

PUBLIC RECORD

Dates: 08/04/2026 - 09/04/2026, 02/06/2026 – 03/06/2026

Doctor: Dr Kesley SMITH

GMC reference number: 7528879

Primary medical qualification: MB BS 2016 University of London

Type of case	Outcome on impairment
Review – Misconduct	Impaired
XXX	XXX

Summary of outcome

Conditions – 18 months

Tribunal:

Legally Qualified Chair	Ms Rachel Jones
Lay Tribunal Member:	Mrs Lorna Taylor
Registrant Tribunal Member:	Dr Joanne Topping

Tribunal Clerk:	Ms Keely Crabtree – 8 to 9 April 2026 Ms Ruby Davison and Ms Fiona Johnston – 2 to 3 June 2026
-----------------	---

Doctor:	Present, not represented
GMC Representative:	Ms Kyan Pucks, Counsel - 08/04/2026 - 09/04/2026 Mr John Morris, Counsel - 02/06/2026 – 03/06/2026

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 - 02/06/2026

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 Kesley Smith's fitness to practise remains impaired by reason of XXX conviction for a criminal offence.

The Outcome of Applications Made during the Impairment Stage

2. At the outset of the hearing on 8 April 2026, the Tribunal announced that the entirety of the hearing should be heard in private in accordance with Rule 41 of the Rules, as Dr Smith's conviction was XXX. The Tribunal considered whether it would be possible to alternate between private and public session. However, it determined that it would be impractical to separate the parts of the hearing concerning Dr Smith's conviction, from XXX.

3. Also at the outset of the hearing, the Tribunal granted an application made by Ms Pucks of counsel, on behalf of the GMC, for the admission of a supplemental bundle of documents. XXX Both parties agreed that the documentation was relevant. The Tribunal determined, in all the circumstances, that the further evidence was relevant and that it was fair to admit it.

Background

4. Dr Smith qualified in 2016 from the University of London. Dr Smith’s case was first heard by a Medical Practitioners Tribunal (‘MPT’) on 11 to 15 March 2024 (‘the 2024 Tribunal’).

The 2024 Tribunal

5. The Allegation before the 2024 Tribunal related to Dr Smith’s conviction for a criminal offence, XXX. He admitted the entirety of the Allegation. The relevant events occurred in 2021. At that time, Dr Smith was working as a Trust Grade Doctor in Emergency Medicine at Queens Medical Centre, Nottingham University Hospitals NHS Trust (‘the Trust’).

6. In summary, the background to the 2024 Tribunal’s determination was as follows. In 2021 Dr Smith knowingly forged prescriptions for painkillers over a period of four months, XXX. This led to a criminal investigation. He was convicted of offences of fraud and falsification, for which he received a suspended custodial sentence in October 2022. That sentence expired in October 2024, after the 2024 Tribunal’s determination.

7. By way of further background, between August and November 2021 whilst he was working in the Accident and Emergency department in Nottingham, Dr Smith wrote 11 prescriptions, XXX. Of those 11 prescriptions, nine were for patients he had treated and two were written for his friends. He took the prescriptions he had written to a pharmacy but was detected by pharmacy staff when discrepancies arose. A further investigation prompted a review of outpatient prescriptions written by Dr Smith. On 19 November 2021, following further review of Dr Smith’s prescribing, the fraud team and the police were notified.

8. Dr Smith was arrested, and in February 2022, he was interviewed by the police. At his interview, he claimed to have written prescriptions for two of his friends, but denied writing another nine prescriptions. The police made further enquiries, and Dr Smith was again interviewed by the police in April 2022.

9. As set out in the Allegation considered by the 2024 Tribunal, Dr Smith appeared at Nottingham Magistrates’ Court on 26 August 2022. He entered a guilty plea. The offences for which he was convicted were that, between 18 August 2021 and 13 November 2021 at Nottingham, he had:

- Made false instruments, namely prescriptions for a scheduled drug, with the intention that he or another should use the same to induce others to accept it as genuine and

by reason of so accepting it to do or not to do some act to his own or another person's prejudice, contrary to section 1 of the Forgery and Counterfeiting Act 1981;

- Used instruments for a scheduled drug, namely prescriptions, which were and which he knew or believed to be false, with the intention of inducing NHS staff to accept them as genuine and by reason of so accepting it to do or not to do some act to their own or another person's prejudice, namely providing free and controlled drugs to you, contrary to sections 3 and 6 of the Forgery and Counterfeiting Act 1981.

10. On 21 October 2022, Dr Smith was sentenced (concurrently) to ten months imprisonment, which was suspended for two years, and 100 hours of unpaid work.

11. XXX

12. XXX

13. XXX

14. In respect of impairment, the 2024 Tribunal concluded that Dr Smith's criminal actions arose from XXX.

15. At the 2024 Tribunal hearing, in relation to his conviction, Dr Smith accepted that his conviction concerned offences of dishonesty, over a period of four months. He also accepted that he had asked his friend to be dishonest with the police about the offending but stated that he was not in the right frame of mind at the time.

16. XXX

17. Dr Smith explained his coping mechanisms XXX, which involved being open and talking, to professionals, family and friends, about what was happening. Further, he stated that being able to work and having support from his employers and colleagues was helpful.

18. The 2024 Tribunal observed that Dr Smith's conviction involved fraud and falsification, and resulted in a suspended custodial sentence. The 2024 Tribunal acknowledged that Dr Smith's criminal behaviour XXX.

19. The 2024 Tribunal considered that XXX.

20. The 2024 Tribunal further concluded that Dr Smith’s offending behaviour marked a serious departure from the principles outlined in *Good medical practice (2013)* ('GMP'), given that Dr Smith abused his position of trust in order to illegally obtain drugs XXX.

21. The 2024 Tribunal concluded that a finding of impairment was required in order to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession. Overall, it determined that Dr Smith's fitness to practise was impaired by reason of XXX a conviction for a criminal offence.

22. In terms of sanction, the 2024 Tribunal noted that Dr Smith had pleaded guilty to the offences and had made full admissions to the Allegation. It said that Dr Smith had taken full responsibility for his actions. Dr Smith had also shown remorse and regret and demonstrated an awareness of the impact his conduct could have had on the reputation of the profession, as well as the real impact it had on his family and friends.

23. XXX

24. The 2024 Tribunal took into account that Dr Smith had been practising with restrictions since his conviction and that it had seen no evidence of any breaches of those conditions.

25. The 2024 Tribunal considered that Dr Smith had continued to work during times of stress, particularly during the COVID-19 pandemic, and throughout the GMC investigation and MPTS proceedings. Despite those stressors, the 2024 Tribunal had seen no evidence of reoffending XXX in the 18 months since his conviction.

26. The 2024 Tribunal took into account positive testimonials and appraisals received on Dr Smith’s behalf. It was satisfied that his colleagues considered him to be a good, hardworking and conscientious doctor. The 2024 Tribunal was also satisfied that Dr Smith had been open with his colleagues and supervisors about his difficulties.

27. The 2024 Tribunal noted the early stage of Dr Smith’s career, and the steep learning curve that was associated with that. It was satisfied that, as Dr Smith gained further experience, he would gain a better understanding of the expectations that come with being a doctor. XXX.

28. The 2024 Tribunal noted Dr Smith was keen to complete his training and was satisfied that he would comply with an order of conditions on his registration and that he had been doing so for 18 months. It was satisfied that there were sufficient signs that Dr Smith had XXX, which continued to progress.

29. The 2024 Tribunal was also of the view that Dr Smith required a supportive environment to continue progress XXX. It said that Dr Smith was a well-regarded and competent doctor, with the support of colleagues. It was clear to the 2024 Tribunal that Dr Smith was doing well in his training, while being appropriately supported XXX. It considered that conditions would allow him to continue to do this, and said that conditions would give him *“the support that he needs”*.

30. The 2024 Tribunal considered that imposing conditions on Dr Smith’s registration was the appropriate sanction: required to protect 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 the profession.

31. The 2024 Tribunal therefore determined to impose conditions for a period of two years and directed a review hearing. It stated that, at this review hearing, the onus would be on Dr Smith to demonstrate XXX. It said that it may assist the reviewing Tribunal if Dr Smith provided:

- XXX;
- XXX;
- Evidence of ongoing Continuing Professional Development (CPD), appraisals, and testimonials; and
- Anything else that Dr Smith believes will assist.

The Evidence

32. The Tribunal has considered all the evidence received, both oral and documentary.

33. Dr Smith provided a personal reflection statement dated 3 March 2026 and also gave oral evidence at the hearing, both about events since the 2024 Tribunal’s determination, and on the question of whether his fitness to practise was impaired.

34. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included, but was not limited to, the following:

- MPTS Record of Determination for Dr Smith’s hearing dated 11 to 15 March 2024;
- XXX;
- Dr Smith’s workplace/clinical supervision reports from Dr G (various dates);
- Email from Dr G dated 8 April 2025;
- XXX;
- XXX;
- XXX;
- XXX;
- XXX;
- XXX;
- Clinical supervision reports from Dr H (various dates);
- Consultant structured feedback form from Dr H dated 18 March 2026;
- Clinical supervision reports from Dr I (various dates);
- Consultant structured feedback form from Dr I dated 19 March 2026;
- Email from Dr E, Responsible Officer (RO) dated 22 April 2025;
- Workplace report from Dr J dated 4 September 2025;
- XXX;
- XXX;
- XXX;
- XXX;
- XXX;
- Workplace report from Dr K dated 6 February 2026;
- Letters from the GMC to Dr Smith;
- XXX;
- Dr Smith’s mid post core trainee appraisal’s (CT2-CT3);
- Dr Smith’s general feedback;
- Dr Smith’s colleague feedback (MSF / MiniPat);
- Dr Smith’s Portfolio Assessments and Workplace based feedback;
- Dr Smith’s CPD;
- Dr Smith’s RCPsych (MRCPsych) membership examination evidence;
- Dr Smith’s British Medical Association (BMA) representative documentation;
- XXX;

- Email from Dr Smith sent to the GMC, XXX dated 1 April 2026, including image attachment;
- Email from Dr Smith sent to the GMC and the MPTS, dated 6 April 2026 which included Dr Smith’s reflections on XXX, and professional insight.

Submissions

The GMC’s submissions on impairment

35. On behalf of the GMC, Ms Pucks first reminded the Tribunal of the previous 2024 Tribunal’s suggestions, to Dr Smith, about what a future Tribunal may be assisted by, at his review hearing.

36. Second, Ms Pucks submitted that Dr Smith's fitness to practise remained impaired on the basis of XXX his conviction. She submitted that the Tribunal should consider four questions as to impairment: (i) what was the last assessment of current and ongoing risk to public protection? Ms Pucks said that the new MPTS guidance, which suggests MPTS should set out levels of risk in their determinations, came into effect after Dr Smith’s 2024 MPT hearing, and as such, this Tribunal did not have a previous risk level to refer back to. (ii) What has happened since the last assessment of risk and what impact does this have? Ms Pucks stated that a significant amount of evidence had been provided since the last hearing. (iii) How has the doctor responded to the previous tribunal's findings? And finally, (iv) Has the risk to public protection requiring restrictive action and response changed and if so, how?

37. Third, Ms Pucks said that the key issue for the Tribunal to consider, in this case, was Dr Smith's conduct and compliance with his conditions and whether, in light of that, there remains a risk to public protection requiring restrictive action. She submitted that the GMC’s position was that risk remains, in light of events since the 2024 Tribunal, and the reports provided. Ms Pucks said that the GMC relied on the opinions of XXX. She submitted that they all, to varying degrees, noted Dr Smith's good progress over the last two years, but suggested that he was fit to practise only with restrictions in place. Ms Pucks submitted that there was no good reason to depart from that view.

38. Fourth, as to reports by supervisors, XXX that has come Dr Smith's way over the last 22 months, Ms Pucks stated that he had cooperated with those requests. However, the GMC’s position was that, when looking at the substance of these reports, while Dr Smith has made progress, the work to be undertaken is not complete. XXX.

39. Ms Pucks said that there was evidence of ongoing concern XXX.

40. Fifth, Ms Pucks said that the GMC relied on a combination of the issues which had arisen over the last two years: even if individually they may not be significant, the combination was concerning. In this respect, she pointed to XXX, as well as a workplace incident in September 2025. XXX. Further, there was a breach of his conditions in relation to prescribing restrictions (an improper relaxation on the use of FP10s).

41. Sixth, Ms Pucks argued that XXX. The GMC also relied on an incident in September 2025 when Dr Smith displayed a significant lack of judgement by attending work whilst unfit to do so. Finally, Ms Pucks pointed again to the breach of Dr Smith's prescribing-related conditions, stating that, whilst the GMC accepted that this was not deliberate non-compliance, the burden of ensuring he understands and complies with his conditions lies on Dr Smith alone.

42. The GMC's position was that, given several cases of non-compliance with conditions, but also more importantly because XXX, he continues to require assistance and a supportive environment. Ms Pucks said that the above incidents taken together cause concerns in relation to all three strands of public protection: public safety, public confidence in the profession, and upholding professional standards. The GMC's position was that Dr Smith's record over the last 22 months does not meet the standard expected from any practising doctor in whose hands are patients' lives and confidence. Nor was this the standard expected of a doctor who had conditions imposed by the MPT and was trying to actively prove to the MPT that they are fit to return to unrestricted practise.

43. Finally, Ms Pucks submitted that Dr Smith's fitness to practise remained impaired in relation to all three parts of public protection, and it is the GMC's position that this presents a medium risk. She reiterated that Dr Smith's fitness to practise remained impaired by reason of XXX his conviction, XXX. Ms Pucks also highlighted to the Tribunal that no separate insight had been provided in relation to Dr Smith's conviction. She argued that, in fairness to Dr Smith, none was specifically requested or set out as being required by the 2024 Tribunal. However, Ms Pucks reminded the Tribunal that Dr Smith's conviction included a sophisticated dishonesty offence over a four-month period, which involved planning and an abuse of a doctor's position. She said that this did not simply fall by the wayside because the sentence had passed, and the Tribunal may expect to have seen clear evidence of insight by Dr Smith in relation to the conviction itself.

Dr Smith’s submissions on impairment

44. Dr Smith gave oral evidence, which the Tribunal considered in full. Dr Smith also made submissions on the issue of impairment. In summary, he said as follows.

45. First, he said that he fully accepted the seriousness of his past conduct and that his conviction was “*rightly treated seriously*”.

46. Second, however, he said that looking at the full chronology, such as his supervisor’s evidence, and his progress over the last two years, the evidence shows he is not currently impaired.

47. Third, he said at the time of his conviction, he lacked insight and exercised poor judgement, as he did not fully understand what he was doing. But that was not his position now, having complied with the regulatory process for the last two years, and rebuilt his professional life. He said he had not written prescriptions for himself again, had kept working, had progressed through training, passed professional exams and become a member of the Royal College of Psychiatrists. He said that he has provided practical evidence of XXX, stability, and resilience.

48. Fourth, he said his past conviction should not be permanent proof of impairment and that his past misconduct should be weighed against his rehabilitation and the evidence.

49. XXX

50. XXX

51. XXX

52. XXX

53. XXX

54. XXX

55. Seventh, as to the incident in September 2025 where Dr Smith was sent home from work due to presenting as unfit to work, XXX.

56. Eighth, Dr Smith relied on recent opinions by Dr I, which he said did not support a conclusion that his fitness to practise was currently impaired, in particular comments by Dr I in March 2026 that Dr Smith has shown good development in his work.

57. Ninth, Dr Smith accepted that breaches of his conditions over the last two years matter, but further pointed out that the Assistant Registrar’s “regulatory response” mattered to. XXX.

58. He said he was not “*wilfully ignoring*” his conditions. He said the full picture was that he was “*engaging with the regime*” but “*making mistakes*” and learning. XXX.

59. Tenth, Dr Smith pointed to a range of positive testimonials which he had provided, showing positive feedback about his work. He said that in light of this feedback, it was not correct that his work was showing “*declining clinical standards*”, “*XXX*”. He pointed out that as he worked in psychiatry, he was surrounded every day by professionals XXX. Dr Smith invited the Tribunal to consider what he had achieved, including that he had not written himself prescriptions, he had passed professional exams and XXX, which were not merely “*superficial*” achievements but “*practical evidence*” of XXX, stability and resilience.

60. Finally, Dr Smith argued that continuing restrictions would not achieve much and would cause him “*constant stress and uncertainty*”, XXX. He questioned what would be gained by saying that his fitness to practise is impaired XXX. In sum, he had said he was no longer impaired XXX.

The Relevant Legal Principles

61. The Tribunal reminded itself that the decision of impairment is a matter for its judgement alone. This Tribunal was advised that a doctor, at their review hearing, bears a persuasive burden of showing that they would be safe to return to unrestricted practise: *Abrahaem v GMC [2008] EWHC 183 (Admin)*, §23.

62. The Tribunal considered that it must determine whether Dr Smith’s fitness to practise is impaired today, taking into account Dr Smith’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.

The Tribunal's Determination on Impairment

63. The Tribunal considered whether Dr Smith's fitness to practise is currently impaired by reason of a conviction for a criminal offence XXX.

64. The Tribunal decided that there was a legal basis for considering whether Dr Smith's fitness to practise is impaired, namely a conviction for a criminal offence XXX.

65. The Tribunal considered the issue of impairment in accordance with the Tribunal Circular dated 24 November 2025: "*Guidance for review hearings starting on or after 24 November 2025*" ('Tribunal Circular').

66. The Tribunal used the four questions set out in the Tribunal Circular, set out below, to inform its assessment of whether Dr Smith poses any current and ongoing risk to public protection, requiring restrictive action in response:

- i. What was the last assessment of current and ongoing risk to public protection resulting in the doctor's fitness to practise being found impaired? (Looking back at the previous tribunal's findings).
- ii. What has happened since the last assessment of risk and what impact does this have?
- iii. How has the doctor responded to the previous tribunal's findings?
- iv. Has the risk to public protection requiring restrictive action in response changed and if so, how?

Question 1: What was the last assessment of current and ongoing risk to public protection resulting in Dr Smith's fitness to practise being found impaired?

67. The Tribunal noted that the 2024 Tribunal hearing took place before the imposition of the new Guidance for MPTS Tribunals. As such, the 2024 Tribunal did not specifically state the level of risk which it considered the doctor posed, in terms of one or more or the three parts of public protection. The 2024 Tribunal had also considered the issues of health and conviction together. As such, the Tribunal had regard to the findings and conclusions of the 2024 Tribunal more generally.

68. The 2024 Tribunal had decided that Dr Smith’s fitness to practise was impaired by reason of XXX his conviction.

69. The Tribunal noted the following points, in particular, from the 2024 Tribunal’s determination:

- a. Dr Smith had been convicted of a serious criminal offence, involving fraud.
- b. The offending was described by the sentencing judge as “*sophisticated*” and involved giving a false account to the police about prescriptions.
- c. XXX. Dr Smith had “*abused his position of trust in order to illegally obtain drugs [XXX].*”
- d. Dr Smith had stated that he wished to be “*completely honest*” going forward.
XXX.
- e. XXX
- f. XXX.
- g. The 2024 Tribunal concluded that a finding of impairment was required by reference to public confidence and to promote proper professional standards; but later concluded that conditions were required by reference to all three limbs of public protection, including to protect patient safety.
- h. The 2024 Tribunal stated its expectation that, at Dr Smith’s review hearing, there would be evidence of XXX Further, it said that the onus was on Dr Smith to demonstrate this.

Question 2: What has happened since the last assessment of risk and what impact does this have?

XXX

70. XXX

71. XXX

72. XXX

73. XXX

74. XXX

Record of Determinations –
Medical Practitioners Tribunal

75. XXX

XXX

76. XXX

77. XXX

78. XXX

79. XXX

80. XXX

81. XXX

82. XXX

83. XXX

84. XXX

85. XXX

86. XXX

87. XXX

88. XXX

89. XXX

90. XXX

91. XXX

92. XXX

XXX

93. XXX

94. XXX

95. XXX

96. XXX

97. XXX

98. XXX

99. XXX

2(d) Workplace incident – September 2025

100. As set out in a report from Dr I, an incident arose in Dr Smith’s workplace in mid-September 2025. On Wednesday 17 and Friday 19 September he presented at work XXX. His presentation put patients at risk. Dr Smith was sent home from work, and potential capability and conduct concerns were raised. This led to some short-term risk mitigation measures: including that Dr Smith was not allowed to prescribe, and he was taken off the on-call rota. XXX.

101. Dr Smith’s account of this incident was that XXX.

102. XXX

103. It was not the GMC’s case, before the Tribunal, that this workplace incident was likely explained by XXX. Counsel for the GMC did not question Dr Smith about this, nor did she challenge his account XXX.

104. XXX.

105. Dr I's report of 12 February 2026 stated that Dr Smith had now returned to work, was on the on-call rota, and was prescribing within the confines of his GMC conditions.

2(e) Other issues

XXX

106. XXX

Prescribing restrictions

107. The GMC also relied on an incident in April 2025 in which prescribing restrictions on Dr Smith were relaxed, to allow him to prescribe using FP10s, without first obtaining the approval of his Responsible Officer. In April 2025, a GMC Assistant Registrar concluded that Dr Smith breached condition 6(b)(ii) *"as changes to his prescribing arrangements were made without RO approval, an issue that has now been resolved ... Dr G (workplace reporter) has confirmed that in part it was a lack of knowledge on her part regarding the approval process ... There does not appear to be any evidence of a deliberate action on Dr Smith's part not to comply with his conditions, but it is important that if any changes are made, he understands his responsibilities and the relevant approvals are in place. Now RO approval is in place and the relevant governance and monitoring locally is being actively used I do not consider that any further action is needed."*

108. The GMC submitted that it was Dr Smith's obligation to understand his own conditions and ensure that he was not in breach of them.

109. The Tribunal agreed that Dr Smith bears the responsibility of understanding, and abiding by, his conditions. It is also his responsibility to ensure his RO is kept informed, as needed. It was clear from the documentary evidence that condition 6 had been breached (and Dr Smith did not deny this).

110. However, in the context of Dr Smith's workplace reporter having accepted some responsibility for the error, the Tribunal did not consider the breach of Condition 6, in and of itself, to be of particular significance.

XXX

111. XXX

112. XXX

113. XXX

Question 3: How has the doctor responded to the 2024 Tribunal’s findings?

114. The Tribunal considered the doctor’s response to the last Tribunal’s determination in respect of his conviction, XXX. In addition to the conclusions reached above, the Tribunal also had regard to the considerable evidence before it, in respect of Dr Smith’s work generally since the last Tribunal hearing.

XXX

115. XXX

116. XXX

117. XXX

3(b) Conviction

118. As to his conviction, the Tribunal had regard to the 2024 Tribunal’s finding that Dr Smith had pleaded guilty to his offence, admitted to the Allegation before that Tribunal, and had taken responsibility for his actions.

119. The Tribunal noted, however, that Dr Smith’s suspended custodial sentence was not complete at the time of the last Tribunal. Further the 2024 Tribunal had also considered, and this Tribunal agreed, that XXX.

120. In this context, the Tribunal was troubled that it was not clear that Dr Smith had reflected since his last hearing on the interaction between XXX, and his past, serious criminal offending on the other.

121. The Tribunal agreed with the GMC’s submission that Dr Smith has not provided this Tribunal with sufficient evidence, in his reflective statement for the hearing or his oral

evidence, that he appreciated and had reflected on the seriousness and specific nature of his conviction, as reflected in his sentence.

122. The Tribunal would expect Dr Smith’s conviction to be at the forefront of his mind when considering the importance of XXX. This did not appear to be the case.

3(c) Other issues

123. The Tribunal had concerns about the lack of judgement shown by Dr Smith in respect of the September 2025 workplace incident, set out more fully above, and is also concerned about XXX. This did not accord with the commitment he had made, before the 2024 Tribunal, to be “*completely honest*”.

124. Nonetheless, the Tribunal considered that Dr Smith has engaged in significant remediation XXX.

125. The Tribunal also recognised that, to his credit, Dr Smith continued with his professional training after the events which led to the 2024 Tribunal’s determination. Overall, Dr Smith has made significant progress in his career over the past two years. The Tribunal noted, in particular, the comments of Dr I in his workplace report of 10 October 2025 that before the workplace incident in September 2025: “*Dr Smith has been an integral part*” of the team and that he “*has remained professional and reliable in his clinical conduct and decision making and the team values his clinical input. He has abided by his long-term GMC conditions and I have had no other concerns.*”

126. The Tribunal also recognised that the restrictions applied to Dr Smith by his workplace, following the September 2025 incident, have subsequently been lifted and that it appears he has now returned to work successfully, as set out in Dr I’s most recent report in February 2026.

Question 4: Has the risk to public protection requiring restrictive action in response changed and if so, how?

127. The Tribunal considered that the 2024 Tribunal’s determination did not lend itself to a straightforward assessment of whether the level of risk to public protection had changed, because the 2024 Tribunal did not specify any level of risk. Further, the 2024 Tribunal had considered the issues of conviction XXX.

128. The Tribunal considered the key question, in these circumstances, was whether XXX his conviction, continue to present a risk to any, or all, limbs of public protection.

129. The Tribunal had regard to all the evidence and to the conclusions it had already reached, as set out above. The Tribunal bore in mind that a persuasive burden lies on Dr Smith, to show that he is safe to return to unrestricted practice.

130. XXX

131. None of the most recent reports concluded that Dr Smith was fit to practise medicine unrestricted. XXX.

132. Dr Smith accepted that the conclusions XXX were not irrational. However, he argued that his fitness to practise is no longer impaired. In his oral evidence Dr Smith argued that there has not been any “*consistent pattern*” of issues.

133. The Tribunal considered that XXX are both of significant concern.

134. XXX

135. The Tribunal was unable to accept Dr Smith’s position that XXX. There have been multiple issues over the past two years, XXX. The Tribunal also considered that it was necessary to assess the events of the last two years ‘in the round’. There have been several breaches of Dr Smith’s conditions, a workplace incident in September 2025 (leading to temporary restrictions being placed on Dr Smith, e.g. no prescribing), XXX.

136. The Tribunal was, further, of the opinion that Dr Smith has not yet developed full insight into XXX his conviction, as explained above.

137. While recognising that progress has been made, and that Dr Smith is not XXX as was the case at the time of his offending, XXX.

138. XXX

139. Further, in respect of Dr Smith’s conviction, the Tribunal had regard to XXX, and to its earlier conclusion that Dr Smith has not yet shown sufficient, detailed reflections on his

offending (in light of his suspended sentence only being completed after the last Tribunal). The Tribunal concluded that Dr Smith’s fitness to practise remains impaired by reason of his conviction XXX. The Tribunal considered that a finding of impairment to fitness to practise was required in order to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

140. Viewing XXX, the Tribunal considered there to be medium risk to public protection.

141. This Tribunal has therefore determined that Dr Smith’s fitness to practise remains impaired XXX by reason of XXX a conviction or caution for a criminal offence.

Determination on Sanction - 03/06/2026

142. At the outset of this hearing, the Tribunal announced that as at the impairment stage, the hearing should be heard in private in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules) XXX.

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

The Evidence

144. The Tribunal has reviewed its findings at the impairment stage and taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

145. The Tribunal received further documentary evidence which both parties invited it to consider in relation to the appropriate sanction. Namely, a letter to Dr Smith from the GMC dated 16 April 2026, including an Assistant Registrar’s decision in relation to March 2026 testing results (‘AR letter’). The Tribunal received this letter after it handed down its decision on impairment.

146. The Tribunal also heard oral evidence from Dr Smith at the sanction stage, which it considered in full.

147. In brief summary, Dr Smith said that he has made progress and that it would be appropriate to have undertakings in place rather than conditions. He also asked for the conditions on his registration to be relaxed in order to reflect the progress which he has made. He said that he has shown insight into XXX the conviction XXX, and that he has fully complied and engaged with all his GMC conditions.

148. Dr Smith also highlighted the personal and professional impact of these proceedings on him. He said that having a workplace reporter as well as a clinical supervisor was unnecessary and explained that he felt that having conditions relating to a workplace reporter and prescribing restrictions affected his potential future employability.

Submissions

149. Counsel on behalf of the GMC, Mr Morrison, submitted that whilst the sanction to be imposed is a matter for the Tribunal, the GMC's position was that the appropriate and proportionate sanction was to maintain the existing order of conditions. He relied on the Tribunal's impairment determination, in which it had found that a medium risk to public protection in this case. He also drew the Tribunal's attention to the sanctions banding table in Section C of the Sanctions Guidance (*Guidance for MPTS Tribunals, Section three: MPT hearings, Part C: stage three – sanction*) which, in his submission, indicates that the appropriate sanction starts at conditions for 12-36 months.

150. Mr Morrison submitted that Dr Smith appears to be making progress, but there remain issues. XXX. In these circumstances, he said that an order of conditions is proportionate, transparent, fair, and the least restrictive action.

151. Mr Morrison drew the Tribunal's attention to XXX and submitted that all the assessments indicate that conditions remain appropriate. He further submitted that Dr Smith has been working under these conditions, which indicates they are workable and proportionate.

152. Finally, Mr Morrison submitted that Dr Smith could continue to benefit from the ongoing support and oversight provided by his conditions.

The Tribunal's Determination on Sanction

153. Throughout its deliberations, the Tribunal had regard to the statutory overarching objective in section 1 of the Medical Act 1983, and to relevant MPTS guidance, in particular the Sanctions Guidance.

154. First, the Tribunal reminded itself of its decisions made at the impairment stage of this review, in particular its decision regarding the level of current and ongoing risk the doctor poses to public protection. The Tribunal bore in mind its conclusion that Dr Smith's fitness to practise is currently impaired by reason XXX of XXX his conviction, and its conclusion that XXX there is a medium risk to public protection.

155. The Tribunal also considered whether the new evidence provided to it at the sanction stage necessitated an updated assessment of this risk.

156. As well as Dr Smith's oral evidence, which the Tribunal considered carefully, an additional document was provided to the Tribunal after its impairment determination was handed down: the AR letter, described above. The AR letter summarised a range of evidence which was already before the Tribunal at the impairment stage, XXX. The AR said that he could not "*rule out*" Dr Smith's explanation that XXX.

157. As set out in the impairment determination, the Tribunal did not consider it necessary to reach any conclusions about XXX. The Tribunal further notes that, as noted above, the AR letter simply summarised evidence which was before this Tribunal at the impairment stage, and the AR did not reach any clear conclusions on what had, or had not, in fact occurred on the balance of probabilities. The Tribunal did not consider the AR letter to take matters any further forward or to affect its conclusions at the impairment stage.

158. Considering all the evidence, the Tribunal remained satisfied that the risk to public protection in this case is medium, for the reasons given in detail in its impairment determination.

159. Second, the Tribunal referred to the sanctions banding for XXX conviction cases in the Sanctions Guidance, which indicates the appropriate sanction banding in this case ranges from conditions for a period of 12 to 36 months, to suspension.

160. Third, the Tribunal reached a provisional view on what is the least restrictive sanction which would sufficiently protect the public, in accordance with the evidence before it. The Tribunal noted that as set out in more detail in its impairment determination, the most recent reports XXX all indicated that Dr Smith was fit to practise with restrictions.

No action / undertakings

161. The Tribunal was mindful that, in the course of his oral evidence at the sanctions stage, Dr Smith had requested undertakings. The Tribunal had regard to relevant guidance including paragraph 15 of the Sanctions Guidance. This states:

“Taking no action may be proportionate where the MPT is satisfied that undertakings agreed between the GMC and doctor are sufficient to protect the public. Undertakings can be agreed between a doctor and the GMC at a hearing after the MPT has made a finding of impairment.”

162. However, the Tribunal bore in mind that Mr Morrison had submitted – in response to Dr Smith’s oral evidence about undertakings – that the GMC’s position remained that conditions were the appropriate response. As the GMC was not prepared to agree undertakings, the Tribunal concluded that adjourning the sanctions hearing to enable the parties to discuss Dr Smith’s request would not be appropriate.

163. In any event, the Tribunal considered that undertakings would not be sufficient, appropriate or proportionate in this case given, in particular, the medium level of risk to public protection.

Conditions

164. The Tribunal considered whether conditions were appropriate, proportionate and workable.

165. In addition to the sanctions banding table, the Tribunal had regard to paragraph XXX of the Introduction to the MPTS Guidance which states that, XXX.

166. XXX.

167. In light of all of its conclusions at the impairment stage in respect of XXX and his insight, the Tribunal’s view was that conditions continue to be appropriate and needed to protect the public. The Tribunal noted that Dr Smith has been subject to GMC conditions for a number of years. In that time and to his credit, he has made progress in his career, which indicates that conditions are workable. The Tribunal was also of the view that Dr Smith continues to need the support and structure of GMC conditions, XXX.

168. The Tribunal also considered the two specific conditions to which Dr Smith had objected. It noted that Condition 4, requiring a workplace reporter, is a standard GMC condition. In the Tribunal's view, it is clear that a workplace reporter fulfils an important function, and removal of that condition would not be appropriate.

169. The Tribunal also considered Dr Smith's request to remove Condition 6, which relates to prescribing restrictions. The Tribunal noted the recent period in which local restrictions were imposed on Dr Smith's prescribing practices, following the workplace incident in September 2025. The Tribunal was also mindful that Dr Smith has indicated that he will likely be moving to a new job soon, and the Tribunal was satisfied that GMC oversight of his prescribing arrangements during this period of change and adjustment would be beneficial and in the public interest.

170. Overall, the Tribunal determined that a further period of 18 months of conditions was necessary, appropriate and proportionate. The Tribunal considered that this was the minimum period necessary to enable Dr Smith to reflect fully on this Tribunal's findings at the impairment stage, XXX..

171. Fourth, having reached the provisional conclusion that conditions would be the appropriate sanction, the Tribunal considered further the impact of the sanction on Dr Smith.

172. The Tribunal bore in mind Dr Smith's oral evidence, in which he raised concerns with his potential employability whilst under conditions. The Tribunal was sympathetic to the impact that these proceedings have had on Dr Smith, but was also mindful that whilst under conditions, he has been able to progress in his career.

173. Furthermore, the Tribunal considered that its overarching objective is protecting the public. It had regard to paragraph 70 of the Sanctions Guidance which states that, whilst the Tribunal may take into account evidence from a doctor on the impact of a sanction, *"this type of evidence may have limited, if any, impact because it will be outweighed by the need to protect the public."*

174. In all the circumstances, the Tribunal considered that imposing conditions on Dr Smith's registration was the appropriate sanction by reference to all three limbs of the overarching objective. It considered that, at this stage, given Dr Smith's developing insight and XXX, conditions for a period of 18 months are the least restrictive sanction that could be imposed.

175. The Tribunal has carefully considered the range of conditions that are necessary in this case. A proportionate approach led the Tribunal to impose the least restrictive conditions it considered were appropriate.

176. The following conditions will be published:

- 1 He must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:
 - a. the details of his current post, including:
 - i his job title
 - ii his job location
 - iii his responsible officer (or their nominated deputy)
 - b the contact details of his employer and any contracting body, including his direct line manager
 - c any organisation where he has practising privileges and/or admitting rights
 - d any training programmes he is in
 - e of the contact details of any locum agency or out of hours service he is registered with.
- 2 He must personally ensure the GMC is notified:
 - a of any post he accepts, before starting it
 - b that all relevant people have been notified of his conditions, in accordance with condition 11.

- c if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
 - d if any of his posts, practising privileges or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination
 - e if he applies for a post outside the UK
- 3 He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
- 4 a He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).
- b He must not work until:
- i his responsible officer (or their nominated deputy) has appointed his workplace reporter
 - ii he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.
- 5 a He must get the approval of his GMC Adviser before accepting any post.
- b He must keep his professional commitments under review and limit his work if his GMC Adviser tells him to.
- c He must stop work immediately if his GMC Adviser tells him to and must get the approval of his GMC Adviser before returning to work.
- 6 a He must only prescribe, administer, and have primary responsibility for drugs under arrangements which have been agreed by his GMC adviser and approved by his responsible officer (or their nominated deputy)
- b He must not work until:

- i his GMC adviser has agreed these arrangements
 - ii His responsible officer (or their nominated deputy) has approved these arrangements
 - iii He has personally ensured that the GMC has been notified of these arrangements.
- 7 He must not administer, dispense or collect on behalf of others drugs listed in schedules 1–4 of the Misuse of Drugs Regulations 2001 and schedule 5 of the Misuse of Drugs Regulations 2001.
- 8 He must not prescribe any drugs for himself, or anyone with whom he has a close personal relationship
- 9 He must get the approval of the GMC before working in a non-NHS post or setting.
- 10 a He must be supervised in all of his posts by a clinical supervisor, as defined in the Glossary for undertakings and conditions. His clinical supervisor must be approved by his responsible officer (or their nominated deputy).
- b He must not work until:
 - i his responsible officer (or their nominated deputy) has appointed his clinical supervisor and approved his supervision arrangements
 - ii he has personally ensured that the GMC has been notified of the name and contact details of his clinical supervisor and his supervision arrangements.
- 11 He must personally ensure the following persons are notified of the conditions listed at 1 to 10:
- a his responsible officer (or their nominated deputy)

- b the responsible officer of the following organisations:
- i his place(s) of work, and any prospective place of work (at the time of application)
 - ii all his contracting bodies and any prospective contracting body (prior to entering a contract)
 - iii any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
 - iv any locum agency or out of hours service he is registered with.
 - v If any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify this person, he must contact the GMC for advice before working for that organisation.
- c the approval lead of his regional Section 12 approval tribunal (if applicable) - or Scottish equivalent
- d his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

177. XXX

37 The Tribunal determined to direct a review of Dr Smith’s case. A review hearing will convene shortly before the end of the period of conditional registration. The Tribunal wished to remind Dr Smith that, at his review hearing, the onus will be on him to demonstrate that he has remediated XXX and that he is safe to return to unrestricted practice. It therefore may assist the reviewing Tribunal if Dr Smith provides:

- XXX,
- XXX,
- XXX,
- XXX,

- Written reflections in relation to his conviction,
- Any other information or evidence that Dr Smith believes will assist the reviewing Tribunal.

ANNEX A – 09/04/2026

Adjournment & consideration of whether to extend the current conditions

178. The Tribunal had retired to consider its decision on impairment of fitness to practise but was not in a position to hand down a determination. Given the lateness of the hour, the Tribunal raised the question of adjourning the hearing part heard. The Tribunal determined that it would not have sufficient time to conclude the hearing in the time remaining today. As such, the Tribunal sought submissions on whether or not to extend the current conditions.

Submissions

Submissions on behalf of the GMC

179. Ms Pucks invited the Tribunal to extend Dr Smith's current conditions until such a time as a decision on impairment can be made.

Submissions from Dr Smith

180. Dr Smith said that he was not currently impaired and invited the Tribunal to consider a short period of unrestricted practice. However, he recognised that the Tribunal may wish to take a proportionate and cautious approach. He said he was content to comply with his conditions on an interim basis, should the Tribunal consider that necessary.

Tribunal's Decision

181. The Tribunal did not have sufficient time to conclude the hearing in the time remaining today. As such, it determined to adjourn this hearing part heard.

182. The Tribunal noted that the order of conditions on Dr Smith's registration is due to expire on 19 April 2026.

183. The Tribunal determined to extend the current order of conditions for a period of three months, by exercising its powers under Section 35D(12)(c) of the Medical Act 1983, as amended. It determined that such an extension was necessary and proportionate in the circumstances and would also allow for any unanticipated events.

184. The MPTS shall endeavour to relist the reconvened review hearing as soon as is practicable.

185. The MPTS will send Dr Smith a letter informing him of his right of appeal and when the extended conditions will come into effect. The current order of conditions will remain in place during any appeal period.

186. The hearing is adjourned part heard.