

PUBLIC RECORD

Dates: 06/04/2021 - 08/04/2021

Medical Practitioner's name: Mr Michael LE GEYT

GMC reference number: 2631277

Primary medical qualification: BChir 1980 University of Cambridge

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Not Impaired

Summary of outcome

No warning

Tribunal:

Legally Qualified Chair	Mr David McLean
Lay Tribunal Member:	Mr John Elliott
Medical Tribunal Member:	Professor Irving Benjamin
Tribunal Clerk:	Ms Olivia Moy

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Ms Nadia Motraghi, Counsel, instructed by the Medical Protection Society
GMC Representative:	Mr Julian Evans, 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.

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 Facts and Impairment - 08/04/2021

Background

1. Mr Le Geyt qualified in 1980 from the University of Cambridge. He entered the General Practitioner Register on 31 March 2006 having previously worked as a consultant in Public Health.
2. Mr Le Geyt began working for FedBucks in April 2018 and at the time of the events which are the subject of the hearing he was working for them as part of the Out of Hours (OOH) GP service in Buckinghamshire. Mr Le Geyt had limited previous experience of telephone consultation.
3. The allegation that has led to Mr Le Geyt's hearing relates to concerns raised in relation to telephone consultations with three patients. It is alleged that on 23 December 2018, Mr Le Geyt failed to provide good clinical care to these patients during telephone consultations.

The Allegation and the Doctor's Response

4. The Allegation made against Mr Le Geyt is as follows:

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

Patient A

1. On 23 December 2018, between 16:36 and 16:49, you conducted a telephone consultation with Patient A's mother and you failed to:
 - a. obtain an adequate history of Patient A's: **Admitted and found proved**
 - i. level of consciousness or breathing; **Admitted and found proved**
 - ii. appearance; **Admitted and found proved**

- b. provide adequate safety netting advice about signs or symptoms that would warrant further attention or review, namely:
 - i. any difficulty breathing; **Admitted and found proved**
 - ii. changes to:
 - 1. the appearance of Patient A's rash; **Admitted and found proved**
 - 2. patient A's feeding pattern; **Admitted and found proved**
 - 3. patient A's level of consciousness. **Admitted and found proved**

Patient B

- 2. On 23 December 2018, between 15:25 and 15:36, you conducted a telephone consultation with Patient B and you failed to:
 - a. adequately consider a diagnosis of a suspected stroke; **Admitted and found proved**
 - b. immediately refer Patient B to Accident and Emergency services via an ambulance. **Admitted and found proved**

Patient C

- 3. On 23 December 2018, at 14:52 you conducted a telephone consultation with Patient C's daughter and you failed to:
 - a. obtain an adequate history of:
 - i. symptoms of pain (chest, abdomen or otherwise); **Admitted and found proved**
 - ii. the presence of any rash; **Admitted and found proved**
 - iii. the presence of fever; **Admitted and found proved**
 - iv. Patient C's oral intake; **Admitted and found proved**
 - v. vomiting or bowel changes; **Admitted and found proved**
 - vi. Patient C's home situation, in that you did not enquire about:
 - 1. whether Patient C was living independently; **Admitted and found proved**

2. how Patient C's symptoms were impacting on his ability to manage at home; **Admitted and found proved**
- vii. past or current medical conditions that may impact on Patient C's therapeutic needs, including assessing the severity of Patient C's cirrhosis; **Admitted and found proved**
- viii. any shortness of breath; **Admitted and found proved**
- b. adequately consider a diagnosis of worsening in the functioning of either Patient C's liver, kidney or heart (or a combination of these); **Admitted and found proved**
- c. refer Patient C for a face to face assessment at a primary care centre within 4 hours; **Admitted and found proved**
- d. in the absence of the referral described in paragraph 3c, provide adequate safety-netting advice about red flag symptoms to watch out for, namely:
 - i. abdominal or chest pain; **Admitted and found proved**
 - ii. difficulty with mobility; **Admitted and found proved**
 - iii. vomiting; **Admitted and found proved**
 - iv. confusion; **Admitted and found proved**
 - v. shortness of breath; **Admitted and found proved**
 - vi. fever. **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

5. At the outset of these proceedings, Mr Le Geyt made admissions to all paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('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.

Impairment

6. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out above, Mr Le Geyt's fitness to practise is currently impaired by reason of misconduct.

Factual Witness Evidence

7. Mr Le Geyt provided a statement dated 2 March 2021 and also gave oral evidence under affirmation. His account in oral evidence was consistent with his witness statement. He was always measured in his responses. His explanations made sense. The Tribunal found him to be an honest, credible, and reliable witness.

8. Throughout his evidence Mr Le Geyt emphasised that he accepted his failings. While he did attempt to explain what happened, he did not seek to excuse his actions. The explanations he gave were largely to show how he would deal in future with factors which might affect his performance, such as fatigue. The Tribunal accepted his evidence in this respect.

Expert Witness Evidence

9. The Tribunal also received evidence from Dr D, an expert witness instructed by the GMC to express an opinion on the quality of care provided by Mr Le Geyt to Patients A, B and C. Dr D provided an expert report dated 24 December 2019, and a supplementary report dated 20 December 2020.

10. The Tribunal did not hear oral evidence from Dr D. However, his report and supplementary report assisted the Tribunal in understanding the professional standards to be expected of a competent General Practitioner.

Documentary Evidence

11. The Tribunal had regard to the documentary and other evidence provided by the parties. This evidence included but was not limited to:

- An expert report by Dr D
- A supplementary expert report by Dr D
- Audio recordings of the telephone calls with patients A, B and C
- Transcripts of the telephone calls with patients A, B and C
- Adastra notes for patients A, B and C
- Signed statement of Mr Le Geyt
- Testimonials for Mr Le Geyt
- Certificates of attendance by Mr Le Geyt at various training events

Submissions on Impairment

12. In advance of making his oral submissions, Mr Evans helpfully provided the Tribunal with a note on the law in relation to misconduct and impairment. Mr Evans structured his oral submissions around that note.
13. On behalf of the GMC, Mr Evans submitted that Mr Le Geyt's errors were serious enough to amount to misconduct and further submitted that the Tribunal should find Mr Le Geyt impaired by reason of his misconduct.
14. Mr Evans submitted that, although the events that led to these proceedings took place on a single day, the nature of the failings and the facts found proved were serious. Mr Evans submitted that these failings amounted to misconduct.
15. Mr Evans submitted that there are three common themes to Mr Le Geyt's failings. The first is a failure to obtain an adequate history; this applies to Patients A and C. Second, a failure to adequately consider a diagnosis; this applies to Patients B and C. Third, a failure to provide adequate safety netting advice; this applies to all three Patients.
16. The Allegation contains eight sub-paragraphs. Dr D stated that Mr Le Geyt's actions fell below the standard expected of a reasonably competent General Practitioner in two respects (allegations 1a and 3c) and seriously below that standard in six respects (allegations 1b, 2a, 2b, 3a, 3b, and 3d). Mr Evans submitted that Dr D's conclusions establish misconduct. Mr Evans drew the Tribunal's attention to paragraphs 5, 7, 8, 11, 12, 15, and 49a of Good Medical Practice.
17. Mr Evans reminded the Tribunal that a finding of misconduct does not inevitably lead to a finding of impairment because impairment must be current. Mr Evans drew the Tribunal's attention to the test proposed by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *Council for Healthcare and Regulatory Excellence v. Nursing and Midwifery Council and Grant* [2011] EWHC 927 (Admin) ('Grant'). He submitted that limbs 'a' and 'c' were engaged in this case.
18. Mr Evans also drew the Tribunal's attention to the decisions in *Cohen v. General Medical Council* [2008] EWHC 581 (Admin) ('Cohen') and *Grant*. He submitted that a finding of impairment was necessary to protect the public (and the public interest), to maintain public confidence in the profession, and to uphold and declare proper standards of behaviour.
19. On behalf of Mr Le Geyt, Ms Motraghi submitted that Mr Le Geyt has accepted that his failings amounted to misconduct, but she submitted that he is no longer impaired by reason of his misconduct
20. Ms Motraghi submitted that Mr Le Geyt has fully accepted Dr D's reports. He accepted that his failings put patients at risk of harm and he has explained fully and cogently,

with the benefit of hindsight, what his errors were, how they came about and the effect they had.

21. Ms Motraghi further submitted that Mr Le Geyt has never sought to excuse his behaviour or minimize his shortcomings, that he has made full admissions to each charge and has given an unreserved and candid apology in respect of all three patients including an apology to the patients themselves and their families.

22. Ms Motraghi submitted that the Tribunal must take into account Mr Le Geyt's level of insight when considering impairment and note Mr Le Geyt's considerable remedial work, such as courses he has completed including 'Telephone Triage and Consultation Skills' and 'Safeguarding Adults'.

23. Ms Motraghi submitted that Mr Le Geyt has taken a mature approach to address his failings and has developed techniques to ensure they will never happen again. She submitted that the Tribunal can be satisfied that Mr Le Geyt would not repeat his errors in future because he would now identify the warning signs and would take steps to limit his practice accordingly, such as no longer undertaking night shifts as he found them 'fatigue provoking'.

24. Ms Motraghi submitted that Mr Le Geyt is a person of integrity and that this is evident in his testimonials. She noted that these incidents took place in a two-hour period, during Mr Le Geyt's second shift of the day. Apart from the events that have led to these proceedings, Mr Le Geyt has had a long and mostly successful career and has not appeared before a Tribunal before (although Ms Motraghi noted that Mr Le Geyt had previously accepted undertakings).

25. Ms Motraghi submitted that there is contemporaneous evidence that Mr Le Geyt's failings were an 'outlier' compared with his practice as a whole. And that in all the circumstances, the Tribunal can have confidence that other than the matters identified in the charges, his practice is sound, he has learned from his failings and he is committed to adhering to the highest standard of Good Medical Practice. Ms Motraghi concluded that Mr Le Geyt has shown a great deal of insight, has made 'all efforts' to remediate his actions and that the public should not be denied a competent doctor.

The Relevant Legal Principles

26. The Tribunal reminded itself that at this stage of proceedings there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.

27. In approaching the decision, the Tribunal applied the two-stage process to be adopted in considering impairment on the ground of misconduct outlined in *Cheatle v. General Medical Council* [2009] EWHC 645 (Admin). The first matter to consider is whether the facts as found proved amount to misconduct and the second is whether this misconduct leads to a finding of impairment.

28. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *Grant*. In particular, the Tribunal considered whether its findings of fact showed that Mr Le Geyt's fitness to practise is impaired in the sense that he:

- a. *'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; and/or*
- b. *Has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. *Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; [...]*

29. The Tribunal also noted the case of *Cohen* in which, in addition to the passage cited by Mr Evans, Mr Justice Silber stated:

"It must be highly relevant in determining if a doctor's fitness to practise is impaired that; first his or her conduct which led to the charge is easily remedied, second that it has been remedied and third that it is highly unlikely to be repeated"

30. The Tribunal must therefore determine whether Mr Le Geyt's fitness to practise is impaired today, taking into account Mr Le Geyt's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

The Tribunal's Determination on Impairment

Misconduct

31. The Tribunal first considered whether the conduct found proved in the case of Le Geyt amounted to misconduct.

32. The Tribunal noted that Mr Le Geyt admitted the entirety of the Allegation and has accepted that his failings amount to misconduct. Nevertheless, the Tribunal must exercise its own judgment in determining whether his actions do amount to misconduct.

33. The Tribunal took the view that the following paragraphs of Good Medical Practice were engaged in this case:

"15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

a adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient

b promptly provide or arrange suitable advice, investigations or treatment where necessary

c refer a patient to another practitioner when this serves the patient's needs"

and

"49 You must work in partnership with patients, sharing with them the information they will need to make decisions about their care, including:

a their condition, its likely progression and the options for treatment, including associated risks and uncertainties."

34. The Tribunal accepted that the Allegation contained eight sub-paragraphs, in respect of six of which, according to Dr D, Mr Le Geyt's actions fell seriously below the standard of care expected of a reasonably competent GP.

35. The Tribunal concluded that failing to diagnose a suspected stroke in Patient B (a 67 year old patient) was particularly serious. By failing to arrange urgent transfer to secondary care by ambulance, Patient B was put at serious risk of harm.

36. The Tribunal concluded that the failures to consider sepsis in the case of Patient A (a 17 day old baby) and the failure to provide safety-netting advice to Patient A's mother was also serious because of the risk it created for Patient A.

37. The Tribunal concluded that the failures in relation to Patient C (a patient with longstanding cirrhosis), whilst serious, were less serious than those relating to Patients A and B.

38. Overall, the Tribunal determined that Mr Le Geyt's conduct did fall seriously short of what was expected and did amount to serious professional misconduct.

Impairment by reason of misconduct

39. The Tribunal, having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct, Mr Le Geyt's fitness to practise is currently impaired by reason of his misconduct.

40. The Tribunal accepted that limb 'a' of the Grant test was engaged because Mr Le Geyt had, in December 2018, acted so as to put patients at risk of harm. It more or less followed from that that limb 'c' was also engaged by the events in December 2018.

41. The Tribunal then went on to consider whether Mr Le Geyt's misconduct is easily remedied, whether it has been remedied, and whether it is highly unlikely to be repeated. In considering these matters, the level of insight is crucial.

42. The Tribunal noted that Mr Le Geyt admitted the Allegation in its entirety and fully accepted Dr D's criticisms of his conduct. The Tribunal had regard to Mr Le Geyt's witness statement and his oral evidence where he expressed regret about the risks he had created for the three patients. Mr Le Geyt never rowed back from any of those admissions during cross-examination, thereby demonstrating that his insight and remorse were genuine.

43. The Tribunal further noted that Mr Le Geyt has at all times fully engaged with local and GMC investigations. It was satisfied by Mr Le Geyt's evidence that he has thought very carefully about what he did wrong, why he got it wrong, and how he can avoid the same thing happening in the future.

44. Mr Le Geyt essentially accepted the common themes that Mr Evans argued ran through his failings. He accepted that he needed to improve his approach to telephone consultations and recognised that he had moved too quickly to a diagnosis in each case. He also recognised the need to identify 'red flags' and to provide safety-netting advice. The Tribunal took the view that, with hindsight, Mr Le Geyt accepted that he should have dealt with these cases differently.

45. The Tribunal reviewed the steps Mr Le Geyt has taken to remediate his failings. It noted that Mr Le Geyt:

- Fully engaged with the local investigation
- Took steps to identify what went wrong and why it went wrong
- Engaged in targeted remediation such as targeted reading
- Has attended a number of courses, in particular, courses relating to telephone consultations (including roleplaying), the safeguarding of patients and medical records
- Has undertaken reading and coursework relating to clinical history taking, identifying red flags generally, diagnosis and treatment of sepsis and diagnosis and treatment of strokes

46. The Tribunal were impressed by the breadth and depth of Mr Le Geyt's targeted remediation.

47. When considering the risk of repetition, the Tribunal noted that it is impossible to eliminate risk entirely. The Tribunal was satisfied that the risk of repetition in the case of Mr Le Geyt was very low. In addition to the extensive remediation work, he has also identified other steps he will take to minimise the risk of repetition such as no longer undertaking night shifts as he found them 'fatigue provoking'. In the circumstances, the Tribunal was of the view that it was highly unlikely that there would be any repetition.

48. The Tribunal next considered whether, notwithstanding the absence of any continuing risk to patients, a finding of impairment should nevertheless be made in the public interest.

49. The Tribunal considered that a member of the public would rightly be concerned about what had happened, particularly the magnitude of the risk caused to Patient B. However, the Tribunal took the view that they would look at the whole picture, including Mr Le Geyt's full insight and extensive remediation along with the very low future risk to patient safety. They would also be aware that Mr Le Geyt has been subject to audits of his practice in relation to call listening and clinical note taking. He has received positive feedback in these audits in relation to events both before and after December 2018.

50. The Tribunal therefore concluded that the finding of misconduct and the steps taken by Mr Le Geyt to identify and remediate his failings were sufficient to address each of the aspects of the over-arching objective. Accordingly, the Tribunal found that Mr Le Geyt's fitness to practise is not currently impaired.

Determination on Warning - 08/04/2021

1. As the Tribunal determined that Mr Le Geyt's fitness to practise was not impaired it considered whether, in accordance with s35D(3) of the 1983 Act, a warning was required.

Submissions

2. On behalf of the GMC, Mr Evans indicated that the GMC does not invite the Tribunal to impose a warning in the case of Mr Le Geyt.

3. Mr Evans submitted that, having regard to the current guidance on warnings, the Tribunal should take no further action. The Tribunal has determined that Mr Le Geyt's fitness to practise is not currently impaired by reason of his misconduct because of his level of insight, the remedial steps he has taken, and the very low risk of repetition.

4. Mr Evans drew the Tribunal's attention to the relevant paragraphs in the guidance on warnings, including paragraphs 16, 19, 20, 31, and 32, which set out the circumstances in which a warning might be appropriate. He submitted that, in this case, a warning is not necessary, and therefore it is not sought by the GMC.

5. XXX.

6. On behalf of Mr Le Geyt, Ms Motraghi submitted that the Tribunal should adopt the approach suggested by Mr Evans and take no further action in this case. Notwithstanding Mr Evans' submissions, the Tribunal asked Ms Motraghi to make full submissions on the issue of a warning.

7. Ms Motraghi accepted that the power to issue warnings is central to the role of protecting the public and protecting patients. However, she submitted that, in the circumstances of this case, given the findings of the Tribunal, it would be ‘excessive, disproportionate, and punitive’ to impose a warning.

8. Ms Motraghi reminded the Tribunal that a warning is a serious response. By reference to paragraph 13 of the guidance, she submitted that a warning is likely to be appropriate for those who ‘fall just below the threshold for a finding of impaired fitness to practise.’ She accepted that only the Tribunal will know the margin by which Mr Le Geyt avoided a finding of impairment, but she submitted that if he cleared the hurdle by some margin, then this would militate against a warning being imposed in his case.

9. Ms Motraghi further submitted that a warning is to operate as a deterrent to remind the doctor that their conduct fell significantly below standard and to highlight this to the wider profession. Ms Motraghi submitted that, in this respect, there has been no greater deterrent to Mr Le Geyt than coming through fitness to practise proceedings and the wakeup call such proceedings have given him.

10. Ms Motraghi drew the Tribunal’s attention to paragraphs of the guidance on warnings which set out where a warning might be appropriate. By reference to paragraph 32, she submitted that the Tribunal should continue to bear in mind Mr Le Geyt’s level of insight, his genuine expression of regret and apology, his previous good history (albeit he accepted undertakings at one time) and the fact the risk of repetition was determined to be very low. Ms Motraghi also reminded the Tribunal of Mr Le Geyt’s references and testimonials and submitted that the doctor is a person of integrity who is dedicated to his patients.

11. Ms Motraghi submitted that Mr Le Geyt has not sought to emphasise the effects that these proceedings have had on himself, but she submitted that it should be noted that he has already paid a ‘very high price’ for his actions and has been subject to a long fitness to practise process of two and half years. Mr Motraghi stated that the impact of the conditions on his registration has meant he has been without income for a significant period of time and has had to sell his family home in order to make ends meet, impacting not only himself, but his family.

12. Ms Motraghi submitted that Mr Le Geyt has engaged with a programme of targeted remediation and as stated in the impairment determination, a member of the public would look at ‘the picture as a whole’. Ms Motraghi concluded that to impose a warning would be ‘deeply unsatisfactory’ when the Tribunal have already concluded that Mr Le Geyt has shown considerable and impressive remediation and determined that the risk of repetition is very low.

The Tribunal’s Determination on Warning

13. The decision whether or not to issue a warning is a matter for the Tribunal alone to determine, exercising its own professional judgement.

14. In making its decision, the Tribunal had regard to the Guidance. Paragraph 20 sets out a number of factors to which tribunals should have regard when deciding whether it is appropriate to issue a warning:

“20 The decision makers should take account of the following factors to determine whether it is appropriate to issue a warning.

- a There has been a clear and specific breach of Good medical practice or our supplementary guidance.*
- b The particular conduct, behaviour or performance approaches, but falls short of, the threshold for the realistic prospect test or in a case before a tribunal, that the doctor’s fitness to practise has not been found to be impaired.*
- c A warning will be appropriate when the concerns are sufficiently serious that, if there were a repetition, they would likely result in a finding of impaired fitness to practise. Warnings may be an appropriate response to any type of allegation (subject to the comments in paragraph 7 regarding cases solely relating to a doctor’s health); the decision makers will need to consider the degree to which the conduct, behaviour or performance could affect patient care, public confidence in the profession or the reputation of the profession. If the decision makers consider that a warning is appropriate, the warning should make clear the potential impact of the conduct, behaviour or performance in question, accordingly.*
- d There is a need to record formally the particular concerns (because additional action may be required in the event of any repetition).”*

15. Many of those factors are present in Mr Le Geyt’s case. Therefore, the Tribunal gave very careful consideration to whether to impose a warning in this case.

16. In doing so, the Tribunal paid particular regard to paragraph 32 of the guidance, which outlines factors to consider when considering the evidence and deciding whether a warning is appropriate:

“32 If the decision makers are satisfied that the doctor’s fitness to practise is not impaired or that the realistic prospect test is not met, they can take account of a range of factors to determine whether a warning is appropriate. These might include:

- a the level of insight into the failings*
- b a genuine expression of regret/apology*
- c previous good history*
- d whether the incident was isolated or whether there has been any repetition*
- e any indicators as to the likelihood of the concerns being repeated*
- f any rehabilitative/corrective steps taken*
- g relevant and appropriate references and testimonials.”*

17. The factors in paragraph 32 are designed to identify cases where the overarching objective has been met by the actions of the doctor in response to the regulatory concerns. The Tribunal took the view that all of the factors under paragraph 32 of the guidance were met by Mr Le Geyt, albeit he did, of course, accept undertakings previously.

18. The Tribunal regarded the failings that led to the finding of misconduct as serious. However, Mr Le Geyt has very good insight into his failings, and he has taken extensive steps to remediate his failings, such that the risk of repetition is very low.

19. The Tribunal also took the view that the extent of his insight and remediation were such that, though the failings were serious, it could not be said that he fell just below the threshold for a finding of impaired fitness to practise. Due to the steps he has taken to remediate his failings, Mr Le Geyt has cleared the hurdle by some margin.

20. The Tribunal recognises that the public interest in its various guises outweighs the interests of the individual practitioner. In her submissions, Ms Motraghi raised matters which are, in the Tribunal's view, no more than personal mitigation. However, this would not have weighed heavily with the Tribunal were it otherwise of the view that a warning was appropriate.

21. The Tribunal had determined that Mr Le Geyt cleared the threshold for impaired fitness to practise by some margin, has shown impressive insight and has taken significant steps to remediate his actions so that the risk of repetition is very low. The Tribunal also took the view that the imposition of a warning would not add anything cogent to the message that these proceedings as a whole have already sent to Mr Le Geyt, the public and the wider profession.

22. In the particular circumstances of this case, the Tribunal accepted the submissions of both counsel to the effect that a warning would serve no further purpose. Accordingly, the Tribunal decided that this was not a case where a warning was appropriate or proportionate.

23. XXX.

24. That concludes this case.

Confirmed

Date 09 April 2021

Mr David McLean, Chair