PUBLIC RECORD

Dates: 13/11/2026

Doctor:	Dr Mark JOHNSON
GMC reference number:	4428345
Primary medical qualification:	BM 1997 University of Southampton

Type of case

Review - Misconduct

Outcome on impairment

Not Impaired

Summary of outcome

Suspension to expire

Tribunal:

Legally Qualified Chair	Mr Andrew Lewis
Registrant Tribunal Member:	Dr Juliet Bennett
Registrant Tribunal Member:	Dr Carl Egdell

Tribunal Clerk:	Mr Matt O'Reilly

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Michael Rawlinson, instructed by the MDU.
GMC Representative:	Mr Gurdit Singh, Counsel

Attendance of Press / Public

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

Protecting the Public

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

Determination on Impairment - 13/11/2026

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 Johnson's fitness to practise is impaired by reason of misconduct.

Background

2. Dr Johnson graduated in 1997 from the University of Southampton and was appointed to his first Consultant post at West Suffolk Hospital in 2013. He was employed in this post at the time of the events. Dr Johnson worked at West Suffolk Hospital for 10 years. He left following disciplinary proceedings in 2023, which arose from the events which took place during the Work Christmas Party in 2022. In October 2023, Dr Johnson took up a locum post as a Consultant at Royal Sussex County Hospital. He was later offered a substantive Consultant post which he commenced in June 2024.

3. The Allegation which led to a Medical Practitioner's Tribunal held between 20 October to 5 November 2025 (the 2025 Tribunal) was that between 6 November 2018 and 15 November 2019, on one or more occasion, Dr Johnson sent inappropriate messages to a junior colleague Ms A that included inappropriate comments about other colleagues, some of which were derogatory and/or sexually demeaning.

4. It was also alleged that, whilst at the work Christmas Party on XXX 2022, Dr Johnson engaged in various acts and conversations with Ms A and Ms C. It was alleged that this conduct was sexually motivated and constituted sexual harassment as defined in Section 26(2) of the Equality Act 2010 in that Dr Johnson engaged in unwanted conduct of a sexual nature which had the purpose or effect of violating the dignity of Ms A and/or Ms C, or creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms A and/or Ms C. It was further alleged that Dr Johnson's conduct was an abuse of his more senior position.

5. Dr Johnson made admissions to some of the paragraphs of the Allegation, and the 2025 Tribunal found some of the paragraphs of the Allegation proved.

6. At the impairment stage, the 2025 Tribunal considered whether the findings it had made amounted to serious misconduct.

7. In relation to paragraph 1, the 2025 Tribunal found that between November 2018 and November 2019 Dr Johnson sent a series of inappropriate messages to a junior colleague, Ms A, which contained sexually demeaning and derogatory comments about other colleagues. The 2025 Tribunal determined that this behaviour was an abuse of his senior position, that the conduct occurred over a prolonged period of time, in a professional context. The 2025 Tribunal was of the view that this conduct represented a clear and significant departure from the standards expected of a doctor, as outlined in paragraph 36 of GMP, which requires doctors to treat colleagues fairly and with respect and not to abuse their professional position.

8. The 2025 Tribunal noted that both parties had agreed that the behaviour was serious and amounted to misconduct. It noted that although Dr Johnson recognised that his conduct was inappropriate and has since modified his behaviour, the 2025 Tribunal considered that the nature and extent of the conduct rendered it sufficiently serious to amount to serious misconduct.

9. In respect of paragraph 5, which concerned Dr Johnson's actions in the foyer area when he intentionally tipped his drink onto Ms A's chest, moved his head close to her cleavage, and licked her chest. The 2025 Tribunal found this conduct to be sexually motivated and constituting sexual harassment as defined under section 26(2) of the Equality Act 2010. The 2025 Tribunal determined that this was an abuse of Dr Johnson's senior position, a breach of personal and professional boundaries, and a significant departure from the standards expected of a doctor. It determined that this conduct was deliberate and occurred in a public setting at a work-related event. The 2025 Tribunal found that the misconduct found proved in respect of paragraph 5 amounted to serious misconduct.

10. The 2025 Tribunal concluded that the other matters it had found proved did not amount to serious misconduct and played no part in its finding on impairment.

11. When determining impairment, the 2025 Tribunal first considered paragraph 1, which concerned the inappropriate and sexually demeaning messages sent to a junior colleague over an extended period. The 2025 Tribunal noted that over the previous two years, Dr

Johnson had undertaken a range of remedial steps, completed a professional boundaries course, engaged in coaching, and reflected on how he communicates and interacts with colleagues. The 2025 Tribunal considered that there was a clear distinction between Dr Johnson's conduct before and after the events in question, and that he had shown genuine insight into why his behaviour was unacceptable and how he must maintain professional boundaries.

12. The 2025 Tribunal was satisfied that the misconduct at paragraph 1 was remediable, it was also "*satisfied that Dr Johnson has demonstrated sufficient insight and remediation.*" and that the risk of repetition was low. It was satisfied that Dr Johnson had demonstrated sufficient insight and remediation. Notwithstanding the evidence of remediation, the 2025 Tribunal determined that a finding of impairment was required in the wider public interest. It was of the view that the conduct in paragraph 1 represented a serious abuse of a senior position and was derogatory and sexually demeaning nature towards colleagues.

13. The 2025 Tribunal determined that a fully informed member of the public, aware of the facts of this case, would expect a finding of impairment in order to uphold proper professional standards and maintain confidence in the profession. It therefore found Dr Johnson's fitness to practise impaired on the grounds of the wider public interest, namely, 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.

14. The 2025 Tribunal then determined impairment in respect of paragraph 5, which concerned the incident in which Dr Johnson intentionally tipped his drink onto Ms A's chest, moved his head towards her chest, and licked her chest. It had found this conduct to be sexually motivated and to constitute sexual harassment and an abuse of his senior position.

15. The 2025 Tribunal accepted that in principle, such conduct was capable of remediation. It noted that there was insufficient evidence before it of an appreciation of the grave nature of the misconduct found, and that there was also no evidence of reflection or meaningful remediation in respect of this incident. The 2025 Tribunal noted that whilst Dr Johnson accepted the Tribunal's findings, there was no evidence of insight into the impact of his behaviour or understanding of how to prevent its recurrence.

16. The 2025 Tribunal determined that Dr Johnson had not demonstrated remediation or insight in relation to paragraph 5. It was of the view that the conduct was inherently serious, deliberate, sexually motivated and represented an abuse of authority within a workplace social setting. The 2025 Tribunal determined that there remained an ongoing risk of repetition and that a finding of impairment was necessary on grounds of both public

protection and the wider public interest. It determined that Dr Johnson's fitness to practise was impaired by reason of misconduct on all three limbs of public protection.

17. The Tribunal found that, having considered the material before it on the question of sanction, the 2025 Tribunal modified its view on the risk of repetition to the extent set out below in its decision.

18. When considering sanction, the 2025 Tribunal determined to suspend Dr Johnson's registration for a period of 12 months. It was satisfied that this would appropriately reflect the seriousness of the misconduct, protect the public and meet the need to uphold public confidence and professional standards. It considered that a 12-month suspension would provide Dr Johnson with sufficient time to continue his process of remediation and reflection.

19. The 2025 Tribunal directed a review shortly before the end of the period of suspension. It clarified that, at the review hearing, the persuasive burden would be on Dr Johnson to demonstrate whether matters have changed. The 2025 Tribunal noted that any review hearing would provide an opportunity for Dr Johnson to produce evidence of further insight and remediation. The 2025 Tribunal recognised that any future review would take into account evidence of further insight and remediation regarding his behaviour, continued professional development and maintenance of clinical skills, ensuring that Dr Johnson remains competent and up to date in his practice. It also noted that Dr Johnson would be able to provide any other information that he considered would assist.

The Evidence

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

- MPTS record of determination, dated 5 November 2025;
- Letter of notification following expiry of appeal period, dated 9 December 2025;
- Introductory Letter from the GMC to Dr Johnson in respect of this review hearing, dated 10 December 2025;
- Letter to Dr Johnson from the GMC requesting information for this review hearing, dated 21 July 2026;
- Letter from Dr Johnson's legal representative to GMC, dated 12 August 2026;
- Reflective Statement from Dr Johnson dated 10 August 2026;
- CPD Bundle, dated 10 August 2026 and 16 October 2026;
- A Testimonial from a consultant dermatologist who had known Dr Johnson for 20 years.

Oral Evidence

21. Dr Johnson also gave oral evidence during the hearing. He adopted his reflective statement and dealt with the following matters.

22. In summary, he said that he had spent a lot of time over the last year thinking about things and in particular the impact his behaviour has had on his previous colleagues, on the wider team and also on the medical profession as a whole. He said he realised that his behaviour has fallen below the standards expected of him as a registered medical professional. He said that he appreciated the opportunity to formally say that he was sorry for his behaviour and the negative impact that it has had. Dr Johnson said that since the previous hearing he has had time to consider things and to delve deeper to understand why his behaviour had a negative effect. He said that he has undertaken a lot of CPD on a regular basis throughout the year, including on the clinical side. He said that he had reflected on what it was like to be 'on the receiving end of me' which he said that he found to be quite powerful and to consider how an interaction might be experienced from someone else's point of view. He said that he found this helpful to check himself and how he conducts himself.

23. Dr Johnson spoke about his work with Mr B, PhD from the Centre for Remedial Ethics, looking at the incidents in great detail and used a framework to look at these matters through a different lens. He said that this has enabled him to delve deeper into the impact of his behaviour. Dr Johnson said that when reading the transcript of Ms A's evidence from the previous hearing it was very hard and that he had a mixture of emotions. He said that he felt very sad that he had upset a colleague so much. He said that he realised that there was a power that came with his role as a consultant and senior doctor, and that by virtue of that position there would be a power differential with a more junior colleague. He said that he had lost sight of this in the past.

24. XXX

25. Dr Johnson was asked about how his understanding of sexual harassment as a concept has deepened. He said that he has reflected on someone's choices, their control and their dignity. He said that the knock-on effect of his behaviour extended beyond the immediate victim and impacted those who may have witnessed his behaviour within the team and on the team dynamics. He said that no one goes to work or attends a work event with the expectation of negative behaviour. He said that it was reasonable to expect people to behave in an appropriate manner within the workplace and within the work setting.

26. Dr Johnson said that he would not repeat behaviour like this and he now has an understanding of the impact of his behaviour and that he checks what he does in how he treats his colleagues. He said that his colleagues deserve to be respected. He said that in terms of public confidence he used a BBC news article as a trigger for his reflections which helped him understand the ripple effects of his actions at a work Christmas party and how that had emanated beyond that Christmas party. He said that this had an impact both to the Trust that he worked at the time, and the impact on the profession. He said that the article made him think more broadly about what patients might think.

27. Dr Johnson said that he missed doing his job and that he would very much like to get back into clinical practise and do what he thinks is a very important role. He said that he did think he was ready to return to work. He said that he was very sorry for the harm that he has caused and has spent a lot of time thinking about, reflecting on and developing his insight. He said that it was his ambition to return to practice. Dr Johnson was asked if he found himself to be in a position of XXX in the future how comfortable he would feel communicating that to management. Dr Johnson said that in his previous job he had an extremely good rapport with his line manager and that he would have been extremely happy to communicate that to him. He said he would do the same in the future and would not have a problem communicating that again if he had a problem.

Submissions

28. On behalf of the GMC, Mr Gurdit Singh, Counsel on behalf of the GMC, provided a background to the case. He submitted that the GMC were neutral in respect of current impairment. He reminded the Tribunal however that when considering impairment it must have regard to, limbs 2 and limb 3 of the overarching object of the GMC, namely 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.

29. He also reminded the Tribunal that there is no statutory definition of impairment, but that assistance could be found by the authority and the test formulated by Dame Janet Smith in the authority of *CHRE v NMC and Grant (2011).* In particular, factors 2 and 3, namely whether the findings show that the doctor has in the past brought or is liable in the future to bring the medical profession into disrepute, and whether the doctor has in the past breached or is liable in the future to breach one of the fundamental tenants of the profession.

30. Mr Singh submitted that the current and ongoing risk to public protection was assessed as low and has decreased since the previous hearing. He referred the Tribunal to Dr

Johnson's reflective statement and that he has demonstrated some insight in relation to the conduct contained at paragraph 5. In particular, the doctor has stated he has read the transcript of day two of the substantive hearing and he focused on the perspective of Ms A and the impact that his actions would have had on her. Mr Singh also said that Dr Johnson has now demonstrated insight into how his conduct would have brought the profession into disrepute, and that there was remorse expressed within that document which seemed to be genuine. Mr Singh also said that Dr Johnson has also outlined structures and interventions which have been put in place, which would minimise the risk of repetition going forward and that he has undertaken CPD and provided a testimonial from Dr D.

31. Mr Singh reminded the Tribunal that the misconduct was serious and included sexually motivated conduct, sexual harassment and was an abuse of the doctor's senior position. He said that whilst progress was evident it was submitted that it would be appropriate for the Tribunal to determine the proportionate outcome based on its assessment of the depth and the quality of the doctor's insights and remediation. He said that overall, the GMC were neutral on the issue of impairment.

32. Mr Michael Rawlinson, Counsel on behalf of Dr Johnson, submitted that Dr Johnson's fitness to practise is no longer impaired on either the grounds of patient safety or an ongoing risk of repetition. He said that there was no longer any need for any sanction to continue any further than it already has in order to meet public confidence and the public interest. He submitted that Dr Johson now has insight and that there was no risk of repetition. He said that Dr Johnson has had a long time to reflect on his behaviour which was plainly the purpose of the 2025 Tribunal imposing that length of suspension, not least because it was plainly a direct alternative to erasure. He said that this was not lost on Dr Johnson in terms of his reflections and upon the seriousness of his conduct.

33. When considering what has happened since the 2025 Tribunal, Mr Rawlinson said that Dr Johnson has undertaken one-to-one training. He said that there had been a shift in Dr Johnson's thinking from focusing on himself to reflect on how these events are seen by others and how it felt to be on the receiving end of his behaviour. He said this was a shift in the doctor's attitude. Mr Rawlinson submitted that there was a genuineness and authenticity to Dr Johnson's reflections. He referred the Tribunal to Dr Johnson's CPD evidence, the course he undertook with Mr B and his oral evidence. Mr Rawlinson submitted that there was an abundance of evidence to suggest that Dr Johnson has fully developed genuine insight.

34. Mr Rawlinson said that Dr Johnson has reflected on the seriousness of his misconduct and described it as a grave departure. He said Dr Johnson has reflected on the standards of

Good Medical Practice and analysed the triggers for his conduct, and the underlying reasons behind it, XXX. Mr Rawlinson said that Dr Johnson went into detail about what Ms A would have experienced, her loss of dignity, feeling of powerlessness, embarrassment and the humiliation. Mr Rawlinson submitted that Dr Johnson has developed genuine insight, that he has reflected at length and he has remediated and that this Tribunal could properly say that there was no risk of repetition. He also submitted that Dr Johnson has also kept his knowledge and skills up to date and that the testimonial speaks for itself. He submitted that there was now no proper basis for a continuing finding of impairment as public confidence has been maintained and standards upheld.

The Relevant Legal Principles

35. The Tribunal accepted the advice of the legally qualified chair and reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. This Tribunal is aware that there is a persuasive burden on the doctor to satisfy it that he would be safe to return to unrestricted practise.

36. The Tribunal had regard to the Guidance for MPTS Tribunals > Section three: MPT hearings - review hearings (22 June 2026) and well established case law regime that underpins the Guidance.

37. Throughout the decision-making process, the Tribunal will bear in mind the legal duty as set out in Section 1 of the Medical Act 1983 to protect the public, which is split into three distinct parts. It means that a Tribunal must act in way that: protects, promotes and maintains the health, safety and well-being of the public ('patient safety'); promotes and maintains public confidence in the medical profession (public confidence'); and promotes and maintains proper professional standards and conduct for members of the profession (uphold professional standards').

38. This Tribunal must assess whether Dr Johnson poses any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response. It must be made with reference to the findings of the 2025 Tribunal, as well as any relevant new evidence presented at this hearing. The Tribunal must determine whether Dr Johnson'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.

39. With regard to the wider public interest, the Tribunal accepted the advice of the legally qualified chair that it should have careful regard to the decision of the Supreme

Court in Khan v GPhC [2016] UKSC 64 in which it held that, *"It can never be a proper ground for the exercise of the power to extend the period of suspension that the period originally directed was insufficient to reflect the gravity of the original offence or offences."*

The Tribunal's Determination on Impairment

Misconduct

40. The Tribunal considered whether Dr Johnson poses any current and ongoing risk to public protection and if his fitness to practise remains impaired by reason of his misconduct.

Step 1a: consider what has happened since the previous MPT's decision

What was the previous MPT's assessment of risk to public protection and the reasons given for it?

41. The Tribunal noted that the 2025 Tribunal took place before the 2026 Guidance came into effect. As such, there was no explicit description of Dr Johnson's level of risk in previous determinations. This does not preclude this Tribunal from considering what the level of risk posed was previously based on the analysis in those
decisions, and whether the level has now changed.

42. The assessment of the 2025 Tribunal was that there was an inherently high risk to public protection as a result of Dr Johnson's sexually motivated misconduct and his abuse of power. The 2025 tribunal analysed the risk as follows.

43. In respect of paragraph 1, the sending of inappropriate and offensive text messages, sent between 2018 and 2019, the 2025 Tribunal found that there was effectively no longer any risk of repetition because they were satisfied that Dr Johnson had remediated and demonstrated that there was no longer a risk of repetition. Nevertheless the 2025 Tribunal found that there was a risk to the second and third parts of public protection (promoting and maintaining public confidence in the profession and promoting and maintaining proper standards of conduct for the profession) because of the serious nature of what was said in those messages.

44. In respect of paragraph 5, the misconduct at the Christmas party in 2022, the 2025 Tribunal found this to have been a serious matter which was sexually motivated and amounted to sexual harassment of the victim. They concluded that the risk to the wider public interest and limbs 2 and 3 of public protection were engaged.

45. The 2025 Tribunal determined that there was a risk of repetition as those matters were found proved at the hearing and that, although they found that in principle, they were remediable, Dr Johnson had not yet developed proper insight and not taken appropriate steps to remediate his misconduct.

46. With regard to the risk of repetition the 2025 Tribunal determined:

> *'164. The Tribunal considered whether this behaviour was remediable, whether it had been remedied, and the likelihood of repetition. The Tribunal accepted that, in principle, such conduct is capable of remediation. It was mindful that since its earlier findings, there had been little time for further reflection and remediation. However, it noted that there was little evidence before it of an appreciation of the grave nature of the misconduct found. There was also no evidence of reflection or meaningful remediation in respect of this incident. Whilst Dr Johnson accepted the Tribunal's findings, there was no evidence of insight into the impact of his behaviour or understanding of how to prevent its recurrence.'*

47. The 2025 Tribunal then considered the risk of repetition in light of the material placed before it by Dr Johnson. It concluded:

> '*229. The Tribunal accepted that it could not say there is no risk of repetition, but it was satisfied that in light of Dr Johnson's recent reflections and progressively developing insight, there is no significant risk that Dr Johnson will behave in a similar way again…'*

48. This Tribunal concluded that the 2025 Tribunal was of the view that the risk of repetition was greatly reduced but still had to be taken into account when assessing impairment and sanction, because of the seriousness of the misconduct and the effect it has if it was repeated.

<u>What new evidence has been received since the last hearing and what impact does it have?</u>

49. The Tribunal had regard to the new evidence presented for the hearing today. In noted that it had Dr Johnson's reflective statement dated 10 August 2026. The Tribunal found the reflection was carefully focused on the real issues of concern. It agreed with Mr Rawlinson that it marked a real change from someone focused on how all these events had impacted him, to being focused on the impact on others. The Tribunal was impressed that Dr Johnson did not merely state what he was thinking about in respect of these matters, but he

carefully went through how his actions has impacted others and that he had tried to understand how his actions had impacted on Ms A. In his reflective statement he stated:

> *'I have re-read the transcript from day 2 of the hearing in order to make sure I have understood everything that happened from Ms A's perspective.*
> *She described:*
>
> *• Physical contact that made her feel uncomfortable*
> *• How she was scared to report anything*
> *• How she did not see the seriousness of our interactions until other people had pointed it out*
> *• How she spent time with me because she did not want to make a scene*
> *• How she can have a laugh, but things overstepped a line as they were not wanted*
> *• How she was afraid that she would not be taken seriously'*

50. Dr Johnson set out that he understood that his conduct would have been humiliating for Ms A and that it was an abuse of his position which had aggravated the matter. He also reflected on the impact of his actions on his colleagues and how this could impact on patient confidence. He also stated:

> *'I now have a much deeper understanding of the impact of sexual harassment. My behaviour towards Ms A violated her dignity and undermined her sense of safety at work and created a situation in which she felt objectified and disrespected. Sexual harassment in this type of case (i.e. when it is harassment of a colleague) also has consequences beyond even the impact on the victim, as it can erode team dynamics, trust in senior staff and the feeling of security in the work environment. I also recognise that colleagues who witnessed or later heard about my behaviour may have felt uncomfortable or concerned about the culture within the department. Sexual harassment by a senior doctor damages team cohesion, undermines psychological safety, and can create an environment that does not promote good patient care.'*

51. The Tribunal considered Dr Johnson's reflection to be genuine. His reflective statement was also supported by his oral evidence tested under cross examination and questions from the Tribunal.

52. Dr Johnson also provided CPD evidence of courses he has undertaken which included but was not limited to:

Compassionate and Inclusive Leadership - 26 March 2026
Courageous Conversations at Work - 6 May 2026
Managing Others Through Change – 4 June 2026

53. The Tribunal considered that the courses he has undertaken have been focused and relevant. The Tribunal found that these courses were important because they had helped Dr Johnson develop a fuller understanding of his responsibilities as a senior practitioner in a way that he appeared to have lacked in the past.

54. Dr Johnson also provided evidence in respect of the work he has done with Mr B which enabled him to see his misconduct from other's points of view and their experiences of him.

55. The Tribunal also received a positive testimonial from Dr D, Consultant Dermatologist. The Tribunal noted that Dr D has known Dr Johnson for 20 years and is aware of all the matters before this Tribunal. Dr D set out that Dr Johnson appeared to be confronting the concerns raised and was not hiding from them, that she had seen a real and attitudinal change in Dr Johnson, XXX and that he seemed to be more reserved and considered in his communication.

<u>What evidence is there of genuine insight?</u>

56. The Tribunal has already referred to Dr Johnson's reflective statement. It is satisfied that it accurately reflects his developed insight. The Tribunal was reassured that Dr Johnson's reflective statement was consistent with his oral evidence and supported by the testimonial evidence referred to above.

57. The Tribunal accepted that Dr Johnson's work with Mr B helped him to look through the lens of his victim and the wider impact of his actions on others, including members of the profession, the public and patient trust.

58. The Tribunal was satisfied that Dr Johnson recognises his triggers and has demonstrated this by having mechanisms in place, including the support of close friends, which will assist him in XXX which contributed to his misconduct.

<u>What evidence is there relating to remediation and has the allegation now been remedied or is it still likely to be repeated?</u>

59. The Tribunal relied on its reasoning as set out above, the focused and targeted CPD evidence and Dr Johnson's reflections and oral evidence.

60. The Tribunal was also satisfied that Dr Johnson has translated his insight into effective remediation. XXX. He did not XXX. Nevertheless, he has recognised the need to limit his alcohol intake on social occasions in order that events like these will not happen again. In his written and oral evidence, Dr Johnson gave good examples of how he has limited his alcohol intake on social occasions since the 2025 Tribunal. The Tribunal was of the view that this demonstrated good insight into and effective remediation of his misconduct.

61. Taking all these matters together, the Tribunal was satisfied that Dr Johnson has fully remediated his misconduct.

Has the doctor kept his knowledge and skills up to date?

62. The Tribunal again accepted the written evidence of extensive CPD which it concluded was not only focused and targeted both at the concerns raised, but that it was also targeted at Dr Johnson's area of practice.

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

63. The Tribunal was satisfied that the period of suspension and the good use that Dr Johnson has made of that time have served the purpose of public protection identified by the 2025 Tribunal.

64. The Tribunal is satisfied that the 12-month suspension has sufficiently served the wider public interest of maintaining public confidence in the profession and upholding standards and that there is no basis for extending that period in the wider public interest.

65. The Tribunal is also satisfied that by reason of the reflection, insight and remediation that Dr Johnson has demonstrated it is extremely unlikely that his misconduct will be repeated.

Step 1b: make a finding on impairment

66. On the basis of the conclusions reached in Step 1a, the Tribunal must decide if Dr Johnson poses any current and ongoing risk to public protection and make a finding on impairment.

67. The Tribunal took account of all of the evidence provided to it and the conclusions it has reached above. For all the reasons as have been set out above, the Tribunal was satisfied that Dr Johnson's fitness to practise is no longer impaired.

68. Having determined that Dr Johnson's fitness to practise is no longer impaired, it went on to consider whether to revoke the substantive order of suspension on Dr Johnson's registration or whether it should be left to expire.

69. The Tribunal reminded itself that the 2025 Tribunal was of the view that the length of suspension should be long enough to mark the gravity of the misconduct and to provide Dr Johnson with an opportunity to continue reflecting on his sexually motivated behaviour. Further, that 12 months' suspension appropriately reflects the seriousness of the misconduct, protects the public and meets the need to uphold public confidence and professional standards.

70. The Tribunal was of the view that where a Tribunal has imposed a 12-months suspension to mark the gravity of the misconduct, to protect the public and meet the need to uphold public confidence and professional standards, such an order should run to its expiration.

71. This case is concluded.