

PUBLIC RECORD

Dates: 17/05/2023

Medical Practitioner's name: Dr Kevin NEWLEY
GMC reference number: 2602064
Primary medical qualification: MB ChB 1982 University of Leicester

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

Summary of outcome
Conditions, 24 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Mrs Ruth Curtis
Lay Tribunal Member:	Mr Martyn Green
Medical Tribunal Member:	Dr John Garner
Tribunal Clerk:	Mrs Jennifer Ireland

Attendance and Representation:

Medical Practitioner:	Present and not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Ms Niamh Ingham, Counsel

Attendance of Press / Public

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

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Impairment - 17/05/2023

1. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Newley's fitness to practise is impaired by reason of misconduct.

The Outcome of Applications Made during the Impairment Stage

2. The Tribunal agreed, in accordance with Rule 41XXX of the Rules, that parts of this hearing should be heard in private where the matters under consideration are confidential, namely where they involve XXX. As such, this determination will be read in private, but a redacted version will be published following the conclusion of this hearing, with those matters relating to XXX removed.

Background

3. Dr Newley qualified from Leicester University in 1982 and joined the Maples Surgery in Leicester in 1989. Until 2016 he worked as a sole practitioner with a patient list of approximately 2800. Dr Newley retired from practice on 31 January 2016 and the Maples Surgery was dissolved. Dr Newley also worked as a GP musculo-skeletal specialist at Leicester General Hospital between 2002 and 2010, undertaking his own clinic for one session per week.

4. Dr Newley was referred to the GMC by the Leicestershire and Lincolnshire Area Team of NHS England, following an investigation and the results of an external audit commissioned by the Primary Care Trust ('PCT').

5. The case related to Dr Newley's care and treatment of eight patients in his capacity as their General Practitioner. The GMC offered Dr Newley undertakings, but he declined, and was subsequently referred to a Medical Practitioners Tribunal hearing which began in 2017 and concluded on 25 January 2019 ('the 2019 Tribunal').

The 2019 Tribunal

6. The 2019 Tribunal found that Dr Newley had made a number of failures to provide good care to seven patients. The issues raised included communication failures, problems with record keeping and failures to share information with colleagues.

7. The 2019 Tribunal found that Dr Newley's failures in providing good clinical care breached the principles in paragraphs 3, 21, 22, 50 and 51 (2006 edition) and paragraphs 1, 15, 19 and 21 (2013 edition) of the GMC's Good Medical Practice (GMP). The 2019 Tribunal determined that the extent and gravity of Dr Newley's breaches of the principles of GMP

were sufficiently serious that those parts of the allegation found proved amounted to misconduct. It found that Dr Newley's conduct fell far below what was acceptable.

8. The 2019 Tribunal found that Dr Newley's failures in record keeping were numerous and serious. It also found that the potential impact of Dr Newley's failures on the consistency, continuity and appropriateness of the care for his patients was significant. The 2019 Tribunal was satisfied that Dr Newley's fellow professionals would regard the range and extent of his failures as deplorable, and that his failings amounted to misconduct.

9. The 2019 Tribunal considered that the failings identified were capable of being remediated but had not been remediated. It noted that Dr Newley had attended a number of courses prior to November 2017, when he gave oral evidence to the Tribunal. The 2019 Tribunal was not persuaded that Dr Newley's attendance at these courses demonstrated a significant understanding of why he failed in the areas identified. It also found little or no evidence to show what he had learnt or how he had applied his learning.

10. The 2019 Tribunal bore in mind that remediation was a process and that Dr Newley had not worked since 2015. However, from the evidence Dr Newley adduced, it was not persuaded that he had developed sufficient insight into his misconduct.

11. Whilst the 2019 Tribunal accepted the difficulties presented by Dr Newley's MPTS Interim Orders Tribunal ('IOT') conditions, it considered that the interim conditions did not prevent him from doing more than he had done. It noted that Dr Newley undertook a record keeping course of approximately an hour's duration and provided limited reflection. The 2019 Tribunal was not persuaded that Dr Newley understood or accepted the potential risks associated with his record keeping and history taking.

12. The 2019 Tribunal accepted that Dr Newley would not deliberately set out to cause harm but it was not reassured that he could take appropriate histories. It found that Dr Newley provided nothing to demonstrate that he recognised the failings in the advice which he gave or that he appreciated the damage, actual or potential, which it could have caused. The 2019 Tribunal also found there was no evidence of Dr Newley's thoughts about his failure to arrange urgent tests, or how he had made changes to and improved his record keeping. In the absence of any such evidence, the 2019 Tribunal was unable to give Dr Newley credit for understanding and appreciating how he could, and would, act differently in the future.

13. The 2019 Tribunal concluded that, although the process of remediation had started, wide ranging failures identified at the facts stage had not been remedied. The 2019 Tribunal determined that there remained a risk to patients and a risk that Dr Newley's misconduct may be repeated. The 2019 Tribunal determined that Dr Newley's fitness to practise was impaired by reason of his misconduct.

14. The 2019 Tribunal determined that, whilst Dr Newley’s approach, attitude and limited insight remained an issue, they were capable of remediation if he chose to engage effectively.

15. The 2019 Tribunal determined that suspension was the appropriate sanction which would sufficiently protect patients and meet the public interest. The 2019 Tribunal did not regard Dr Newley’s misconduct as being fundamentally incompatible with continued registration and was satisfied that complete removal from the register would be a disproportionate response. The 2019 Tribunal determined to suspend Dr Newley’s registration for a period of nine months, in order to provide Dr Newley with an opportunity to demonstrate that he could reach a point where he could, once again, competently and confidently practise without restriction and to allow him sufficient time to reflect on his conduct.

16. Dr Newley appealed the decision of the 2019 Tribunal. The appeal was dismissed by the High Court on 25 July 2019, on which date the suspension came into effect.

The 2020 Tribunal

17. Dr Newley’s case was first reviewed by a Medical Practitioners Tribunal on 15 April 2020 (‘the 2020 Tribunal’).

18. The 2020 Tribunal took into consideration Dr Newley’s personal circumstances, in particular XXX, which had an impact on his ability to complete his Continuing Professional Development (‘CPD’). It noted that he provided limited evidence that he had kept his clinical skills and knowledge up to date.

19. The 2020 Tribunal noted that Dr Newley recognised and accepted that his record keeping was below the standard expected of a reasonably competent General Practitioner, but there was insufficient evidence before it that he had fully addressed all of the deficiencies identified by the 2019 Tribunal.

20. The 2020 Tribunal noted that there was an irreconcilable difference of opinion between Dr Newley and a number of the 2019 Tribunal’s factual findings. Because of that, Dr Newley was unwilling to accept a number of failings found proved. Dr Newley stated that he would not be able to demonstrate insight into his failings as he was adamant that a number of the 2019 Tribunal’s factual findings were wrong and that he had acted appropriately. The 2020 Tribunal found Dr Newley to be resolute and rigid in his view about his own clinical practice. The 2020 Tribunal recognised that it was not a requirement for Dr Newley to accept the 2019 Tribunal’s findings in order for him to establish that he has developed insight but was mindful that it could not go behind the 2019 Tribunal’s findings.

21. The 2020 Tribunal considered that the persuasive burden is on Dr Newley to demonstrate that he is fit to return to unrestricted practice, and he had not sufficiently done so.

22. The 2020 Tribunal considered that Dr Newley had started the process of remediation in recognising that some areas of his practice are deficient, notably in relation to record keeping. However, it was of the view that the process was not complete. It considered that the risk of repetition had been diminished but there remained an ongoing risk. The 2020 Tribunal could not be satisfied that Dr Newley would not repeat his misconduct in the future, thereby presenting an ongoing risk of harm to patients.

23. The 2020 Tribunal was also satisfied that public confidence in the medical profession and the need to uphold proper standards would be undermined if a finding of impairment were not made, given the ongoing risk of harm to patients.

24. Having determined that Dr Newley's fitness to practise was impaired by reason of his misconduct, the 2020 Tribunal considered what sanction if any should be imposed on his registration. It was satisfied that a further period of suspension would not serve any useful purpose and would be unduly punitive. It therefore determined that the proportionate sanction was one of conditions for a period of 24 months. It considered that this period would allow Dr Newley sufficient time to return to and undertake a period of supervised clinical practise.

25. The 2020 Tribunal considered that a future reviewing Tribunal may be assisted by the following:

- A further reflective statement addressing what Dr Newley has learned in respect of the 2019 Tribunal's findings of facts and impairment and demonstrating his level of insight;
- Evidence to demonstrate that he has reflected upon his learning and identified any further development needs;
- Evidence of Dr Newley's CPD;
- Evidence that Dr Newley has maintained his clinical skills and medical knowledge;
- Current testimonials as to Dr Newley's character and conduct during the period of his conditional registration, written in the knowledge of his conditional registration by this Tribunal and of the Tribunal's reasons; and
- Any further evidence that Dr Newley considers will assist a reviewing Tribunal.

26. Dr Newley appealed the decision of the 2020 Tribunal. The appeal was dismissed by the High Court on 8 June 2021, on which date the conditions came into effect.

Today's Hearing

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

The Evidence

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

29. Dr Newley provided his own statement as well as giving oral submissions.
30. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included, but was not limited to:
- MPTS Record of Determination, dated 13 February to 10 March 2017, 6 to 27 November 2017, 26 February to 23 March 2018 (non-sitting days 2 and 12 to 16 March), 14 to 23 May 2018, 11 to 15 June 2018, 17 to 21 September 2018 and 22 to 25 January 2019;
 - MPTS Record of Determination, dated 15 April 2020;
 - Correspondence between Dr Newley, the GMC and the MPTS relating to this review hearing and his attendance at such;
 - Dr Newley’s statement letter dated 3 May 2023
 - Original complaint letter against Dr Newley dated 28 November 2012 along with the UHL Trust response; and
 - A newspaper article clipping regarding Prostate Cancer screening.

Submissions

31. On behalf of the GMC, Ms Ingham submitted that Dr Newley’s fitness to practise remains impaired by reason of his misconduct. Throughout her submissions, she referred the Tribunal to paragraphs 45 and 164 of the Sanctions Guidance (November 2020) (‘the SG’), which state:

‘45 *Expressing insight involves demonstrating reflection and remediation*

...

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

a they fully appreciate the gravity of the offence

b they have not reoffended

c they have maintained their skills and knowledge

d patients will not be placed at risk by resumption of practice or by the imposition of conditional registration.’

32. Ms Ingham submitted that the Tribunal has seen limited evidence that Dr Newley has kept his knowledge and skills up to date. She submitted that the documentation submitted by

Dr Newley has focused on perceived issues with his previous hearings rather than reflecting on the issues found by the 2019 Tribunal.

33. Ms Ingham submitted that Dr Newley has now been out of practice for a significant length of time, and there has been a lapse in CPD. She submitted that the new information provided does not address what was requested, and that there still remains a gap in his insight and remediation.

34. Dr Newley accepted that the notes and records he kept were brief. He submitted that there was a distinction to be made between record keeping for his own benefit and keeping notes for the benefit of others. He submitted that as a GP of 25 years, in a single-handed practice he had knowledge of most of his patients and that his notes were augmented by clinical templated forms which he had created and were filed separately.

35. Dr Newley submitted that he had worked in a hospital setting for 10 years and had never received a complaint about his hospital notes in that time, as when he worked in conjunction with other clinicians, he made sure his notes were more detailed.

36. Dr Newley submitted that there can be no repetition of his failings as guidelines have changed since the initial incidents. He submitted that these incidents occurred at time when guidelines were in conflict and thus difficult to work with.

37. Dr Newley submitted that he has XXX over the last few years that have limited his ability to return to work, and thus provide evidence of his knowledge and skills. He also submitted that for safeguarding purposes, he would have to undergo a return-to-work course with NHS England, which would require a period of supervision and training. He also accepted that his XXX may limit his ability to engage with that process.

The Relevant Legal Principles

38. 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 Newley to satisfy it that he would be safe to return to unrestricted practice.

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

The Tribunal's Determination on Impairment

40. The Tribunal first reminded itself of what the 2019 Tribunal determined Dr Newley's failures to be, which included: communication failures; record keeping; and sharing information with colleagues.

41. The Tribunal then considered the determination of the 2020 Tribunal, including what it set out to assist a future Tribunal at a review hearing. The Tribunal considered whether Dr Newley had demonstrated that he had reflected further and gained sufficient insight into his actions.

42. The Tribunal noted that the 2020 Tribunal had suggested, amongst other matters, that Dr Newley provide a reflective statement addressing what he has learned in respect of the 2019 Tribunal's findings of facts and impairment and demonstrating his level of insight. While Dr Newley has provided a written statement, this has been primarily focused on specific points of contention in the 2019 Tribunal hearing, in what was a very long and wide-ranging case. Additionally, it did not reflect on the failures highlighted in the 2019 Tribunal's determinations. The Tribunal noted Dr Newley's submission that before he returned to practice NHS England would ensure he undertook a period of retraining. However, this did not take into consideration that, should this Tribunal find him not currently impaired, he would be able to return to unrestricted practice and if he chose to work outside of the NHS then there would be no NHS England involvement. The Tribunal determined that as such he did not have the requisite insight into the remediation required of him.

43. In considering the issue of insight, the Tribunal was of the view that there was no evidence before it to suggest that Dr Newley had developed any additional insight into his misconduct since the 2020 Tribunal. Further, the Tribunal noted that Dr Newley has not provided any evidence of remediation or CPD that he has undertaken since that time, either to address the identified failures, or to demonstrate his knowledge and skills are up to date. Without this, the Tribunal was unable to make a proper assessment of Dr Newley's remedial efforts or his insight.

44. The Tribunal was of the view that Dr Newley has been unable to accept the findings of the 2019 Tribunal and noted his submissions on why this was. The Tribunal did take into consideration the additional documents submitted by Dr Newley, but was only able to consider these points in the context of this review hearing. It noted that the documents related to the original factual matters, and that whilst there may or may not be merit in his submissions on these points, these factual matters could not be reviewed in isolation outside of the full context of the 2019 hearing. In all respects, they were beyond the remit of this Tribunal, which cannot reopen the fact finding of the 2019 Tribunal.

45. The Tribunal acknowledged that it is not a requirement that Dr Newley agrees with the 2019 Tribunal's findings in order for him to establish that he has developed insight. Dr Newley was provided with a list of suggestions by the 2020 Tribunal that may have assisted him in being able to demonstrate insight and remediation. The Tribunal noted that these suggestions did not require acceptance by Dr Newley of the 2019 Tribunal findings, but rather an acknowledgement that those were the findings and that to move forward he would need to take some steps to demonstrate his insight and remediation. The Tribunal found there was no evidence before it to suggest that he had taken any further steps to avoid repetition of the identified failings.

46. The Tribunal accepted that Dr Newley had a long history with his patients that meant he did not, himself, require detailed notes when consulting with his patients. However, notes made by him would ultimately form part of a patient's medical records and could lead to significant problems for any practitioner who was required to step in, who would not have that prior knowledge. The Tribunal found there was a gap in Dr Newley's insight into the gravity of the failings because he did not understand nor accept the potential impact that only brief notes could have for a patient. The Tribunal considered that in a situation where Dr Newley could require time off XXX or where the patient moved areas and wanted to transfer their patient record this could be detrimental to the patients health.

47. The Tribunal then went on to consider the risk of repetition. The Tribunal accepted that there may have been a change in guidance in respect of one of Dr Newley's identified failings (namely DRE referrals). However, the Tribunal reminded itself that there were a number of elements of GMP in which Dr Newley fell short of the expected standard and that this change would not address all these failings. The Tribunal noted Dr Newley's oral evidence that he would be *'notetaking to cover his back'* and accepted that he would be more careful with his notetaking in future. However, as there has been no evidence of any additional improvement on remediation or insight since the 2020 Tribunal, the Tribunal could not be satisfied that Dr Newley has developed sufficient insight into his actions that would mitigate the risk. Until further insight had been developed and remediation demonstrated, the Tribunal were of the view that there remains a risk of repetition at this stage.

48. In considering whether Dr Newley's fitness to practise is currently impaired, the Tribunal balanced his lack of insight and the assessed risk of repetition against the overarching objective. The Tribunal were mindful that there is an onus on Dr Newley at a review hearing to demonstrate that he has sufficiently addressed the concerns in the case, which it considered he had not yet done.

49. This Tribunal has therefore determined that Dr Newley's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 17/05/2023

50. Having determined that Dr Newley'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 Newley's registration.

The Evidence

51. 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 Newley's registration.

Submissions

52. On behalf of the GMC, Ms Ingham submitted that the appropriate sanction was one of suspension. She referred the Tribunal to paragraph 20 of the SG which states:

'20 In deciding what sanction, if any, to impose the tribunal should consider the sanctions available, starting with the least restrictive. It should also have regard to the principle of proportionality, weighing the interests of the public against those of the doctor (this will usually be an impact on the doctor's career, eg a short suspension for a doctor in training may significantly disrupt the progression of their career due to the nature of training contracts).'

53. Ms Ingham submitted that this case was aggravated by the significant period of time since the incidents from which these proceedings arose, and Dr Newley has now been out of practice for a long period of time. She submitted that this was mitigated by Dr Newley's ongoing XXX.

54. Ms Ingham submitted that taking no action would be inappropriate given the history of this case. She submitted that while this had previously been a case where conditions were deemed appropriate, that was no longer the case. She submitted that there has been a failure to comply with the conditions, and suspension would now be the most appropriate sanction.

55. Dr Newley submitted that he has surrendered his licence to practise but has chosen to retain his registration, and that this already amounted to an effective suspension. He submitted that should he choose to apply for his licence in future the GMC would be able to intervene at that stage.

56. Dr Newley submitted that whilst he has not complied with the conditions, he has not been in a position to work due to the COVID pandemic and because of XXX and that he had not broken the conditions in any way. Dr Newley stated that he refused to be *'browbeaten by NHS England and the GMC'*. He submitted that he would prefer the minimal possible sanction, as he has demonstrated that he will comply with the conditions even though he disagrees with them.

The Tribunal's Determination

57. The Tribunal is aware that the decision as to the appropriate sanction, if any, to impose on Dr Newley's registration is a matter for this Tribunal alone, exercising its independent judgement. In reaching its decision, the Tribunal has taken account of the SG.

58. The Tribunal took into account its decision on impairment, the submissions of Ms Ingham and Dr Newley, and the documentary evidence adduced during this review hearing.

59. The Tribunal recognised that the purpose of a sanction is not to be punitive, although it may have a punitive effect. The Tribunal must impose a sanction if it is required in order to protect patients, maintain public confidence in the profession, and/or meet the wider public interest. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Newley's interests with the public interest.

60. The Tribunal first identified what it considered to be the mitigating and aggravating factors in this case.

61. The Tribunal considered that this case was aggravated by the significant length of time since the incidents, and that Dr Newley has not practised in a long period of time.

62. The Tribunal further noted another aggravating factor was Dr Newley's lack of insight into the gravity of the findings of the 2019 Tribunal and his lack of remediation since that time. Dr Newley had been provided with a list of recommendations by the 2020 Tribunal which would have assisted him in demonstrating remediation and insight at this review hearing, but noted that he had not focussed his time and attention on these points.

63. The Tribunal accepted that there was a mitigating factor in that Dr Newley's XXX have prevented him from trying to get back into practice to update his skills as well as doing CPD.

64. In deciding what sanction, if any, to direct, the Tribunal reminded itself that it must consider each of the sanctions available, starting with the least restrictive, to establish which sanction is appropriate and proportionate.

No action

65. The Tribunal first considered whether to conclude the case by taking no action. It noted that to take no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances such as where protection of the public cannot be justified.

66. The Tribunal was satisfied that there were no exceptional circumstances in Dr Newley's case which could justify it taking no action. It determined that, given the Tribunal's findings in respect of impairment, to take no action, would not be sufficient, proportionate nor in the public interest.

Conditions

67. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Newley's registration. It had regard to paragraphs 81, 82, 84 and 85 of the SG, which state:

'81 *Conditions might be most appropriate in cases:*

a ...

b ...

c where there is evidence of shortcomings in a specific area or areas of the doctor's practice

d ...

82 *Conditions are likely to be workable where:*

a the doctor has insight

b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings

c the tribunal is satisfied the doctor will comply with them

d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.

...

84 *Depending on the type of case (eg health, language, performance or misconduct), some or all of the following factors being present (this list is not exhaustive) would indicate that conditions may be appropriate:*

a no evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage

b identifiable areas of their practice are in need of assessment or retraining

c willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout their working life, improving the quality of their work and promoting patient safety

...

d willing to be open and honest with patients if things go wrong...

e ...

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

68. The Tribunal noted that this was a case where conditions were deemed appropriate previously, and there have been no breaches or issues identified. The Tribunal was satisfied that Dr Newley would comply with an order of conditions on his registration.

69. The Tribunal considered that the conditions imposed have so far been ineffective, however, it noted that this is largely due to Dr Newley's XXX. It considered that with XXX, the COVID-19 pandemic made it difficult for him to enter the clinical environment, and that without this factor he may have tried to return to practice sooner.

70. The Tribunal is satisfied that a period of suspension would not be proportionate in this case. It considered that it would be unduly punitive. The Tribunal was also mindful that Dr Newley would become further de-skilled if a further period of suspension was put in place.

71. Although Dr Newley has not yet demonstrated insight, or remediation, the Tribunal agreed that Dr Newley's misconduct is capable of remediation. It took into account the difficulties of the last few years on Dr Newley, and determined that it would be more beneficial to him to have the opportunity to re-enter the profession and be able to successfully remediate.

72. Having determined to impose a further order of conditions, the Tribunal considered the length of the order of conditional registration. The Tribunal determined to impose conditions for a period of two years to allow Dr Newley sufficient time to return to practice should he choose to do so and allow him time to develop further insight. The Tribunal considered that this length of conditional registration struck a fair balance between the wider public interest and Dr Newley's interests.

73. 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 organisation on whose medical performers list he is included
 - f 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 design a personal development plan (PDP), with specific aims to address the deficiencies in the following areas of his practice.
 - Communication
 - Record keeping
 - Sharing information with colleagues
 - b His PDP must be approved by his responsible officer (or their nominated deputy)
 - c He must give the GMC a copy of his approved PDP within three months of these substantive conditions becoming effective.
 - d He must give the GMC a copy of his approved PDP on request.
 - e He must meet with his responsible officer (or their nominated deputy), as required, to discuss his achievements against the aims of his PDP.
6. He must get the approval of the GMC before working in a non-NHS post or setting.
7. He must only work in a group practice setting where there is a minimum of two GP partners or employed GPs (excluding himself). The GPs must be partners or permanently employed GPs who are on the GP register (this excludes locum staff).

8. a He must be closely 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.
9. a He must get the approval of his responsible officer (or their nominated deputy) and the GMC Adviser, before working as:
 - i a locum / in a fixed term contract
 - ii out-of-hours
 - iii on-call
 - b He must not work until:
 - i his responsible officer (or their nominated deputy) and the GMC Adviser has confirmed approval
 - ii he has personally ensured that the GMC has been notified of the approval of his responsible officer (or their nominated deputy) and the GMC Adviser.
10. He must not work in any locum post or fixed term contract of less than one months duration.
 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 responsible officer for the medical performers list on which he is included or seeking inclusion (at the time of application)
- 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).

Review

74. The Tribunal determined to direct a review of Dr Newley's case. A review hearing will convene shortly before the end of the period of conditional registration. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Newley to demonstrate how he has developed insight and the steps he has taken to remediate. It therefore may assist the reviewing Tribunal if Dr Newley provides:

- A further reflective statement addressing what he has learned in respect of the 2019 Tribunal's findings of facts and impairment and demonstrating his level of insight;
- Evidence to demonstrate that he has reflected upon his learning and identified any further development needs;
- Evidence of Dr Newley's CPD, such as courses attended, journals read, e-briefs and the frequency in which he studied online materials;
- Evidence that Dr Newley has maintained his clinical skills and medical knowledge;
- Current testimonials as to Dr Newley's character and conduct during the period of his conditional registration, written in the knowledge of his conditional registration by this Tribunal and of the Tribunal's reasons;
- Any further evidence that Dr Newley considers will assist a reviewing Tribunal.

75. The Tribunal have directed to impose conditions on Dr Newley's registration for a period of two years. The MPTS will send Dr Newley 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 conditions will remain in place during the appeal period.