PUBLIC RECORD

Dates: 27/07/2026 - 29/07/2026

Doctor:	Dr Michael SHEILL
GMC reference number:	3220106
Primary medical qualification:	MB BCh 1985 National University of Ireland

Type of case

Restoration following disciplinary erasure

Summary of outcome

Restoration application refused
No further applications allowed for 12 months from last application

Tribunal:

Legally Qualified Chair	Mr Amir Jaleel
Lay Tribunal Member:	Mr George Ritchie
Registrant Tribunal Member:	Dr Ranjana Rani

Tribunal Clerk:	Ms Ciara Fogarty

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Ms Louise Cowen, Counsel

Attendance of Press / Public

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

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 restoration following disciplinary erasure – 29/07/2026

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 Sheill's application for restoration a redacted version will be published at the close of the hearing.

2. The Tribunal has convened to consider Dr Sheill's application to be restored to the medical register following his erasure for disciplinary reasons in 2007.

3. The Tribunal has considered the application in accordance with Rule 24 of the Rules.

4. This is Dr Sheill's first application to be restored to the medical register.

Background

5. Dr Sheill qualified in 1985 with MB BCh from National University of Ireland.

6. The circumstances that led to Dr Sheill's erasure can be summarised as follows. Dr Sheill was a doctor of approximately 23 years' standing with no previous disciplinary findings against him prior to the matters giving rise to these proceedings.

7. At the time of the events Dr Sheill was principally engaged in running and working within private clinics. He was the Medical Director of four private clinics. Two clinics were based in Tunbridge Wells, one of which operated as *The Wells Clinic*, with further clinics located in Ashford, Kent (also trading as *The Wells Clinic*), and Crawley (trading as *The Crawley Clinic*). The clinics were owned by family companies in which Dr Sheill held an interest. His practice included the provision of cosmetic procedures such as Botox, dermal

fillers and other aesthetic treatments. He also provided, and oversaw the provision of, other medical treatments, including prescribing medication intended to induce weight loss.

8. Concerns regarding the operation of the clinics came to the attention of the Healthcare Commission following inspections conducted over a period of approximately three years from 2002. The Commission became concerned that the clinics were carrying out "registrable activities" without the required registration. Its inspections identified a range of concerns relating to the management of the clinics, including the handling and storage of medicines, record keeping, compliance with regulatory requirements, and the provision of weight-loss treatments despite repeated warnings that such activities should cease unless appropriately registered.

9. On 7 November 2006, following an inspection, the Healthcare Commission directed Dr Sheill to cease treating patients with immediate effect at each of his clinics, save for treatments falling outside the Commission's remit, such as cosmetic procedures and third-party referrals. Dr Sheill was informed that a referral would be made to the General Medical Council ("GMC") and was advised to seek legal advice.

10. The ensuing GMC proceedings encompassed two broad categories of allegations. The first concerned Dr Sheill's conduct in relation to the Healthcare Commission, including allegations that he obstructed the Commission's investigations, failed to comply with its directions, continued to undertake registrable activities (without being registered) after being instructed to stop, and failed to comply with orders imposed by the GMC's Interim Orders Tribunal on 17 June 2005. The second category arose from complaints made by four patients concerning the treatment they received and Dr Sheill's response to concerns they subsequently raised.

11. Following a hearing, the Fitness to Practise Tribunal determined on 14 August 2007 that Dr Sheill's fitness to practise was impaired by reason of misconduct. The 2007 Tribunal found that his conduct had fallen seriously below the standards expected of a registered medical practitioner. Its findings included a blatant disregard for the requirements of the Healthcare Commission and the GMC's Interim Orders Tribunal; inappropriate prescribing and storage of medicines; failure to provide patients with adequate information, conduct appropriate examinations and assessments, and obtain informed consent; rude, abusive and unprofessional behaviour towards patients and representatives of the Healthcare Commission; and dishonesty.

12. In considering sanction, the 2007 Tribunal concluded that taking no action would be manifestly insufficient and contrary to the public interest. It also rejected the imposition of

conditions and suspension, notwithstanding proposals advanced on Dr Sheill's behalf, finding that the seriousness and breadth of the misconduct rendered such a sanction inadequate. The 2007 Tribunal placed particular weight on Dr Sheill's lack of insight into his misconduct, the findings of dishonesty, and his persistent disregard for the requirements of regulatory bodies.

13. Accordingly, the 2007 Tribunal directed that Dr Sheill's name be erased from the Medical Register.

14. Those findings were made under the criminal standard of proof i.e. beyond reasonable doubt.

15. Dr Sheill subsequently appealed to the High Court. His appeal was allowed in respect of allegations 26(b) and 27(b), with the effect that the findings of dishonesty were set aside.

The current restoration hearing

The outcome of applications made during the hearing

16. The Tribunal considered pursuant to Rule 41 of the Rules, whether the entirety of the hearing be held in public. Dr Sheill submitted that he wished the hearing to be conducted in public, including when matters relating to XXX were discussed. Ms Cowen, submitted that the GMC was neutral on this application but noted that any matters relating to XXX would normally be heard in private.

17. The Tribunal determined that the hearing would be held in public, except where matters relating to XXX were discussed, when it would sit in private. The Tribunal's full decision on the application is included at Annex A.

The evidence

18. The Tribunal has taken into account all the relevant evidence that it has received, both oral and documentary.

Documentary Evidence

19. The Tribunal had regard to the documentary evidence provided by the parties. The evidence included but was not limited to:

- Dr Sheill's application for restoration dated 30 July 2025;
- Determinations of the 2007 Tribunal;
- Correspondence between Dr Sheill, the GMC and MPTS;
- High Court Judgment of Mr Justice Foskett 26 November 2008
- XXX;
- Reflective statements of Dr Sheill;
- Letter from Kent police dated 13/03/2007;
- Witness statement of Mr C dated 21 March 2006;
- Witness statement of Mr D June 2005;
- Healthcare Commission documents;
- Letter from Care Quality Commission (Sir E Chief Executive dated 22 December 2015);
- Dr Sheill's formal submission document dated 8 July 2026;
- Case authorities:
  CASE OF ALBERT AND LE COMPTE v. BELGIUM (Application no. 7299/75; 7496/76)
  CASE OF DE MOOR v. BELGIUM (Application no. 16997/90)
  CASE OF H. v. BELGIUM (Application no. 8950/80)
  Case of KONIG V. Germany (Application no. 6232/73)
  CASE OF LE COMPTE, VAN LEUVEN AND DE MEYERE v. BELGIUM (Application no. 6878/75; 7238/75)
  CASE OF ROWE AND DAVIS v. THE UNITED KINGDOM (Application no. 28901/95)

Summary of evidence

20. Dr Sheill provided statements of reflection as well as oral evidence in support of his application for restoration. He said that he had reflected on the events which led to his erasure, acknowledged significant changes in the medical profession and maintained that he had adapted his practice to take account of this. In his reflective statements Dr Sheill highlighted his degree of self-reflection and his commitment to practising medicine safely, ethically and in partnership with patients and colleagues going forward. He also set out

learning points, a personal development plan if he was to be restored to the register and insight into XXX.

21. He told the Tribunal that many of the findings relating to the management of his clinics arose from what he considered to be unsafe findings as to whether his clinics required registration. He referred to evidence including the letter from Sir E dated 22 December 2015 which in his view, supported his position and added that there had been no criminal prosecution in relation to those matters.

22. Whilst he maintained that he disagreed with aspects of the original findings, Dr Sheill accepted that the previous Tribunal had made the findings it had and stated that he was not asking the Tribunal to go behind them. He stated that he accepted the findings, 'he had to do this', and he would comply with regulations and procedures, and reiterated that he had always stated that he was willing to abide by any conditions imposed by the GMC but considered the sanction of erasure to be disproportionate.

23. However, in the course of his evidence, Dr Sheill sought to challenge the basis upon which the findings were made by the previous Tribunal and Court. For example, he challenged the legal basis upon which Healthcare Commission inspectors attended at his premises and questioned if the correct procedure had been adopted by the GMC. He considered the issues considered by the previous Tribunal to be of a criminal nature and should have been determined in a criminal court. He also denied the factual basis of findings found proven when stating that he did not accept obstructing any officers and felt that he came across as polite and proper. Also, when discussing allegations that had been found proven by the previous Tribunal as a whole and whether he accepted that he was a risk as a result of his conduct he repeated that no independent XXX expert had concluded that he was a risk to patients. He did not accept that the concerns found by the previous Tribunal could lead to a risk to patient safety, insisting that a risk assessment would be necessary before such a conclusion could be reached. When discussing Interim Order conditions and compliance with any conditions Dr Sheill stated that he would comply with conditions that he considered reasonable.

24. Dr Sheill also made reference to Article 6 of the Human Rights Act 1998 and how that must be applied to his circumstances and in particular to take account of the fact that he was XXX. He made reference to 'equality of arms', and his right to adduce evidence he considers is relevant to his restoration application. He had provided case authorities in advance of the Hearing and made reference to cases and in particular H v BELGIUM (Application no. 8950/80). Dr Sheill was concerned that the findings made by the previous Tribunal were made without having sight of all relevant evidence. Dr Sheill contended that the previous

Tribunal and Court did not have the full evidential picture, which made the findings in particular allegations 2-32 unreliable and unsafe.

25. Dr Sheill also criticised aspects of his legal representation at the previous Tribunal and the fact that he was unable get across all the information relevant to context in respect of patient complaints such as one patient's discriminatory views fuelling motive, questioned the credibility of witnesses and pointed out that other doctors involved in patient care had not faced any regulatory action.

26. Dr Sheill stated that XXX at the relevant time had affected his judgement, behaviour and interactions with the Healthcare Commission and the GMC. He states that he was XXX, but XXX was not considered by the previous panel(s). Dr Sheill contends that the previous hearing should have proceeded on XXX and the sanction was determined without the Tribunal being made aware of XXX. If the previous hearing had proceeded as a XXX it would not have resulted in erasure. However, he accepted that he only recognised the seriousness of XXX after the hearing in 2007 when XXX.

27. Dr Sheill accepted that there were matters he would approach differently in the future, including ensuring compliance with regulatory requirements, informing patients of treatments, maintaining consent and implementing appropriate procedures and safeguards. He told the Tribunal that he had developed insight into his past conduct, had undertaken remediation, and would comply with all regulatory requirements and any conditions imposed in the future.

28. Dr Sheill stated in his evidence that he was unable to obtain accreditation as he was not registered but made efforts to attend international conferences, educational meetings organised by the British Medical Laser Association, ICAS, the European Medical Laser Association and the European Society of Aesthetic Medicine. He also stated that he reads journals to keep his knowledge up to date and to learn about developments and discusses clinical practice with colleagues and friends.

29. In his own practice he works alongside two other registered Doctors with whom he has informal discussions related to any matters of concern. He was keen to stress that they only receive a small number of complaints per year. He will prioritise safety within the practice and record everything.

30. Dr Sheill accepted and recognises that there has been advancement of medical practice since his erasure. He described being very skilled in joint injections, an area in which he is keen to resume practice. He described being very well informed and familiar with the

technique of joint injections but acknowledged that he would need a mentor and would observe them in their clinics to get up to date with his practice as he had not undertaken this procedure for twenty years. He also accepted that he required input and mentoring for other areas of his practise such as cardiovascular medicine, interventional medicine and the management of varicose veins.

31. Dr Sheill intends to reapply to become a member of the Independent Doctors Federation to get support from a Responsible Officer ('RO') for his appraisal and revalidation process if he is restored to the Medical Register.

Submissions on behalf of the GMC

32. On behalf of the GMC, Ms Louise Cowen, Counsel, submitted that Dr Sheill's application for restoration is opposed.

33. Ms Cowen submitted that the circumstances which led to Dr Sheill's erasure involved multiple serious failings. She referred the Tribunal to the findings of the original Fitness to Practise Panel and the judgment of Mr Justice Foskett, submitting that these demonstrated why erasure had been considered the appropriate sanction and remained relevant to the Tribunal's assessment of Dr Sheill's current application. She submitted that the original Panel had found that Dr Sheill demonstrated a persistent lack of insight, harmful and deep-seated attitudinal problems and a lack of integrity, and that the decision to erase him from the medical register had been upheld by the High Court.

34. In relation to insight and remediation, Ms Cowen submitted that although Dr Sheill had provided a reflective statement and had shown some degree of self-reflection, he had not directly addressed the allegations found proved against him or the concerns identified by the original Panel regarding his insight, attitude and remediation. She submitted that he had not acknowledged that his failure to comply with restrictions placed upon his practice had been inappropriate or that his conduct had the potential to place patients at risk and undermine public confidence in the profession. She further submitted that Dr Sheill had not adequately reflected on his intimidating and unprofessional conduct towards others.

35. Ms Cowen submitted that Dr Sheill's oral evidence demonstrated an ongoing lack of insight. She submitted that he continued to dispute the legality of the actions taken by the Healthcare Commission, sought to justify his conduct in obstructing inspections and challenged the basis upon which conditions had been imposed upon him. She further submitted that he sought to justify aspects of his treatment of the four patients concerned and his responses to their complaints. Whilst she accepted that Dr Sheill acknowledged there was some recognition that he would do things differently, she submitted that he had not

demonstrated meaningful engagement with the principles of consent, patient safety or the importance of maintaining public confidence in the profession. By way of example she referred to Dr Sheill seeking to justify his actions with regard to patient [F] having had treatment previously and the operations being minor.

36. In relation to patient [F], she submitted that although in the High Court Mr Justice Foskett had referred to his failure to notify the patient [F] of his suspension as an error of judgement, Dr Sheill had not demonstrated insight into that error, maintaining instead that he would have informed the patient of his suspension had she asked.

37. Ms Cowen submitted that although Dr Sheill stated on a number of occasions that he accepted the findings of the original Panel, his evidence demonstrated that he continued to minimise the seriousness of those findings and did not accept that the conduct found proved created a risk to patient safety or undermined public confidence. She submitted that, given the breadth and seriousness of the concerns identified by the original Panel, including clinic management, record keeping, prescribing practices, compliance with regulatory requirements and patient care, this demonstrated a significant lack of insight.

38. Whilst acknowledging that Dr Sheill had apologised for aspects of his behaviour towards the Healthcare Commission and had referred to the impact of stress and XXX at the time, she submitted that his overall approach remained one of self-justification and that there was scant evidence that he had taken full responsibility for his actions.

39. In relation to remediation, Ms Cowen submitted that there was limited evidence that Dr Sheill had taken meaningful steps to address the failings identified by the original Panel. The GMC accepted that his statements show a degree of self-reflection. It also acknowledged that he had taken steps to address XXX. However, Ms Cowen submitted that there was no documentary evidence that he had undertaken further education to assist with aspects of practice management, relevant professional development or implemented systems to support safe clinical practice such as Multidisciplinary team meetings.

40. Ms Cowen submitted that there was no documentary evidence demonstrating that Dr Sheill had maintained or updated his medical knowledge or clinical skills since his erasure. She acknowledged that he had submitted a Professional Development Plan, however there is no documentary evidence of CPD undertaken or relevant work experience gained since his erasure.

41. Ms Cowen also pointed out that whilst Dr Sheill described work undertaken in his oral evidence he stated that he did not know he needed to provide evidence of the work he had done. Ms Cowen highlighted that Dr Sheill had had the guidance that the Tribunal would

apply in respect of his application for restoration. Further it was submitted that in these circumstances, the Tribunal can only have a very limited view of the work done and what has been covered by such work.

42. Ms Cowen submitted that Dr Sheill has not provided any documentary evidence of the steps he has taken to keep his medical knowledge and clinical skills up to date since erasure. She submitted that the Tribunal cannot be sure what work has been done, what kind of experience he has gained, what the standard of the courses was, and what Dr Sheill was required to do to participate in them. Dr Sheill had also confirmed that he had not undertaken any clinical placements or periods of observation.

43. Ms Cowen also referred to Dr Sheill's evidence regarding joint injections, and his acceptance that he would require a mentor and to observe their clinics before carrying out said procedure. Ms Cowen submitted that this illustrated the need for further supervised practice before he could safely return to unrestricted practice and was also an example of work that could have been done to prepare for restoration.

44. Dr Sheill has experienced significant time out of work as a doctor undertaking activities for which registration would be required. Ms Cowen submitted that in these circumstances, the Tribunal would require more information to form a view that he has taken steps to keep medical knowledge and skills up to date.

45. Ms Cowen also submitted that significant time has lapsed since Dr Sheill's erasure, and no evidence has been adduced demonstrating that he has kept his medical knowledge and skills up to date in this time.

46. Ms Cowen made reference to paragraph B35 -B47 of the Guidance. She submitted that given the seriousness of the original findings, limited reflection on and acceptance of responsibility for the failings identified by the Panel and absence of training or work experience to keep his clinical skills and knowledge up to date Dr Sheill's restoration to the medical register would not satisfy the overarching objective. She therefore invited the Tribunal to refuse Dr Sheill's application for restoration.

Dr Sheill's submissions

47. Dr Sheill submitted that XXX which had not been disclosed to the original Fitness to Practise Panel or the High Court and that this was a significant factor in understanding the events that led to his erasure. He said that, at the time, he himself had not appreciated the seriousness of XXX or the impact it had on his judgement and behaviour. He only realised this when XXX after being erased in 2007 (XXX). He has since XXX. He submitted that, had the

original Tribunal been aware of XXX, erasure could not have been the appropriate sanction in accordance with the legislation.

48. Dr Sheill submitted that he had demonstrated his present fitness to practise and that he had reflected extensively on his professional responsibilities and now recognised the importance of maintaining professional boundaries, complying with regulatory requirements, acting openly and honestly with patients and regulators, preserving public confidence in the profession and seeking advice where appropriate.

49. Dr Sheill submitted that he had maintained his professional knowledge through continuing professional development, attendance at conferences and courses in aesthetic medicine, laser procedures, regenerative medicine and dermatology. He referred to his previous NHS experience across a range of specialties and submitted that this, together with his ongoing education, supported his ability to return to safe practice. He acknowledged that medicine had evolved since his erasure and stated that he was committed to ongoing appraisal, supervision, lifelong learning and compliance with any revalidation requirements. He also submitted that he would work with a responsible officer and comply with any structured CPD programme required.

50. Dr Sheill submitted that the period since his erasure had allowed him to mature personally and professionally and that he now had a much greater understanding of his professional responsibilities. He submitted that restoration was not recognition of his past qualifications but an assessment of his present fitness to practise. He argued that he had demonstrated insight, remediation, resilience and a sustained commitment to returning safely to medical practice.

51. Dr Sheill further submitted that restoration would be consistent with the objectives of the Medical Act 1983 and the principles of rehabilitation and proportionality. Dr Sheill stated that there was no independent XXX expert evidence provided to the previous panel to assess if he represented a danger to the public XXX. He submitted that professional regulation exists to protect the public rather than to impose perpetual punishment and argued that, where a practitioner has demonstrated rehabilitation and no longer presents a risk, restoration is consistent with maintaining public confidence and upholding professional standards. He submitted that medicine remained his vocation and that restoration would enable him to contribute safely to patient care and contribute to society. He also made reference to the application of Article 6 and the case of H v Belgium ECHR.

52. Finally, Dr Sheill submitted that the Tribunal should determine his application by reference to his current fitness to practise rather than the historical events leading to his erasure. He submitted that the Tribunal should apply the principles of fairness,

proportionality and rehabilitation and that, having regard to his insight, remediation, continued professional development and XXX, his application for restoration should be granted.

The Tribunal's approach

53. The Tribunal reminded itself that its power to restore a practitioner to the medical register in accordance with Section 41 of the Act is a discretionary power. This power is to be exercised in the context of the Tribunal's legal duty to protect the public.

54. Throughout the decision making process the Tribunal has borne in mind the statutory duty as set out in s1(1) of the Act to protect the public. The Tribunal has considered the relevance and impact on each of the three distinct parts of the overarching objective - 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.

55. Whilst the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Sheill's name to the medical register is a matter for this Tribunal exercising its own judgment. The Tribunal reminded itself that, if it directs that Dr Sheill's name should be restored to the medical register, it can do so only without restrictions on his practice.

56. Throughout its consideration of Dr Sheill's application for restoration, the Tribunal was guided by the approach laid out in the MPTS 'Guidance for medical practitioners tribunals on restoration following disciplinary erasure' (the guidance).

57. The Tribunal reminded itself that the onus is on Dr Sheill to satisfy it that he is fit to return to unrestricted practice and that the Tribunal should not seek to go behind the original Tribunal's findings. The Tribunal reminded itself of the observations in Sengupta v GMC 2023 EWHC 1302 (admin), namely that restoration proceedings are not intended to provide a mechanism by which matters already fully considered and determined at the substantive hearing may be re-litigated.

58. The Tribunal must consider whether Dr Sheill has demonstrated that he is now fit to return to unrestricted registration. In considering that question, the Tribunal's focus is upon Dr Sheill's current circumstances, including his present level of insight, remediation, conduct

since erasure, maintenance of knowledge and skills, and any other evidence relevant to current fitness to practise.

59. The guidance at B2 and B3 sets out that the test for the Tribunal to apply when considering restoration and reiterated in the decision in GMC v Chandra (2017) EWHC 2556 (admin) is:

> *"Having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective?"*
>
> *To decide if the test for restoration is met, the MPT will therefore assess whether the doctor continues to pose any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response i.e. their fitness to practise is impaired. Where they no longer do so, the test for restoration will be met.''*

60. The Tribunal reminded itself that, in making its decision, it should consider the following factors:

a. the circumstances that led to disciplinary erasure;
b. whether Dr Sheill has demonstrated insight into the matters that led to erasure, taken responsibility for his actions, and actively addressed the findings about his behaviour or skills;
c. what Dr Sheill has done since his name was erased from the register;
d. the steps Dr Sheill has taken to keep his knowledge and skills up to date; and
e. the lapse of time since erasure.

61. Having considered all of those matters the Tribunal is required to step back and balance its findings about Dr Sheill's fitness to practise against whether restoration will achieve public protection. This balancing exercise involves careful consideration of each of the three parts of public protection which are to:

• 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.

The Tribunal's decision

62. The Tribunal has considered the parties' submissions carefully and has evaluated the evidence in order to reach its decision as to whether Dr Sheill is fit to practise.

The circumstances that led to disciplinary erasure

63. In its deliberations the Tribunal had regard to the following paragraphs of the guidance:

> *'B5 The MPT will be provided with copies of the previous MPT or panel's determinations. This will enable them to fully consider the background to the restoration application and identify the specific past concerns about the doctor's fitness to practise.*
>
> *B6 The reasons given by the previous MPT or panel to direct erasure will help the MPT understand why erasure was the only proportionate means by which public protection could be achieved. The previous determination may also contain helpful information about the doctor's level of insight and remediation at the time of erasure.'*

64. The Tribunal took the determinations of the 2007 Tribunal into account and noted that it found Dr Sheill's behaviour to amount to serious misconduct which impaired his fitness to practise. The 2007 Tribunal found Dr Sheill's misconduct to be fundamentally incompatible with continued registration on the Medical Register and determined that erasure was appropriate and proportionate in light of the:

''• Blatant disregard for the instructions and requirements of regulatory bodies, namely the Healthcare Commission and the Interim Orders Panel of the GMC;
• Disregard for the information within the British National Formulary, relevant guidelines on the use of medication and concerns expressed by professionals
• Inappropriate prescribing and storage of medicines;
• Failure to provide necessary information to patients about their treatment, properly examine and assess their condition and obtain informed consent;
• Rude, abusive and unprofessional behaviour in relation to patients who complained about or wished to discuss your treatment of them and towards representatives of the Healthcare Commission;
• Dishonesty.''

65. Those findings were made under the criminal standard of proof i.e. beyond reasonable doubt.

66. The Tribunal also considered the outcome of Dr Sheill's subsequent appeal to the High Court. It noted that the appeal was allowed in respect of allegations 26(b) and 27(b), with the effect that the findings of dishonesty were set aside.

67. The Tribunal also noted the High Court's observation that:

'74. Whilst it is clear that the Panel referred to "dishonesty" on two occasions in these remarks, it cannot sensibly be argued that those references added much, if anything, to the Panel's overall appraisal of the Appellant's conduct. Simply deleting those references from those remarks would leave a carefully structured and compelling case for erasure without any recourse to the finding as to dishonesty.'

68. The Tribunal therefore approached this restoration application on the basis that no findings of dishonesty formed part of the background against which it was required to assess Dr Sheill's application. Nevertheless, the Tribunal recognised that the remaining findings represented multiple serious failings relating to Dr Sheill including prescribing practices, storage of medicines, record keeping, patient assessment, informed consent, professional behaviour, and compliance with regulatory requirements. It bore those findings firmly in mind when considering whether Dr Sheill had demonstrated sufficient insight, remediation and current fitness to return to unrestricted practice. The Tribunal noted that decision to erase Dr Sheill from the medical register was also upheld by the High Court.

<u>Whether Dr Sheill has demonstrated insight into the matters that led to erasure, taken responsibility for his actions, and actively addressed the findings about his behaviour or skills</u>

69. The Tribunal had regard to paragraphs B7 – B10 of the guidance and in particular:

'B7 It will be important for the MPT to assess whether the doctor has demonstrated insight into the findings that led to their erasure. It is crucial that a doctor has genuine insight into what went wrong and appreciates what could have been done differently. They should also understand how they could act differently in the future to avoid similar concerns occurring again.

B8 Evidence of the doctor's current level of insight will be a significant factor for the MPT in assessing the risk the doctor may repeat the previous misconduct or poor performance that resulted in them being erased from the medical register.

B9 To assess the doctor's response to the matters that led to erasure, the MPT should consider the evidence available to them to establish if the doctor has:

a. shown insight into their own practice, behaviour and/or impact of a health condition

b. taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation.'

70. The Tribunal noted that, whilst Dr Sheill stated that he accepted that the previous Tribunal had made the findings it had, he repeatedly maintained that those findings were not justified. He continued to dispute the legality of the actions taken by the Healthcare Commission, sought to justify his conduct in obstructing inspections and challenged the basis upon which conditions had been imposed upon him. Throughout his oral evidence he sought to challenge aspects of the original findings and to explain why, in his view, they were unfair. He made reference to the conduct of the previous Tribunal and perceived shortcomings in respect of the legal advice he received at the time. The Tribunal considered that Dr Sheill was attempting to go behind the findings, rather than demonstrating an acceptance of them. The Tribunal found that this significantly limited the weight it could attach to his assertions of insight.

71. The Tribunal noted that at one point during cross examination, when asked if patient safety had been compromised and what he would do differently if faced with similar situations today, Dr Sheill initially stated that he was not prepared to answer the question. Instead, he sought to revisit the circumstances surrounding the original proceedings and also emphasised repeatedly in his evidence and submissions that an independent XXX expert had not been utilised by the previous panel and any risk must be based on a risk assessment of the particular circumstances. Although he subsequently provided evidence regarding changes in modern medical practice and how he would ensure communication with patients including informed consent, the Tribunal was not satisfied that he demonstrated a genuine appreciation of how his own actions had fallen short of the standards expected of a registered medical practitioner.

72. The Tribunal considered that Dr Sheill demonstrated very limited insight into the concerns identified by the previous Tribunal. The statements that he has submitted regarding his reflection contain broad generalised statements regarding reflection and measures to assist in his practice going forward. He has not sought to directly address the allegations

found proved against him or the concerns identified by the original Panel regarding his insight, attitude and remediation. His statement did not address his failure to comply with restrictions placed upon his practice or that his conduct had had the potential to place patients at risk and undermine public confidence in the profession. The Tribunal acknowledged that he apologised for his behaviour towards the Healthcare Commission manager and that he also recognised he had to tailor his approach to informed consent. He had also set out reflective learning points in his statements, having reflected on the evolution of professional standards and how they relate to patient care and consent. The Tribunal noted that he has provided a breakdown as to how he will adapt his practice having recognised the changes in medical practice since his erasure and the steps he will take to ensure that he is working within accepted professional standards. However, the Tribunal was concerned that he had not reflected meaningfully on his own behaviour, the issues raised by the previous Tribunal including attitudinal, insight and remediation concerns. Further, in his oral evidence when discussing the individual patient cases, Dr Sheill continued to dispute aspects of the findings rather than reflecting upon what he could have done differently. He also sought to trivialise aspects of the complaint when describing procedures as being minor and the fact that a patient had undergone treatment previously.

73. The Tribunal was not satisfied that Dr Sheill demonstrated an appreciation of the wider impact of his misconduct on patients, public confidence in the profession, or the reputation of the medical profession. It found that he demonstrated only limited understanding of the concerns from the perspective of his patients and the wider public.

74. The Tribunal agreed with Ms Cowen's submission that Dr Sheill continued to minimise the seriousness of the previous Tribunal's findings and did not accept that the conduct found proved created a risk to patient safety or undermined public confidence. Given the breadth and seriousness of the concerns identified by the original Panel, this demonstrated a significant lack of insight on part of Dr Sheill.

75. The Tribunal therefore concluded that Dr Sheill had demonstrated only very limited insight into the matters that led to his erasure. It was not satisfied that he had fully accepted responsibility for his misconduct or adequately addressed the behavioural and professional shortcomings identified by the previous Tribunal.

76. The Tribunal accepts that Article 6 of the Human Rights Act which seeks to protect the right to a fair trial is engaged in restoration proceedings. The Strasbourg authorities relied upon by Dr Sheill concern procedural fairness and the safeguards required in proceedings determining a person's right to practise a profession. However, they do not provide a basis for revisiting the original findings or sanction. Further, they do not alter the restoration test,

nor do they assist in establishing insight, remediation or current fitness to practise, which remain matters for Dr Sheill to demonstrate on the evidence before the Tribunal.

77. Dr Sheill should be assured that the Tribunal considered all documentary evidence relied upon in support of his application so far as it is relevant to the restoration process. For example Dr Sheill referred to correspondence from the Care Quality Commission dated 2015 in response to further concerns raised that year which confirmed it would be closing its investigation as it was satisfied that Dr Sheill was not undertaking a regulated activity. However, it found that this was another example of Dr Sheill's attempts to go behind the findings of the previous Tribunal. Dr Sheill also submitted a historical witness statement in an attempt to persuade the Tribunal that the previous findings were unreliable. The Tribunal reminded itself that it should not seek to go behind the original Tribunal's decision.

78. In considering remediation, the Tribunal noted Dr Sheill's evidence that he had attended international and online educational courses. However, there is no documentary evidence before the Tribunal to verify the content of those courses or Dr Sheill's attendance on those courses to demonstrate how they addressed the specific concerns that had resulted in his erasure. The Tribunal was therefore unable to place significant weight on this evidence.

79. The Tribunal carefully considered Dr Sheill's submission that XXX at the time of the events which led to erasure and that this XXX was not considered during the original proceedings. The Tribunal accepts that he has produced evidence of XXX. The Tribunal also accepts that Dr Sheill has XXX and has developed a greater understanding XXX since the events in question. However, the XXX evidence before the Tribunal is limited. Whilst it confirms XXX, it provides little assistance as to the XXX impact of XXX as in 2007. Nor does it address whether XXX contributed to the conduct which resulted in erasure. In those circumstances, the Tribunal is unable to draw any firm conclusions about the role XXX may have played in the misconduct found proved by the previous tribunal. In any event, to do so would risk going behind the findings made at the original proceedings, which is not the function of a restoration tribunal. The Tribunal therefore places limited weight upon the Applicant's contention that XXX materially explains the misconduct which led to erasure. Nevertheless, the Tribunal accepts Dr Sheill's subsequent XXX.

80. The Tribunal found there was very limited evidence of meaningful remediation. It was not satisfied that Dr Sheill had demonstrated satisfactory professional development directed towards the deficiencies identified by the previous Tribunal. In particular, there was limited evidence of reflection, clinical governance, audit, supervision or other measures designed to address the concerns regarding prescribing, record keeping, patient communication and regulatory compliance. The Tribunal also noted that there was almost no

evidence before it regarding the governance arrangements within Dr Sheill's private aesthetics practice.

81. Having considered all of the evidence, the Tribunal concluded that Dr Sheill had demonstrated limited insight and had provided limited evidence of remediation. The Tribunal remained concerned that there is very limited evidence of Dr Sheill taking responsibility for his conduct. It concluded that the multiple serious failings and the underlying attitudinal issues identified by the previous Tribunal had not been sufficiently addressed and accordingly concluded that there remained a high risk of repetition of similar conduct in the future.

What Dr Sheill has done since their name was erased from the register?

82. The Tribunal had regard to the following paragraphs of the guidance:

*'**B11** The MPT should also consider any activities the doctor has undertaken since they were erased from the register and decide whether these are relevant to assessing their current fitness to practise. Examples of matters things which may have a bearing on the MPT's decision are:*

- *the doctor has obtained employment in a field related to medicine and used it to keep up to date with developments in their specialty*
- *the doctor has undertaken research or teaching in a relevant field*
- *the doctor has completed a professional or academic qualification such as a PhD, diploma or MSc in a relevant subject'*

83. The Tribunal noted that since his erasure, Dr Sheill has continued to work within the field of aesthetic medicine through his private aesthetics clinic, undertaking procedures which do not require registration with the GMC. The Tribunal accepted that this work is related to the medical field and was therefore potentially relevant to its assessment of his current fitness to practise.

84. However, the Tribunal noted that there was limited documentary evidence before it regarding the nature, scope or extent of Dr Sheill's work since his erasure. Apart from the material contained within Dr Sheill's Professional Development Plan, the Tribunal was provided with little objective evidence demonstrating his professional activities, ongoing clinical experience or maintenance of relevant knowledge and skills.

85. In his oral evidence, Dr Sheill explained that he did not know what evidence he was expected to provide in support of his restoration application. The Tribunal noted this explanation. However, it also noted that Dr Sheill had been provided with the relevant

guidance in advance of the hearing, which explains the type of evidence expected in restoration applications.

86. In the absence of supporting documentary evidence, the Tribunal was only able to place limited weight on Dr Sheill's oral evidence regarding his professional activities since erasure. It was therefore unable to properly assess the extent to which those activities demonstrated that he had maintained or developed the knowledge, skills and professional standards relevant to unrestricted medical practice.

87. Accordingly, whilst the Tribunal accepted that Dr Sheill has remained involved in aesthetic practice since his erasure, it found that there was insufficient evidence before it to conclude that his activities since erasure materially supported his application for restoration.

The steps Dr Sheill has taken to keep his knowledge and skills up to date

88. The Tribunal noted that Dr Sheill has not had the opportunity to put into practice his medical skills since 2007. However, it bore in mind that the burden is on Dr Sheill to satisfy the Tribunal that his medical knowledge and skills are up to date and that he is safe to resume unrestricted practice.

89. The Tribunal had regard to paragraphs B12-B17 of the guidance and in particular:

> *'B12 The doctor will not have had clinical contact with patients in the UK for a minimum of five years. The onus is on the doctor to demonstrate they have kept their knowledge and skills up to date and are safe to resume unrestricted practice. This is required irrespective of the grounds for impairment that led to erasure.'*

90. The Tribunal noted Dr Sheill's evidence that he had sought to maintain his medical knowledge by attending online educational courses and an international convention in Paris annually. Dr Sheill stated in his evidence that he was unable to obtain accreditation as he was not registered but made efforts to attend international conferences, educational meetings organised by the British Medical Laser Association, ICAS, the European Medical Laser Association and the European Society of Aesthetic Medicine. He also stated that he read journals to keep up to date with clinical practice and discussed clinical practice with colleagues and friends. However, there was no documentary evidence before the Tribunal to verify his attendance or completion of those courses. Furthermore, there was insufficient evidence regarding the content of the courses or their relevance to the areas of practice in which the previous Tribunal had identified concerns.

91. The Tribunal noted that in his own practice, Dr Sheill works alongside two other registered Doctors and that he will have informal discussions to discuss any matters of concern but again there is no documentary evidence to corroborate any learning points, discussion areas or reflective practice.

92. Dr Sheill accepted and recognises that there has been an advancement of medical practice since his erasure. He described being very skilled in joint injections, an area in which he is keen to resume practice. He described being very well informed and familiar with the technique of joint injections but acknowledged that would need a mentor, to observe clinics and to be able to get up to date with his practise. He also accepted that he required input and mentoring for other areas of his practise such as cardiovascular medicine, interventional medicine and treatment relating to varicose veins if restored to the Medical Register. The Tribunal noted that Dr Sheill confirmed he had not undertaken overseas medical practice or any clinical placements during this period. There is no evidence that Dr Sheill has taken steps to observe his colleagues in preparation for restoration.

93. The Tribunal noted that Dr Sheill intends to reapply to become a member of the Independent Doctors Federation if he is restored to the Medical Register. This would allow him to participate in its appraisal and revalidation programme and be supported by a RO.

94. Having considered all of the evidence, the Tribunal was not satisfied that Dr Sheill had demonstrated that he had kept his medical knowledge and skills sufficiently up to date to satisfy the requirements of paragraph B12. It found that there was limited objective evidence of continuing professional development and Dr Sheill had not demonstrated that he was currently safe to resume unrestricted medical practice.

<u>The lapse of time since erasure</u>

95. The Tribunal has regard to the following paragraph of the guidance:

> *'**B19** Conversely, the longer the doctor has been away from clinical practice, the greater the likelihood that their knowledge and skills will have deteriorated to a degree that may place patients at risk. MPTs should pay close regard to how the doctor has maintained their knowledge and skills during a lengthy period away from the register.'*

96. The Tribunal again noted that Dr Sheill has not been involved in registered clinical practice since 2007 and that there was a risk he has become deskilled due to the passage of time. The Tribunal was not satisfied that Dr Sheill had kept his clinical knowledge and skills up to date and therefore it concluded there remained the risk that he could put patients at risk if he were permitted to return to unrestricted practice.

Will restoration achieve public protection?

97. Having made the above findings as to whether Dr Sheill is fit to practise, the Tribunal then stepped back and balanced its findings about Dr Sheill's fitness to practise against whether restoration will achieve public protection. This balancing exercise involved careful consideration of each of the three parts of public protection which 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.

Protect, promote and maintain the health, safety and well-being of the public

98. The Tribunal considered the risk posed to patients and the wider public. It had regard to its findings concerning the limited evidence of insight and remediation and its concerns that Dr Sheill's clinical knowledge and skills have not been adequately maintained during his lengthy absence from practice. As such, it took the view that there would be a risk to public safety if he were permitted to return to clinical practice.

Promote and maintain public confidence in the profession

99. The Tribunal noted the 2007 Tribunal's finding that Dr Sheill's actions amounted to serious misconduct, which could undermine public trust in the medical profession. As set out above the Tribunal found that Dr Sheill had demonstrated limited insight and remediation, and it was not satisfied that he had demonstrated that he had the necessary knowledge and skills for a return to unrestricted practice would therefore risk undermining public confidence in the profession.

100. The Tribunal bore in mind that maintaining public confidence in the profession is more important than the interests of an individual doctor. It considered that a well-informed member of the public would be concerned if Dr Sheill was allowed to return to unrestricted practice at this time.

Promote and maintain proper professional standards and conduct for members of the profession

101. The Tribunal had regard to the evidence provided by Dr Sheill and was not satisfied that he had remediated sufficiently and would maintain proper professional standards and

conduct in the future. The original misconduct represented a serious departure from the standards expected of a registered medical practitioner. The Tribunal was not satisfied that Dr Sheill had demonstrated a sufficient degree of insight, remediation or professional development, including maintaining the knowledge and skills expected of a doctor seeking to return to unrestricted practice.

102. The Tribunal considered the lack of evidence of recent CPD and supporting documentation indicated that Dr Sheill's clinical knoweldge and skills were not sufficient for his return to unrestricted clinical practice. Restoration would therefore be inconsistent with maintaining proper professional standards and conduct within the profession.

Conclusion

103. Accordingly, it determined that Dr Sheill's name should not be restored to the medical register.

Dr Sheill's right to make further applications for restoration

104. Dr Sheill must wait at least 12 months from the date of his application for restoration, not the date of the Tribunal's decision not to restore, before applying for restoration again.

105. That concludes the case.

ANNEX A

Application for the hearing to be heard in public in its entirety – 29/07/2026

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 confidential. This determination will be handed down in private due to the confidential nature of some of the matters under consideration. However, as this case concerns Dr Sheill's application for restoration a redacted version will be published at the close of the hearing.

2. On day one of the hearing, Dr Sheill, made an application for the hearing to be heard in public in its entirety including information regarding XXX.

3. Ms Cowen, Counsel, submitted that the GMC was neutral on this application but noted that any matters relating to XXX would normally be heard in private.

Tribunal's Decision

4. The Tribunal had regard to the submissions made by the parties.

5. The Tribunal had regard to the MPTS guidance for tribunals, Section 1: Procedural Matters Relating to Tribunal hearings. The guidance provides that an MPT hearing would ordinarily be held in public unless the Tribunal decides that the public should be excluded because the circumstances of the case outweigh the public interest in holding the hearing in public, XXX. The guidance further directs that when considering whether to hear evidence concerning XXX in public the Tribunal should consider whether to do so would be appropriate having regard to the interests of the doctor, the interests of any patients concerned, whether a public hearing would likely to adversely affect XXX, and all the circumstances of the case.

6. The Tribunal has taken full account of Dr Sheill's clearly expressed wish that all aspects of the hearing, including matters relating to XXX, should be heard in public. The Tribunal regarded that preference as a significant factor in its decision-making process, and have given it considerable weight. However, Dr Sheill's wishes are not determinative. The Tribunal is required to undertake its own assessment of where the balance lies between the principle of open justice and the proper handling of XXX.

7. Having carried out that balancing exercise, the Tribunal is satisfied that the appropriate and proportionate course is for the hearing to proceed in public, save insofar as it is necessary to consider evidence and submissions relating to XXX. The Tribunal considers those matters to be inherently private in nature, and that the interests of justice favour their consideration in private session.

8. The Tribunal consider that the public interest in open justice can be properly maintained by hearing the substantive restoration issues in public, while moving into private session only when evidence relating to XXX and associated submissions are being considered.

9. Accordingly, the hearing will proceed in public, the Tribunal will sit in private only for those parts of the proceedings that concern evidence and submission relating to XXX, and will return to public session thereafter. The Tribunal is satisfied that this approach represents the least restrictive departure from the principle of open justice and is fair and proportionate in all the circumstances.

10. Post hearing publication is a matter for the MPTS and it is open to the parties to make representations to the MPTS as to post-hearing publication of any decision should they wish to do so.