

PUBLIC RECORD**Dates:** 22/09/2026 - 24/09/2026

Doctor: Dr Lea CRAMSIE

GMC reference number: 2695606

Primary medical qualification: MB BS 1978 University of Sydney

Type of case	Outcome on facts	Outcome on impairment
New – Misconduct	Facts relevant to impairment found proved	Impaired

Summary of outcome

Suspension, 10 months
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Sarah Hamilton
Lay Tribunal Member:	Ms Catherine Pease
Registrant Tribunal Member:	Dr James Lucas

Tribunal Clerk:	Mrs Lorraine Cheetham
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Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Zoe Dawson, Counsel, instructed by GMC legal

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.

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 Facts and Impairment - 23/09/2026

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration or heard as evidence were confidential. This determination will be handed down in private but as this case concerns Dr Cramsie's alleged misconduct a redacted version will be published at the close of the hearing.

Background

2. Dr Cramsie qualified in Australia in 1978. Prior to the events which are the subject of the hearing, she had worked as a GP for a service in Greater Glasgow and Clyde providing ward care in the community for elderly patients awaiting guardianship. At the time of the events, Dr Cramsie was practising as a salaried GP for a practice in Glasgow which provided care to people living in nursing homes.

3. The allegations that have led to Dr Cramsie's hearing relate to her completing Medical Certificates of Cause of Death and ticking the box to confirm the deaths had been reported to the procurator fiscal when she knew they had not and that this would exclude the deaths from being selected for review by the Death Certification Review Service ('DCRS'). The GMC alleged that Dr Cramsie's actions were dishonest.

4. The initial concerns were raised with the GMC on 26 June 2025 by Dr FF, Deputy Medical Director for Primary Care for NHS Greater Glasgow and Clyde ('NHSGGC'). The referral to the GMC was further to a local investigation by NHSGGC which arose from concerns that had been raised around death certificate completion.

The outcome of applications made during the facts stage

5. Dr Cramsie did not attend the hearing and was not represented. The Tribunal granted the GMC's application, made pursuant to Rules 31 and 40 of the GMC (Fitness to Practise Rules) 2004 as amended (the Rules). It decided that service had been effected and it was appropriate to proceed in Dr Cramsie's absence. The Tribunal's full decision on the application is included at Annex A.

The Allegation and the doctor's response

6. The Allegation made against Dr Cramsie is as follows:

That being registered under the Medical Act 1983 (as amended):

1. Between October 2024 and March 2025, on one or more occasion as set out at Schedule 1, you completed a Medical Certificate of Cause of Death (the 'Certificates') and you ticked and/or marked the box to confirm the death had been reported to the procurator fiscal. **Admitted and found proved**
2. In respect of your actions at paragraph 1, you knew when you completed the Certificates that:
 - a. the death had not been discussed with, or reported to, the procurator fiscal; **Admitted and found proved**
 - b. by ticking and/or marking the box to confirm the death had been reported to the procurator fiscal this would exclude the deaths from being selected for review by the Death Review Service. **Admitted and found proved**
3. Your actions as described at paragraph 1 were dishonest by reason of paragraph 2. **Admitted and found proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **To be determined**

The admitted facts

7. At the outset of these proceedings, through her representatives at BTO Solicitors in an email dated 4 September 2026, sent to the GMC and the MPTS, Dr Cramsie made full admissions to the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules.

In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

Witness evidence

8. The Tribunal received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Dr HH, Senior Medical Review for Scotland at the Death Certification Review Service ('DCRS'). His witness statement was dated 23 April 2026;
- Dr FF, Deputy Medical Director for Primary Care for NHS Greater Glasgow and Clyde ('NHSGGC'). Her witness statement was dated 30 April 2026.

9. Dr Cramsie provided a bundle which included a statement and reflections document dated 7 September 2026.

Documentary evidence

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

- Investigation report into irregularities in the reporting of deaths to the procurator fiscal, dated 11 September 2025;
- Death Certificates of numerous patients;
- Clinical case reviews of deaths in July and August 2025;
- Spreadsheets of patient deaths.

Submissions on behalf of the GMC

11. On behalf of the GMC, Ms Dawson submitted that the Allegations found proved by Dr Cramsie's admission amounted to serious misconduct and engaged all three limbs of the overarching objective as set out in section 1(a) of the Medical Act 1983.

12. Ms Dawson referred to paragraphs 4, 69, 72, 73a, 81 and 89 of Good Medical Practice ('GMP') within her submissions as relevant in Dr Cramsie's case.

13. Ms Dawson submitted that misconduct is a matter of judgement for the Tribunal rather than a matter of proof. She referred to the cases of Roylance, Nandi and Grant to assist the Tribunal in identifying the essential elements of misconduct.

14. Ms Dawson submitted that, having found misconduct, the Tribunal should consider the second stage of the process, namely whether Dr Cramsie's fitness to practise is currently impaired. She referred the Tribunal to the MPTS guidance concerning seriousness, context, the doctor's response, and current and ongoing risk.

15. In relation to seriousness, Ms Dawson submitted that the allegations involved dishonesty and represented a serious departure from professional standards, particularly the requirements to act with honesty, integrity and in accordance with the law. She relied on the fact that the conduct occurred in Dr Cramsie's clinical role, involved the completion of legal death certificates over approximately six months, and prevented the deaths from being subjected to the intended review process. She submitted that the conduct therefore had the potential to undermine a system designed to protect patient safety. She also relied on the repeated nature of the conduct and submitted that there had been a reckless disregard for professional standards.

16. Ms Dawson referred the Tribunal to the GMC guidance concerning treatment and care towards the end of life, particularly the requirements relating to accurate death certification and compliance with legal requirements for reporting deaths. She submitted that Dr Cramsie's conduct prevented the random review of the relevant death certificates by representing that matters had been referred to the procurator fiscal when they had not.

17. Ms Dawson submitted that this conduct was capable of undermining public confidence in doctors involved in the care of vulnerable patients and in the death-certification system. Ms Dawson also relied upon the fact that there were multiple incidents in this case rather than a single occurrence.

18. Ms Dawson acknowledged that Dr Cramsie had described herself as XXX and dealing with what she considered to be a disproportionate workload of death certificates. XXX. Ms Dawson submitted that Dr Cramsie's workload might provide some explanation for the misconduct, but that the evidence from other practice members did not suggest that the workload was considered unusually onerous.

19. Ms Dawson submitted that Dr Cramsie's reflective statement demonstrated some insight. She stated that Dr Cramsie had considered the consequences of the misconduct and apologised for her actions. However, Ms Dawson submitted that Dr Cramsie's insight was not yet complete.

The relevant legal principles

20. There is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal may only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

21. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then whether the finding of that misconduct, which was serious, poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

22. To assess whether Dr Cramsie poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will follow the steps set out in the Guidance. It will consider:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved, the impact of any relevant context known about Dr Cramsie and/or their working environment, and
- how Dr Cramsie has responded to the allegations.

23. The Tribunal will also have regard to the *MPTS Guidance for Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e) ('the Guidance'))*.

24. The Tribunal had regard to the case of *Roylance v GMC (No.2) [2000] 1 AC 311*:

'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word "serious". It is not any professional misconduct which will qualify. The professional misconduct must be serious.'

25. The Tribunal noted the case of *Nandi v General Medical Council* [2004] EWHC 2317 (Admin) (04 October 2004):

'31 [misconduct is observed] as "a falling short by omission or commission of the standards of conduct expected among medical practitioners, and such falling short must be serious". The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioners. It is of course possible for negligent conduct to amount to serious professional misconduct, but the negligence must be to a high degree.'

26. The Tribunal had regard to the test for impairment that was set out by Dame Janet Smith, as cited in the case of *CHRE v Grant and NMC*, [2011] EWHC 927 (Admin):

'a) Whether the registrant has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm;

b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;

c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.

d) Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

Also:

'74 In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

The Tribunal's determination on impairment

Is there a legal basis for considering impairment?

27. The Tribunal began by considering whether there was a legal basis for it to consider impairment. The Tribunal reminded itself that the facts of the case involved Dr Cramsie's submission of the Certificates, having ticked the box to confirm the deaths had been reported to the procurator fiscal when she knew this to be untrue and would exclude the deaths from being selected for review by the DCRS. Dr Cramsie had also made full admissions to the Allegation, including that her actions were dishonest.

28. The Tribunal had regard to the duties of medical professionals registered with the GMC as per GMP (2024), in particular the duty to act with honesty and integrity, and various paragraphs of GMP which are relevant in this case, including:

'81. You must make sure that your conduct justifies patients' trust in you and the public's trust in your profession.

89. You must make sure any information you communicate as a medical professional is accurate, not false or misleading. This means:

a you must take reasonable steps to check the information is accurate.

b you must not deliberately leave out relevant information.'

29. It considered that Dr Cramsie's dishonesty was a clear departure from these standards and that it breached a fundamental tenet of the profession.

30. The Tribunal was satisfied that Dr Cramsie's conduct amounted to serious professional misconduct and that this provided a legal basis for it to consider impairment.

Where on the spectrum of seriousness does the allegation lie?

31. The Tribunal then went to consider where on the spectrum of seriousness the Allegation lie. The Tribunal decided that the starting point for assessing seriousness in this case, having regard to the nature of the facts found proved which included dishonesty, is at the higher end of the spectrum of seriousness

32. The Tribunal next considered whether there were any features which increase the seriousness of the allegation such that it moves up the spectrum of seriousness. It had regard to the non-exhaustive list of such features set out at paragraph 36 of the MPTS Guidance and considered that the following applied:

- The behaviour was persistent or repeated;
- Demonstrated premeditated behaviour;
- A reckless disregard for patient safety or professional standards;
- Undermining a system designed to protect the public.

33. The Tribunal considered that Dr Cramsie's conduct was relevant to the high-end seriousness provisions set out in the guidance. It considered that her actions were repeated and there was an element of premeditation, as she appeared to have made conscious decisions about which cases to allow through and which to record in a way that avoided review. It was mindful that death certification is an activity reserved by law to registered medical practitioners, reflecting its importance to the public and the State and demonstrated a reckless disregard for professional standards.

34. The Tribunal also had regard to paragraph 31 of the Guidance, which deals with allegations that usually fall at the higher end of the spectrum of seriousness:

'31 Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:

...

dishonesty, other than where it occurred outside of the doctor's professional role and was not persistent or repeated, and the value or other benefit derived was not significant.'

35. The Tribunal was mindful that Dr Cramsie has no previous fitness to practise history and acknowledged that no actual harm had come to patients (the Board had commissioned a review of the 31 cases, carried out by seven members and concluded that Dr Cramsie's actions had not led to any harm to the patients). However, the Tribunal considered that Dr Cramsie's dishonesty was particularly serious because of its repetition (31 cases over the course of six months).

36. The Tribunal has found, having considered the features in this case, that the allegations remain at the high end of the spectrum of seriousness in assessing the current and ongoing risk which Dr Cramsie poses.

What is the impact of any relevant context known about Dr Cramsie and/or their working environment?

37. The Tribunal considered the context of the working environment, including Dr Cramsie’s account that she had been experiencing a high workload XXX. In her statement she described that:

*“I have attached a discussion document which I emailed to [Dr GG] in 2022 (note the lower patient numbers of 280 post pandemic) for escalation of nursing home registrations workload and discussion of future possibilities. **One of quite a number of workload escalations I signalled to him over the 7 years.***

[XXX]

*I wish to show a clear link between sustained systemic pressure of work and my impaired judgement in relation to the above. Where appropriate I have added these in numerical brackets throughout this reflection to give these actions some context.
[XXX]”.*

38. The Tribunal was of the view that limited weight should be attached to this explanation as there was no objective evidence establishing that Dr Cramsie had an unusually high workload and no corroborating evidence that she had repeatedly complained about being unable to cope with her workload. XXX.

39. The Tribunal concluded that even if Dr Cramsie’s workload had been stressful, that this would not excuse dishonesty or deliberate misconduct. It considered that Dr Cramsie’s working environment did not materially alter the assessment of the risk.

How has Dr Cramsie responded to the allegation?

40. The Tribunal noted that, in her written evidence, Dr Cramsie focused heavily on her own circumstances, including workload, XXX, loss of friendships, and damage to her reputation. The Tribunal noted that Dr Cramsie had made some admissions and demonstrated some degree of insight, particularly by admitting the conduct relatively early once it had been identified. However, according to Dr FF’s note of a telephone call dated 10 June 2025, Dr Cramsie stated that she had discussed some cases with the procurator fiscal but not all, which the Tribunal considered demonstrated a lack of complete candour when initially challenged.

41. The Tribunal noted that in her written statement, Dr Cramsie stated that:

*“I attempted some tiny control [XXX] over an unwanted process as I experienced it-DCRS- and partially unsubscribed to the possibility of review of these certificates which I did not have the time or patience for given other more pressing needs. **Ethically I prioritised correctly but from a probity perspective it has proved disastrous** with loss of reputation, disruption of professional friendships, a difficult end to seven years of solid support to the [XXX] practice and a dishonourable coda to 45 years of public service to the NHS.”*

42. The Tribunal considered that this suggested that Dr Cramsie had not fully appreciated the ethical and probity aspects of her conduct, but rather had focused on how this affected her personally. The Tribunal also considered some of her explanations to minimise the seriousness of the conduct, including her references to having avoided only a relatively small number of reviews and her suggestion that the workload problem was essentially someone else's responsibility to resolve.

43. The Tribunal considered that, although Dr Cramsie had admitted the misconduct, she had not provided evidence of undertaking relevant courses or other substantive remedial steps, despite opportunities to do so. The Tribunal considered that Dr Cramsie had not sufficiently reflected on the impact of her conduct on colleagues, on patients and their families. Nor had she sufficiently reflected on the importance of accurate death certification and the review system, which is designed to protect the public, and the effect of her conduct on public confidence in the medical profession.

44. In those circumstances, the Tribunal concluded that Dr Cramsie's insight was partial and incomplete. The Tribunal was not provided with any testimonials, or evidence of CPD, although it did note that Dr Cramsie does not intend to continue in clinical practice. It considered that in the absence of any evidence of meaningful remediation or reflection, this increased the risk of repetition and the consequent risk to public protection.

Tribunal's decision as to whether Dr Cramsie poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

45. The Tribunal reviewed its conclusions above. It has found that Dr Cramsie's misconduct lies at the high end of the spectrum of seriousness. The Tribunal has taken into account Dr Cramsie's response to the Allegation. However, the Tribunal has concluded that this response has not decreased the current and ongoing risk which she presents to public protection.

46. The Tribunal was in no doubt that Dr Cramsie's misconduct brings the medical profession into disrepute and that she has breached a fundamental tenet of the medical profession. The public must have confidence that doctors will behave with honesty and integrity, and dishonesty undermines public trust. The Tribunal concluded the misconduct was of such a serious nature that a finding of impairment is necessary on public safety grounds, to maintain public confidence in the profession and to uphold professional standards.

47. The Tribunal has therefore determined that Dr Cramsie's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 24/09/2026

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.

Submissions

2. On behalf of the GMC, Ms Dawson submitted that the sanction imposed on Dr Cramsie is a matter for the Tribunal to determine by exercising its own independent judgement. In making her submissions, Ms Dawson referred to the Guidance (*MPT Hearings > Part C: stage three – sanction > Step 3: decide on sanction*).

3. When considering proportionality of sanction, Ms Dawson referred to the sanctions banding available in the Guidance, which details that in relation to cases involving dishonesty, the banding would call for suspension from nine months up to erasure. Ms Dawson stated that the Tribunal may also conclude that this is a case where a review of the sanction of suspension would be required. However, she acknowledged that in the particular circumstances of this case, it is unclear what remediation Dr Cramsie would be able to undertake in order to remediate the misconduct that the Tribunal have found, as Dr Cramsie has indicated that she does not wish to engage with their career as a doctor any further.

4. Ms Dawson submitted that, given the Tribunal's findings on Impairment, this is not a case where no action is appropriate. She further submitted that this is not a case where conditions would be proportionate, workable or measurable, having considered the seriousness of the misconduct.

5. When considering suspension, Ms Dawson referred to paragraph 45 of the Guidance which states:

'45 Suspension may be proportionate in cases where some, or all, of the following factors are present:

- a Conditions are not appropriate, measurable and/ or workable*
- b The level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/ or*
- c The level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/ or maintain professional standards.'*

6. Ms Dawson submitted that dishonest conduct by a doctor can affect the health, safety and wellbeing of patients, particularly where dishonesty in interactions with colleagues causes a breakdown in communication or collaborative working required for safe patient care. She stated that honesty and integrity are fundamental professional standards, and that the misconduct in this case engages those standards and an order of suspension may be appropriate.

7. Ms Dawson referred to the relevant paragraphs within the Guidance concerning erasure. She stated that erasure may be appropriate where a doctor's conduct or performance is incompatible with continued registration, including where the current and ongoing risk to public protection is so significant that the doctor should not be permitted to practise. Ms Dawson submitted that this was not such a case as Dr Cramsie had demonstrated some insight and a willingness to reflect including through her reflective statement. On that basis, Ms Dawson submitted that the misconduct was not necessarily incompatible with continued registration and invited the Tribunal to conclude that suspension, rather than erasure, would be the more proportionate sanction.

The Tribunal's determination on sanction

8. The Tribunal was reminded that the decision as to the appropriate sanction to impose is a matter for its independent judgement. There is no burden or standard of proof. When determining the appropriate sanction, if any, it should have regard to the principle of proportionality and should start by considering the least restrictive option. The Tribunal acknowledged that any sanction decision needs to be proportionate, transparent and fair and meet the level of current and ongoing risk posed to public protection that it had found in the impairment decision.

9. The Tribunal reminded itself that the main reason for imposing a sanction is to protect the public and that sanctions are not imposed to punish doctors, even though they may have a punitive effect. The Tribunal must balance Dr Cramsie's interests against the public interest. The Tribunal reminded itself that the reputation of the medical profession as a whole is more important than the interests of an individual doctor.

10. The Tribunal reminded itself of its finding at the impairment stage where it determined that all three limbs of public protection were engaged, namely, to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

11. The Tribunal considered that the aggravating factors in this case were the repeated nature of the dishonest conduct (31 occasions) and that there was an element of premeditation. The Tribunal balanced this with the mitigating factors, namely that there was no actual harm caused to patients, and that Dr Cramsie made an early admission of her wrongdoing, and has shown some remorse.

12. In making its decision on sanction, the Tribunal has reviewed its decision on facts and impairment. It has referred to the sanctions bandings for misconduct cases as set out in Part C of the Guidance for MPT hearings. It noted that the indicative sanctions banding for a case of dishonesty where there was a high level of risk to public protection was "Suspension 9 months to erasure".

13. Although the Guidance includes indicative sanctions bandings, as set out above, the Tribunal acknowledged that these are indicative rather than binding and any decision on sanction is one ultimately for the Tribunal. Accordingly, the Tribunal started its consideration at the lowest possible sanction.

No action

14. The Tribunal first considered whether to conclude the case by taking no action. It considered paragraphs 13 – 16 of Section 3 of the MPTS Guidance which relate to consideration of ‘Taking no action’. It noted in particular paragraph 13 which states:

‘Where a doctor’s fitness to practise is impaired, it will usually be necessary for the MPT to restrict the doctor’s registration to achieve public protection. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare.’

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

Conditions

16. The Tribunal next considered whether to impose conditions on Dr Cramsie’s registration. It bore in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable. The Tribunal had regard to paragraphs 17 to 40 of the MPTS Guidance. In particular, paragraphs 23 and 30 state:

‘23. Conditions are likely to be workable where:

- a. the doctor has shown insight*
- b. time is needed for the doctor to take steps to address the findings (remediate), for example through retraining, study, supervision and/or seeking medical treatment*
- c. the doctor is willing to remediate, and*
- d. the MPT is satisfied the doctor will comply with them.*

30. Conditions are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor’s behaviour fall at the higher end of the spectrum of seriousness and/or suggest an underlying problem with their attitude.’

17. The Tribunal considered that the sanctions banding for this case type did not indicate that conditions would be sufficient to meet the level of risk to public protection.

18. The Tribunal was of the view that there were no conditions which could be implemented that would be sufficient to protect the public when considering all three limbs

of public protection. The Tribunal concluded that an order of conditions would not be proportionate nor appropriate to address the seriousness of Dr Cramsie's conduct and would not satisfy the public interest.

Suspension

19. The Tribunal went on to consider suspension. It referred to paragraphs 44- 45 of the Sanctions Guidance:

'44. Restrictive action of suspension is intended to address the level of current and ongoing risk to public protection and is not intended to be punitive. However, as it prevents a doctor from working and earning a living within that profession, it can have this effect. Suspension can also have a deterrent effect and be used to send a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor

45. Suspension may be proportionate in cases where some, or all, of the following factors are present:

- a. conditions are not appropriate, measurable and/or workable*
- b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions, and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or*
- c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards'*

20. The Tribunal reminded itself that the objective of imposing a period of suspension would be to manage the current and ongoing risk to public protection with the ultimate aim of Dr Cramsie being able to safely return to unrestricted practice in the future, should she wish to do so.

21. The Tribunal took into account that at the impairment stage it had identified a high starting point for risk to public protection, with factors that only served to keep the level of risk at the high level. It was mindful that Dr Cramsie had shown some level of insight and provided the Tribunal with a reflective document. However, her level of her insight and remediation was incomplete and the Tribunal therefore determined that a period of

suspension would be sufficient to allow Dr Cramsie time to develop her insight and remediation to demonstrate that she is ready to return to unrestricted registration. The Tribunal also concluded that a finding of suspension is necessary in order to maintain public confidence in the profession and maintain professional standards.

22. In terms of deciding the length of the suspension, the Tribunal referred to paragraph 46 of the Guidance:

‘The MPT will need to decide the appropriate length of time that suspension should be put in place for, up to the maximum of 12 months. The following factors will be relevant:

- a. the assessment of the level of current and ongoing risk to public protection posed by the doctor*
- b. the reasons for assessing suspension as being the proportionate response*
- c. the amount of time the doctor is likely to need to remediate, complete treatment for and/or recover from a health condition that is having, or is likely to have, an impact on their ability to practise safely and effectively, and/or*
- d. the amount of time the parties will reasonably need to prepare for any review of whether the doctor continues to pose a current and ongoing risk to public protection requiring restrictive action in response or is safe to return to unrestricted practice.’*

23. The Tribunal considered that a 10 month suspension would be appropriate in Dr Cramsie’s case. The Tribunal reminded itself that there was some evidence of insight and remediation but considered that Dr Cramsie’s insight was at a relatively early stage and there was a considerable amount of further remediation work to be done. It was also of the view that the length of suspension should be sufficient to meet the need to uphold all three parts of public protection, which are engaged, when there has been a finding of impaired fitness to practise and misconduct at the higher end on the spectrum of seriousness.

24. In addition, the Tribunal considered that a significant period of suspension would also send a signal to Dr Cramsie, the public and the profession, that her dishonest conduct was totally unbecoming a registered doctor.

Erasure

25. Before determining whether or not to suspend Dr Cramsie's registration, the Tribunal considered whether erasure would be the appropriate response. It had regard to paragraph 55 of the Guidance:

'55. Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.'

26. The Tribunal was satisfied that whilst Dr Cramsie's conduct fell at the higher end of the spectrum of seriousness it was not fundamentally incompatible with continued registration. It took into account:

- It had not found any malicious intent by Dr Cramsie
- There had not been any actual patient harm
- She had made some admissions when initially challenged by the Deputy Medical Director
- The fact that misconduct of this nature, although difficult to remediate, is not impossible to remedy. In this case, the Tribunal noted that Dr Cramsie had shown some insight into her misconduct.
- Dr Cramsie's otherwise unblemished career of over 40 years.

27. The Tribunal was therefore satisfied that erasure would be a disproportionate response in all the circumstances of this case.

Review

28. The Tribunal decided to direct a review of Dr Cramsie's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wished to clarify that at the review hearing, the onus will be on Dr Cramsie to demonstrate how she has developed further insight into her dishonest conduct and has undertaken appropriate remediation to address the concerns identified. It therefore may assist the reviewing Tribunal if Dr Cramsie provides:

- A reflective statement which demonstrates her acknowledgment and appreciation of the magnitude of the misconduct found and the impact of her actions on colleagues, the public and the wider profession;

- Evidence of a range of appropriate Continuing Professional Development, including any courses with written reflections of her learning;
- Evidence of how she has kept her medical knowledge and skills up to date;
- Any testimonials or references she may wish to provide;
- Any other information Dr Cramsie may consider relevant to her case.

29. This list is not exhaustive, and it will be for Dr Cramsie to provide sufficient evidence to the reviewing Tribunal.

Determination on Immediate Order - 24/09/2026

77. Having determined that Dr Cramsie's registration should be suspended for a period of 10 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether her registration should be subject to an immediate order of suspension.

Submissions

78. Ms Dawson submitted that this is a case where the Tribunal may consider it necessary for an immediate order to be made in the light of the Tribunal's findings in this case. She referred the Tribunal to the relevant paragraphs of the Guidance and its power to impose an immediate order, namely where it is necessary to protect members of the public, or is otherwise in the public interest. She reminded the Tribunal that it found that all three limbs of public protection have been engaged in this case. She submitted that members of the public would be concerned if Dr Cramsie was able to practise during the period of an appeal in this case prior to the sanction taking effect.

The Tribunal's Determination

79. Pursuant to section 38(1) of the 1983 Act, on giving a direction for suspension, the Tribunal may impose an immediate order if it considers it necessary for the protection of members of the public or if it is otherwise in the public interest or is otherwise in the best interests of the doctor.

80. The Tribunal had regard to the relevant paragraphs of the MPTS Guidance, including:

'83 The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current

and ongoing risk to public protection posed by the doctor.

84 *It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*

- a. the doctor poses a risk to patient safety*
- b. the risk to one or more parts of public protection is high, and/or*
- c. immediate action is needed to maintain public confidence in the medical profession.'*

81. The Tribunal took into account the submission of Ms Dawson and considered that if an immediate order were not imposed then Dr Cramsie would be able to resume unrestricted practise including during any period in which she might exercise her right of appeal. The Tribunal noted that Dr Cramsie has indicated that she does not wish to return to medical practice and has relinquished her license.

82. In all the circumstances, the Tribunal considered its findings at previous stages in relation to Dr Cramsie's misconduct. It assessed the level of current and ongoing risk posed to public protection to be high and that it engaged all three limbs of public protection. It has balanced Dr Cramsie's interests against the three limbs of public protection.

83. The Tribunal considered that an immediate order is necessary in this case in order to protect the public; to maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession. The Tribunal considered that the only way to manage the current and ongoing risk is to impose an immediate order of suspension.

84. This means that Dr Cramsie's registration will be made subject to an immediate order of suspension from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served on her, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

85. The Tribunal noted that there is no interim order to be revoked.

86. That concludes the case.

ANNEX A – 22/09/2026

Service of Notice of the Hearing

1. Dr Cramsie is neither present nor represented at this hearing.
2. Ms Zoe Dawson, Counsel, on behalf of the GMC, provided the Tribunal with documents regarding service of these proceedings on Dr Cramsie. This included a copy of the GMC Notice of Allegation letter sent to Dr Cramsie's representative at BTO Solicitors, dated 28 July 2026. This was acknowledged via email from BTO Solicitors on 12 August 2026.
3. The Tribunal was given a copy of the Medical Practitioners Tribunal Service (MPTS) Notice of Hearing letter, dated 29 July 2026, which was emailed to Dr Cramsie's representative's email address. This was acknowledged by BTO Solicitors on 4 September 2026, where it is stated that: *"We now have instructions, please be advised that Dr Cramsie will not attend the hearing and has instructed us to make a written submission on her behalf. The Stage 1 allegations are admitted."*
4. Ms Dawson submitted that it is clear from the documentation before the Tribunal that service of notice had been properly effected.
5. The Tribunal had regard to the case of *General Medical Council v Adeogba; General Medical Council v Visvardis* [2016] EWCA Civ 162 which confirms that the GMC has a duty to communicate with a doctor at the registered address they provide. The Tribunal was satisfied that Dr Cramsie had received and responded to correspondence via her representative at BTO Solicitors.
6. The Tribunal had regard to the service bundle provided by the GMC, as well as Ms Dawson's submissions. Having considered all of the evidence before it, particularly noting that the GMC Notice of Allegation and MPTS Notice of Hearing letters were sent to Dr Cramsie's legal representatives in accordance with Rules 15 and 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) ('the Rules') and paragraph 8 of Schedule 4 to the Medical Act 1983 (as amended), the Tribunal was therefore satisfied that there was effective service.

Proceeding in Dr Cramsie's absence

7. The Tribunal went on to consider whether it would be appropriate to proceed with this hearing in Dr Cramsie's absence pursuant to Rule 31 of the Rules. The Tribunal was

conscious that the discretion to proceed in the absence of a doctor should be exercised with appropriate care and caution, balancing the interests of the doctor with the wider public interest.

8. Ms Dawson invited the Tribunal to proceed in Dr Cramsie's absence. She submitted that Dr Cramsie has provided written submissions and has voluntarily absented herself from these proceedings. Ms Dawson submitted that there has been no application for an adjournment on behalf of Dr Cramsie and nothing has been raised by Dr Cramsie or her legal team to suggest that she would attend on a future date if matters were adjourned today.

9. The Tribunal considered the correspondence outlined by Ms Dawson, as set out above. The Tribunal was satisfied that Dr Cramsie was aware of the investigation process and had provided a bundle of documents. The Tribunal was also satisfied that Dr Cramsie had voluntarily absented herself from these proceedings. Considering the public interest in these matters, the Tribunal accepted that it was in the public interest to proceed with this hearing today.

10. The Tribunal considered that an adjournment was not likely to result in Dr Cramsie attending in the future, as she had given no indication that she wished to attend the hearing or to have representation. Rather, she had provided a written statement which detailed that she would not be attending today, and had provided a reflection which the Tribunal would take into account.

11. The Tribunal was satisfied that the hearing could be fairly conducted in Dr Cramsie's absence.

12. Therefore, in accordance with Rule 31, the Tribunal has determined to proceed in Dr Cramsie's absence.

ANNEX B – 22/09/2026

Application to amend the allegation

1. On day one of proceedings Ms Dawson, counsel on behalf of the GMC made an application, pursuant to Rule 17(6) of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), to amend the Allegation.

Submissions

On behalf of the GMC

2. Ms Dawson submitted that the allegation, in its original form, will remain the same in substance and the only change is to Schedule 1, namely that instead of referring to the initials of the patients it now refers to patient A, patient B, etc. Ms Dawson stated that Dr Cramsie’s representatives are aware of this amendment and there is no prejudice to the doctor.

LQC advice

3. The LQC reminded the Tribunal that there are factors for it to consider and balance including:

- The timing of and reason for the application,
- The nature of the amendment sought,
- Whether it should allow the amendment to ensure justice is served without causing undue prejudice to the doctor.

The Tribunal’s Decision

4. The Tribunal took into account the submissions made by the GMC and considered Rule 17(6) of the Rules, which states:

‘17.

...

(6) *Where, at any time, it appears to the Medical Practitioners Tribunal that—*

(a) *the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and*

(b) *the amendment can be made without injustice, it may, after hearing the parties, amend the allegation in appropriate terms.’*

5. The Tribunal accepted the amendments as set out by Ms Dawson and was mindful that the changes were unopposed. It took the view that the amendment was being made at an early stage of the hearing, and that it did not materially change the allegations in this case.

6. The Tribunal determined that the proposed amendment in respect of Schedule 1 could be made without any injustice or prejudice to the doctor or the GMC. It therefore determined to make this amendment pursuant to Rule 17(6) of the Rules.

SCHEDULE 1

Patient	Date of Certificate
Patient A	1 October 2024;
Patient B	1 October 2024;
Patient C	1 October 2024;
Patient D	1 October 2024;
Patient E	4 October 2024;
Patient F	21 October 2024;
Patient G	4 November 2024;
Patient H	4 November 2024;
Patient I	8 November 2024;
Patient J	11 November 2024;
Patient K	12 November 2024;
Patient L	18 November 2024;
Patient M	18 November 2024;
Patient N	18 November 2024;
Patient O	18 November 2024;
Patient P	20 November 2024;
Patient Q	9 December 2024;
Patient R	16 December 2024;
Patient S	24 December 2024;
Patient T	30 December 2024;
Patient U	6 January 2025;
Patient V	8 January 2025;
Patient W	22 January 2025;
Patient X	28 January 2025;
Patient Y	3 February 2025;
Patient Z	3 February 2025;
Patient AA	4 February 2025;
Patient BB	11 February 2025;
Patient CC	17 February 2025;
Patient DD	19 February 2025;
Patient EE	24 February 2025.