he was practicing as a solo GP in the future, he would not prescribe this medication or see those types of patient.

29. Dr Pei reminded the Tribunal of his reflective statement, and his view that Dormicum was an appropriate treatment in a hospital or multidisciplinary team for patients that are dependent on benzodiazepine with a view to gradual reduction.

30. Dr Pei told the Tribunal he had tried to apply for clinical experience or an attachment in Glasgow, but unfortunately was not able to get a place. He stated that this was why he had been unable to obtain any professional testimonials during his suspension.

The Relevant Legal Principles

31. 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 Pei to satisfy it that he would be safe to return to unrestricted practice.

32. This Tribunal must determine whether Dr Pei's fitness to practise is impaired today, taking into account Dr Pei'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.

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

The Tribunal's Determination on Impairment

Determination by a Regulatory Body

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

34. 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 Pei has changed and, if so, deciding whether it has decreased or increased.

35. The Tribunal had regard to the findings and conclusions of the 2025 Tribunal, which decided that there was a risk of repetition, and considered that, on those findings, the 2025 Tribunal would likely have assessed the risk to public protection as high.

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

36. The Tribunal considered the evidence before it, which it noted was limited in nature. The evidence demonstrates that Dr Pei is trying to address the suggestions of the 2025 Tribunal.

37. Dr Pei has provided CPD certificates, which do have some relevance to the concerns raised by the HKMC. The Tribunal noted that the courses were taken online and that 13 of the 15 courses were taken over a two day period. The Tribunal considered that there is no evidence before it of any practical application of Dr Pei's learning and how he intends to apply it to his future practice. It considered that without that reflection, the Tribunal cannot meaningfully assess Dr Pei's development of his understanding and how he will ensure there is no future repetition.

38. The Tribunal also noted that Dr Pei has completed his master's degree in psychiatry, and that the course content had some relevance. However, the Tribunal again took into consideration that Dr Pei has not articulated how the learning will be applied to his future practice.

39. Considering the reflective statement provided by Dr Pei, the Tribunal was of the view that, whilst there has been some progress, this is limited, and does not address the wider impact of his conduct on the public and his colleagues. Further, it does not address the high standards expected of doctors, particularly when dealing with vulnerable patients. It was of the view that Dr Pei has seemingly focused on the impact of solo working, and how that will not occur in his practice in the UK. Dr Pei has not set out safeguarding structures that he will follow, and has not demonstrated an understanding of his learning of how he should behave differently to prevent repetition.

40. The Tribunal was of the view that, at this stage, Dr Pei's remediation was superficial and not sufficient to demonstrate a reduction in risk.

How has Dr Pei responded to the 2025 Tribunal's findings?

41. Considering the reflective statement, the Tribunal was not satisfied that Dr Pei has sufficiently evidenced his insight, such that it could be satisfied that he understands what went wrong, the impact of his actions, and how he can prevent it happening again. Further, the Tribunal was concerned that Dr Pei's reflection is very much focused on the impact the HKMC restriction has had on him, rather than how his conduct affected patients, and what he can do going forward to prevent being put in the same situation.

42. The Tribunal was of the view that Dr Pei is developing his insight, but at this stage, it remains limited.

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

43. Taking all of the presented evidence into account, the Tribunal was not satisfied that Dr Pei has made sufficient progress towards remediation and insight. It was of the view that, until Dr Pei is able to demonstate how he intends to prevent future recurrance through practical and accountable measures, the risk of repetition remains.

44. The Tribunal considered all three parts of public protection and assessed them to be engaged in the current case, with no material change in circumstances since the last hearing. The Tribunal was mindful that Dr Pei has engaged and has made efforts towards remediation. However, there is still a significant lack of insight into how his actions impacted both the involved patients and public confidence in the profession. Further, Dr Pei has not applied his learning to his specific circumstances and has not developed practical measures to prevent future incidents. Without such measures, the Tribunal considered that patient safety was at risk.It was also of the view that, until the concerns are addressed in a sufficient and measurable way, there remains an impact on the need to uphold professional standards in the UK.

45. Accordingly, the Tribunal assessed that the current and ongoing risk to public protection was high on all three parts. It considered that he was on route to reduce or remove some of those parts, but at present his remediation and insight were not yet sufficient to do so.

46. This Tribunal has therefore determined that Dr Pei's fitness to practise remains impaired by reason of a determination by another regulator.

Misconduct

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

47. 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 Pei has changed and, if so, deciding whether it has decreased or increased.

48. The Tribunal had regard to the findings and conclusions of the 2025 Tribunal, which decided that there was a risk of repetition, and considered that, on those findings, the 2025 Tribunal would likely have assessed the risk to public protection as high.

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

49. On the misconduct, the Tribunal noted that there is no evidence before it of any specific remediation into failing to disclose to the GMC, or of an understanding of the principles laid out in GMP. In the absence of such evidence, the Tribunal was of the view that there has been no material impact on the 2025 Tribunal's findings.

How has Dr Pei responded to the 2025 Tribunal's findings?

50. The Tribunal noted that Dr Pei has apologised for his conduct before the 2025 Tribunal and continues to do so. Dr Pei has acknowledged that his failure to notify the GMC was inappropriate, and in his reflective statement said:

> *'if I am to practice medicine again, I would then set a time table for the regular study of the GMC's Good medical practice guide so that I would be well informed and updated, as a part of a continued training, for the improvement of my professionalism and accountability.'*

51. The Tribunal concluded that Dr Pei has not provided evidence that he is now fully aware of the principles laid out in GMP and the standards expected of a doctor in UK medical

practice. It noted that he has set out an intention to do so should he return to practice, but was not satisfied that this was sufficient to address the concerns of the 2025 Tribunal. It was of the view that objective evidence of his understanding of those standards should be provided before he is allowed to return to unrestricted practice.

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

52. Taking all of the evidence into account, the Tribunal was not satisfied that Dr Pei has made material progress towards remediation and insight. It was of the view that without objective evidence that Dr Pei understands the expectations and standards required of a doctor in the UK, the risk of repetition remains.

53. The Tribunal considered all three parts of public protection and assessed them to be engaged in the current case, with no material change in circumstances since the last hearing. By not telling the GMC of the incident in Hong Kong which led to his restriction, Dr Pei put himself before the need to uphold professional standards in the UK, and delayed the GMC from conducting its own investigation into the matters to protect patient safety. The Tribunal was of the view that until Dr Pei has addressed and understood fully the standards required of him, public confidence would be at risk.

54. Accordingly, the Tribunal assessed that the current and ongoing risk to public protection was high on all three parts.

55. Considering all of the evidence before it, this Tribunal has determined that Dr Pei's fitness to practise remains impaired by reason of misconduct.

Determination on Sanction - 07/08/2026

56. Having determined that Dr Pei's 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 Pei's registration.

The Evidence

57. 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 Pei's registration.

Submissions

58. On behalf of the GMC, Ms Charalambous submitted that the risk to public protection remains high and reminded the Tribunal of its finding that there has been no change in this case since it was last heard. She referred to the sanctions bandings section of the Guidance for *'Convictions, cautions, misconduct arising from breach of court sanctions and determinations by other regulatory bodies'* where a '*Higher level of risk to public protection'* has been found and recommended sanction which is *'Suspension 12 months to Erasure'.* As such she made no submissions as to if the Tribunal should take no action or impose conditions.

59. Ms Charalambous submitted that Dr Pei has not provided all of the information recommended by the previous Tribunal but that he has begun to develop his insight. As such, she submitted that a further period of suspension for 12 months would be necessary in this case in order to allow Dr Pei time to develop his insight further. She also submitted that Dr Pei has not fully remediated and that a further 12 months would also give him the opportunity to provide evidence of this by providing his reflections.

60. Dr Pei stated that he is fully satisfied with the GMC's submissions and that he does not have any submissions.

The Tribunal's Determination

61. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement.

62. In reaching its decision, the Tribunal has taken account of the Guidance for MPTS Tribunals (2025) ('the MPT Guidance'). It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

63. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Pei's interests with the public interest and noted the need to protect the public

always outweighs the interests of any individual medical professional. The Tribunal also ensured that it always bore in mind the three limbs of public protection.

64. The Tribunal has reviewed its decision on impairment, and it has considered the level of current and ongoing risk the doctor poses to public protection. It has referred to the range of sanctions generally available, together with the specific sanctions bandings for cases as set out in the Guidance.

65. In deciding what sanction, if any, to impose, the Tribunal considered all the available sanctions and started with the least restrictive and then considered each sanction in ascending order.

No action

66. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to conclude by taking no action.

67. The Tribunal determined that due to the seriousness of Dr Pei's misconduct it would not be in the interests of public protection to take no action. It also noted that there were no exceptional circumstances to justify taking no action in this case.

Conditions

68. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Pei's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

69. Based on the high level of risk found in this case along with the finding that the circumstances have not changed the Tribunal was satisfied that it would not be in the interest of public protection to impose conditions in this case.

70. The Tribunal therefore concluded that conditions would be insufficient to ensure the protection of patients, to meet the public interest or to maintain proper professional standards of conduct for the members of the profession.

Suspension

71. The Tribunal then went on to consider whether imposing a further period of suspension on Dr Pei's registration would be appropriate and proportionate. In doing so it had regard to paragraph 98 of the Guidance which states:

> *'In cases where the MPT is of the view that there has been no material change in the level of risk the doctor poses to public protection since the last assessment of risk, it may be proportionate to consider imposing the current sanction of conditions or suspension for a further period.'*

72. As the Tribunal has found that the risk has not materially changed in this case, it was satisfied that a suspension would be appropriate to address the high level of risk to public protection identified in this case.

73. The Tribunal considered that in this particular case a sanction of erasure from the medical register would be disproportionate and would not meet the principles of public protection.

74. The Tribunal therefore determined that a period of suspension would be an appropriate and proportionate sanction which would protect public confidence in the profession and promote and maintain proper standards of conduct and behaviour.

75. In considering the appropriate period of suspension, the Tribunal was aware that the maximum period of suspension is 12 months. It took into account the evidence Dr Pei has provided pertaining to his remediation and the development of his insight and was satisfied that 9 months would be sufficient for him to develop this further.

76. The Tribunal determined to direct a review of Dr Pei's 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 Pei to demonstrate how he has remediated and developed his insight further. It therefore may assist the reviewing Tribunal if Dr Pei provided:

- More in depth reflection demonstrating insight into the impact his actions had upon patient safety and public confidence in the medical profession;
- Learning and testimonials from any clinical mentors, which may include case based discussions and the demonstration of future practical application of his theoretical knowledge into a workplace setting that would provide reassurance of his ability to cope with stressors during his medical practice;

- Evidence of continuing professional development;
- He will also be able to provide any other information that he considers will assist.

77. The Tribunal have therefore directed to suspend Dr Pei's registration for 9 months The MPTS will send Dr Pei 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.

78. That concludes the case.