

PUBLIC RECORD

Dates: 03/06/2024 - 12/06/2024

Medical Practitioner's name: Dr Nathan SANDLES

GMC reference number: 6127978

Primary medical qualification: MB BS 2005 University of London

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

Summary of outcome

Suspension, 12 months.
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Ruth Curtis
Lay Tribunal Member:	Mr Colin Sturgeon
Medical Tribunal Member:	Dr Gabrielle Downey

Tribunal Clerk:	Ms Hinna Safdar
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Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Ms Rebecca Harris, Counsel, instructed by Weightmans
GMC Representative:	Mr Paul Williams, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts & Impairment - 10/06/2024

1. This determination will be handed down in private due to references to XXX. However, as this case concerns Dr Sandles' misconduct, conviction XXX, a redacted version will be published at the close of the hearing.

The Allegation and the Doctor's Response

2. At the outset of these proceedings, through his counsel, Ms Harris, Dr Sandles made admissions to all paragraphs and sub-paragraphs of the Allegation, as set out below, 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.

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

1. Between 12 June 2020 and 24 July 2020, whilst at Church Langley Medical Centre, you:
 - a. worked whilst under the influence of drugs on one or more occasion;
Admitted and found proved
 - b. on 24 July 2020 XXX yourself with XXX such that you became intoxicated.
Admitted and found proved
2. On 20 December 2021 at North Essex Magistrates' Court you were convicted of use of a false prescription for a scheduled drug with intent. **Admitted and found proved**

3. On 3 February 2022 at Chelmsford Crown Court you were sentenced to an 18-month Community Order including:
 - a. a requirement of 140 hours unpaid work; **Admitted and found proved**
 - b. a rehabilitation activity requirement of 20 days. **Admitted and found proved**

4. Between 21 July 2021 and 28 July 2022, your registration was subject to interim conditions, stipulating that you must not:
 - a. prescribe, administer, or have primary responsibility for drugs listed in schedules 2–5 of the Misuse of Drugs Regulations 2001; **Admitted and found proved**

 - b. prescribe any drugs for yourself, or anyone with whom you have a close personal relationship. **Admitted and found proved**

5. Between 6 April 2022 and 22 June 2022, on one or more occasion as set out in Schedule 1, you:
 - a. prescribed a controlled drug, in breach of the condition described at paragraph 4a; **Admitted and found proved**
 - b. falsely prescribed medication purportedly for a named patient for your own use, in breach of the condition described in paragraph 4b. **Admitted and found proved**

6. You knew when carrying out the actions described in paragraph 5 that:
 - a. you were subject to the interim conditions set out in paragraph 4; **Admitted and found proved**

 - b. the medication was for your own use. **Admitted and found proved**

7. Your actions at paragraph 5 were dishonest by reason of paragraph 6. **Admitted and found proved**

8. XXX

9. XXX

And that by reason of the matters set out above your fitness to practise is impaired because of your:

- a. misconduct in respect of paragraph 1 and paragraphs 4-7;
- b. conviction in respect of paragraphs 2-3;

XXX

Background

3. Dr Sandles qualified in 2005 from Barts and the London school of Medicine and Dentistry. At the time of the events Dr Sandles was practising as a General Practitioner.
4. The allegations that have led to Dr Sandles' hearing relate to XXX, conviction, conduct and probity.
5. XXX
6. In 2011, Dr Sandles started working as a GP at Waltham Cross, Herts. He reported that workload was challenging at times XXX. Dr Sandles began using some of the XXX medication that he had obtained for a patient. Consequently, his contract at the practice was terminated in December 2011.
7. In early 2012, XXX. After 14 months he was allowed to practise as a GP again.
8. In June 2015 Dr Sandles obtained a GP position at Church Langley Practice and he was later, in May 2016, offered a partnership. In November 2019 Dr Sandles suffered a traumatic experience at work XXX. In February 2020, concerns were reported from fellow health professionals about Dr Sandles' behaviour XXX whilst working at the practice. He was reported to be XXX and not his usual self. These concerns were flagged to the other partners and the clinic manager.
9. The GMC were first notified of concerns on 24 July 2020 via the GMC's confidential helpline. Allegations were raised that Dr Sandles had been 'drowsy, sleepy and disorientated' whilst at work and whilst responsible for the care of patients at Church Langley Medical Practice. An investigation was carried out where it was noted that Dr Sandles had been to a number of pharmacies to obtain prescriptions for various drugs. He prescribed XXX under the name of a patient which he then administered to himself. It was also noted that Dr Sandles had XXX in his room and had made attempts to dispose of XXX before being escorted away from the surgery.
10. Dr Sandles XXX. He was suspended from the Medical Performers list on 31 July 2020.
11. Dr Sandles was investigated and charged by the police for the use of a false prescription for a scheduled drug with intent. Dr Sandles pleaded guilty to this charge and

was convicted at the Crown Court. He was sentenced to an 18 month Community Order and order to complete 140 hours of unpaid work and 20 Rehabilitation Activity Requirement days.

12. XXX

13. XXX

14. In July 2021, an Interim Orders Tribunal (the 'IOT') imposed conditions on Dr Sandles' registration stipulating that he must not prescribe, administer, or have primary responsibility for drugs listed in schedules 2–5 of the Misuse of Drugs Regulations 2001, or prescribe any drugs for himself, or anyone with whom he had a close personal relationship. These conditions remained in place until 28 July 2022.

15. XXX

16. XXX

The Evidence

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

- Ms E, Practice Manager at Church Langley Medical Practice;
- Ms F, Area Manager for Enimed Ltd.

18. Dr Sandles provided his own witness statement, dated 21 May 2024, and also gave oral evidence at the hearing.

19. XXX

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

- Dr Sandles' certificate of conviction, dated 15 March 2022, stating that on 20 December 2021 in the North Essex Magistrates' Court sitting in Chelmsford, upon his own confession, Dr Sandles was convicted of '*Use of false prescription for a scheduled drug with intent*'. It also stated that, on 3 February 2022 in The Crown Court at Chelmsford, Dr Sandles was sentenced to an 18 month Community Order and

ordered to complete 140 hours unpaid work and 20 Rehabilitation Activity Requirement days.

- Transcript of HHJ G’s sentencing remarks, dated 3 February 2022, and Dr Sandles’ Rule 7 response, dated 23 August 2023.
- Dr Sandles’ reflective statement, dated 21 May 2024.
- Dr Sandles further reflective statement dated 21 May 2024
- XXX
- XXX
- XXX

Submissions

On behalf of the GMC

21. Mr Williams submitted that misconduct can be viewed by whether fellow professionals find the conduct deplorable. In this case, the misconduct occurred in a clinical setting, posing risks to patients and involving breaches of conditions. Dishonesty, central to the medical profession, constitutes a breach of trust and disregard for regulatory processes. Good medical practice emphasizes integrity, honesty, and putting patients first, all of which Dr Sandles breached.

22. Mr Williams reminded the Tribunal that the offences in question were serious enough to be escalated to the Crown Court. The sentencing judge's remarks highlighted the gravity of the conviction, and Mr Williams invited the Tribunal to review these remarks when considering impairment. Although conviction is a ‘species of its own’, it significantly impacts the assessment of Dr Sandles’ fitness to practice.

23. XXX. Mr Williams stated that there was a clear connection between XXX and his misconduct and conviction, which possibly could make his actions less shocking to a member of the public.

24. XXX

25. XXX

26. Mr Williams submitted that the tribunal must aim to uphold proper standards and behaviour, mark the seriousness of Dr Sandles’ actions, and ensure compliance with conditions. Protective measures focus on safeguarding patients, colleagues, and the profession's reputation.

27. Mr Williams stressed the importance of a thorough and forward-looking assessment of Dr Sandles' fitness to practice, considering the severity of the misconduct, the impact of the conviction, and the ongoing XXX that contribute to the risk of future impairment.

28. Mr Williams concluded that on XXX grounds—misconduct, conviction, XXX—Dr Sandles is currently impaired. He stated that this assessment was informed by past behaviour and future risks, emphasising the importance of maintaining standards and protecting patients.

On behalf of Dr Sandles

29. Ms Harris submitted to the Tribunal that Dr Sandles' position was clear: he conceded that the facts related to Paragraphs 1, 5, 6, and 7 of the Allegation amounted to misconduct and did not dispute that his fitness to practice is impaired. She stated that this admission simplified the Tribunal's task by focusing on the assessment of the admitted facts and their implications.

30. While Dr Sandles acknowledged that his actions constitute misconduct, Ms Harris submitted that his behaviour occurred during XXX. She suggested that this context was important, as XXX were a significant factor behind the misconduct.

31. Regarding specific allegations, for Paragraphs 1(a) and 1(b) of the Allegation, Ms Harris submitted that there appears to be no specific evidence from Ms E relating to June. However, she reported several incidents within the dates of the charge, including events on 17, 21, 22, and 24 July 2020. Evidence of XXX was noted in a complaint form and a XXX, although the dates were not entirely clear. Nevertheless, Dr Sandles has fully admitted to these allegations, which is to his credit, as indicated in his Rule 7 letter dated 23 August 2023.

32. For allegations 5, 6, and 7, Ms Harris noted that Dr Sandles' practice was subject to an Interim Order of Conditions from 21 July 2021. He admitted to obtaining medication for his own use via eight false prescriptions and acknowledged the dishonesty in actions at Paragraphs 5(b) and 6(b) of the Allegation, as well as breaching GMC conditions. Dr Sandles agreed in evidence that a fellow professional would find his actions "deplorable."

33. Ms Harris submitted that Dr Sandles has expressed remorse and shame, including during meetings with XXX, in his Rule 7 letter, and in his witness statement. He also formally apologized to the Tribunal while giving evidence on oath. Ms Harris emphasises that the

behaviour leading to the misconduct and conviction is linked to XXX, which should be considered by the Tribunal when making their determination on current impairment.

34. Regarding Paragraphs 1(a) and 1(b) of the Allegation, Ms Harris submitted that the behaviour leading to these charges was a clear manifestation of XXX at the time. The misconduct, which involved being under the influence of drugs at work, is capable of remedy through acceptance, reflection on its seriousness, its consequences, and its impact on others. XXX.

35. For Paragraphs 2 and 3 (conviction) and 5, 6, and 7 (misconduct) of the Allegation, which involve the dishonest use of false prescriptions to obtain medication for himself, Ms Harris invited the Tribunal to conclude that this dishonesty is also capable of remedy. XXX. Remedying this misconduct involves acceptance and reflection on the seriousness of the dishonesty, its consequences, and its impact on others, as well as XXX.

36. Ms Harris submitted that, while the focus should be on XXX to reduce the risk of recurrence of misconduct, it was also important to acknowledge that Dr Sandles has taken significant steps to remedy his dishonest conduct XXX. He has reflected extensively on his misconduct, including his dishonest conduct and breach of GMC conditions. Evidence of his reflections can be found in his witness statement, his participation in a probity and ethics course, his reflective statements, XXX, and various testimonials. These documents demonstrate that Dr Sandles has developed a good understanding of the impact of his behaviour on patients, colleagues, his family, the public, and the regulator, including its reputation and credibility. Ms Harris suggested that this all shows Dr Sandles' deep insight into his misconduct and conviction. He has recognised the importance of personal and professional integrity, the potential harm to public confidence in the profession, and the need to maintain trust in the NHS and GMC.

37. Regarding the risk of repetition, Ms Harris submitted that the extensive evidence within the testimonials indicates that Dr Sandles is honest and trustworthy XXX, with commendable values and a strong moral compass. She added that the risk of repetition is closely linked to XXX yet Dr. Sandles has accepted his wrongdoing from the outset, which is key to reducing the risk of repetition. XXX.

38. XXX

39. XXX

40. XXX

41. XXX

42. Ms Harris outlined that Dr Sandles has fully admitted his misconduct and accepted responsibility for his actions. She stressed that XXX. Ms Harris submitted that this point was acknowledged by the GMC. Ms Harris explained that Dr Sandles did not dispute that his fitness to practice was impaired XXX. He recognised that if he were allowed to work, supportive conditions would be necessary. This acknowledgment showed his insight XXX.

43. XXX

44. Ms Harris concluded that Dr Sandles himself acknowledged that he should only work with restrictions and safeguards, affirming that his fitness to practice is impaired XXX. While his behaviour represents a serious departure from expected standards, the Tribunal must consider the strong link between his misconduct and XXX, as well as the wider public interest in upholding professional standards.

The Relevant Legal Principles

45. The LQC advised the Tribunal that at this stage of proceedings, there is no burden or standard of proof, and the decision on impairment is a matter for the Tribunal's judgement alone.

46. In approaching its decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct which is serious and then whether the finding of misconduct could lead to a finding of impairment.

47. The Tribunal must determine whether Dr Sandles' 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 and, have been remedied and any likelihood of repetition.

48. Whilst there is no statutory definition of impairment, the Tribunal is assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report. This guidance said that any of the following factors are likely to be present when a doctor's fitness to practise is found to be impaired. These are where the Doctor:

- 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 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; and/or*
- d. *Has in the past acted dishonestly and/or is liable to act dishonestly in the future.*

49. The LQC advised that in relation to insight and remediation the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin)* ruled that at the impairment stage, a tribunal ought to take account of evidence and/or submissions from both the doctor and the GMC that the doctor's failings and ask:

1. Are the proven concerns about the doctor's behaviour, skills, performance or health remediable?
2. Have the concerns about the doctor's behaviour, skills, performance or health been remedied?
3. Are the concerns about the doctor's behaviour, skills, performance or health highly unlikely to be repeated

50. The Tribunal recognised that when considering impairment, it should have particular regard to the statutory overarching objective:

- a. *To protect, promote and maintain the health, safety and wellbeing of the public;*
- b. *To promote and maintain public confidence in the medical profession; and*
- c. *To promote and maintain proper professional standards and conduct for members of that profession.*

The Tribunal's Determination

Misconduct

51. The Tribunal began by considering if Dr Sandles' actions, as found proved, amounted to misconduct. The Tribunal noted that there had been two periods of misconduct and gave consideration to each.

52. The Tribunal noted that the entirety of the Allegation was admitted by Dr Sandles and that he had conceded his actions amounted to misconduct.

53. The Tribunal had regard to the following paragraphs of Good Medical Practice (2013) ('GMP') which they considered to be engaged:

"1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.

XXX

34 When you are on duty you must be readily accessible to patients and colleagues seeking information, advice or support.

36 You must treat colleagues fairly and with respect.

37 You must be aware of how your behaviour may influence others within and outside the team.

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

Misconduct 1

54. The Tribunal first considered Paragraph 1 of the Allegation and the actions of Dr Sandles between the 12th June 2020 and 24th July 2020.

55. The Tribunal reminded itself that Dr Sandles had been working whilst under the influence of drugs and had on the 24th July 2020 XXX. The Tribunal noted that the misconduct occurred in a clinical setting, on more than one occasion over a period of a number of weeks. Patients need good and trustworthy doctors, and the Tribunal considered that as Dr Sandles had continued to work as a GP whilst under the influence of drugs, he had clearly put his patients at risk of harm during this period. His actions were a clear and serious breach of paragraphs 1 and 65 and the Tribunal were in no doubt that these actions would be considered deplorable by members of the public.

56. The Tribunal had regard to the witness statement of Ms E dated 12th January 2024 which stated that Dr Sandles was the GP on duty on 17th July 2020 at the Church Langley Medical Centre and that he was the only GP Partner in the building at that time. Dr Sandles

was observed to have left the building on multiple occasions when he was responsible for the care of patients. Further, he was uncontactable as he did not answer his phone. This put additional pressure on his colleagues, who were concerned for his wellbeing but also were concerned that they had been left at the surgery without a doctor. The Tribunal considered that this put patients at potential risk of harm and was a clear breach of paragraphs 1, 34, 37 and 65 of GMP.

57. In conclusion, the Tribunal determined that Dr Sandles' behaviour which formed the basis of Paragraph 1 of the Allegation was a significant and serious departure from Paragraphs 1, 28, 34, 37 and 65 of GMP and there could be no doubt that the misconduct was serious.

Misconduct 2

58. The Tribunal next considered Paragraph 4, 5, 6 and 7 of the Allegation and the actions of Dr Sandles between 6th April 2022 and 22nd June 2022.

59. It noted, as set out in paragraph 4 of the Allegation, that Dr Sandles' practise was subject to Interim conditions during this time period. The Tribunal was in no doubt that breaching these conditions was a clear and serious departure from the principles set out in Paragraphs 1 and 65 of GMP.

60. The Tribunal reminded itself that Dr Sandles had admitted that he had administered drugs to himself whilst working as a GP during the time in question. It noted that this had occurred in a clinical setting and had continued over a period of months. The Tribunal found that by falsely prescribing controlled drugs for a named patient which he intended to use for himself, he had abused his position as a doctor. When challenged by a pharmacist about one of the prescriptions, Dr Sandles persisted in his deception by offering a false explanation for the need to prescribe additional medication. The Tribunal found this was unacceptable behaviour, was conduct which fellow practitioners would consider deplorable and therefore was a clear and serious breach of paragraphs 1, 34, 36, 37 and 65 of GMP.

61. The Tribunal reminded itself that Dr Sandles had admitted that he had acted dishonestly. The Tribunal reminded itself that dishonest behaviour was considered a matter of the upmost seriousness.

62. XXX

63. The Tribunal accepted that XXX during this period of misconduct and that, taking this fact into consideration, this does have a bearing on the moral culpability of the seriousness of the misconduct but does not fully excuse it.

64. In all the circumstances, the Tribunal determined that Dr Sandles' behaviour which formed the basis of Paragraph 4, 5, 6 and 7 of the Allegation was a significant and serious departure from GMP and that the Tribunal was in no doubt that they were serious misconduct.

Impairment due to Misconduct

65. The Tribunal then went on to determine whether Dr Sandles fitness to practise was impaired as a result of his misconduct.

66. The Tribunal had regard to the statement of Ms E dated 12 January 2024. Ms E set out that on 24 July 2020 whilst working at the GP Practice:

“Dr Sandles kept trying to type in his name to unlock the computer and he couldn't do it saying he'd been trying to get into the computer but it kept logging him out and then it had locked him out.”

67. The Tribunal was satisfied that as Dr Sandles was so severely affected by the drugs he had administered to himself that there could be no doubt that Dr Sandles actions had placed patients at unwarranted risk of harm

68. The Tribunal was further satisfied that by being at work whilst under the influence of drugs XXX, Dr Sandles had breached some of the fundamental tenets of the medical profession and had brought the medical profession into disrepute.

69. The Tribunal next went on to consider whether the misconduct is easily remediable, whether it has been remedied, and whether it is highly unlikely to be repeated. In so doing, it had regard to the content of Dr Sandles' signed witness statement, (dated 21 May 2024) and oral evidence, and considered factors such as the triggers for his offending, his level of insight into his behaviour, the steps taken to address the triggers and to remediate the conduct, and whether he has demonstrated remorse.

70. In relation to the “triggers” for his offending, the Tribunal referred to Dr Sandles witness statement as to what he said led to his actions in 2020:

“Between mid 2016 and July 2020 there were several significant challenges encountered by the partnership and the surgery XXX.”

71. XXX

72. Dr Sandles also referred to a particular incident at work which involved a child who had suffered a respiratory arrest and he commented that “... *this was the final straw XXX*”. He further commented that *“in February 2020, after what had been an overwhelming 3-month period emotionally for me, I XXX”*.

73. XXX

74. The Tribunal had consideration to Dr Sandles dishonesty and bore in mind that dishonesty is difficult to remediate. As Dr Sandles’ dishonest behaviour was closely linked to XXX the Tribunal concluded that it was possible that Dr Sandles could remediate his behaviour through his insight and actions XXX.

75. The Tribunal went on to consider whether the behaviour had been remediated and had regard to the list of actions that Dr Sandles has undertaken as set out by Ms Harris in her written submissions. She stated,

“as a result of the remedial steps undertaken by Dr Sandles it is clear he has developed very good insight and understanding into his misconduct and conviction including (in no particular order):

- a. The impact of his behaviours on patients;*
- b. The impact of his behaviours on colleagues;*
- c. The impact of his behaviours on his family;*
- d. The impact of his behaviours on the public as a whole;*
- e. The impact of his behaviours on the regulator – particularly its reputation/credibility when conditions are breached; the fact that his actions placed the GMC into a “difficult situation” and could damage the public trust in the GMC;*
- f. The importance of personal and professional integrity;*
- g. How misconduct, and in particular dishonesty and damage public confidence in the profession;*
- h. How it is essential for doctors to ensure that public trust in the NHS and GMC is maintained;*
- i. How his behaviour has potentially undermined and harmed that trust;*
- j. How his actions breached trust and investment in him (by NHS);*

- k. How lack of trust in healthcare can deter patients from accessing health care or potentially not feeling able to fully disclose information to their clinicians;*
- l. The fact that his behaviour had the potential to put patients at risk and caused harm to the medical profession;*
- m. How serious his actions were “the magnitude of the personal professional and moral consequences of my actions on myself, my family, my former colleagues, and importantly the wider profession, the NHS and GMC”*

...

Dr Sandles’ insight has developed even further through reflection, and attendance on appropriate courses...His insight is also demonstrated by the following (amongst other matters):

- a. The readiness with which he has disclosed his behaviour;*
- b. His full engagement with the GMC investigation and these proceedings;*
- c. His acceptance of the wrongdoing in his Rule 7 response;*
- d. His full acceptance of her behaviour in his formal witness statement;*
- e. His unreserved and repeated apologies;*
- f. His expressions of regret and remorse;*
- g. His formal admissions the outset of the hearing;*
- h. His openness generally – and in particular with the GMC, the Tribunal and the XXX.”*

76. The Tribunal considered that it was apparent from Dr Sandles’ witness statement and oral evidence that he has developed meaningful insight into the inappropriateness of his behaviour. He clearly understands the magnitude and gravity of the behaviours which led to the misconduct and describes himself as being “*deeply ashamed*” by his behaviour. Through his remediation, he has recognised that his conduct has damaged the reputation of the profession.

77. The Tribunal reminded itself of its duty under the overarching objective to protect, promote and maintain the safety and wellbeing of the public, public confidence in the profession and proper professional standards. The Tribunal considered that Dr Sandles’ misconduct was so serious as to engage all three limbs of this objective.

78. XXX

79. The Tribunal accepted that Dr Sandles was on a journey of wellbeing. He had better insight XXX and had started the process of remediation. The Tribunal also noted that it had only been 22 months since this journey began and that Dr Sandles misconduct XXX.

80. In all the circumstances, the Tribunal determined that Dr Sandles' fitness to practise is currently impaired by reason of his misconduct.

Impairment due to Conviction

81. The Tribunal then went on to determine whether Dr Sandles' fitness to practise was impaired as a result of his conviction.

82. The Tribunal reminded itself that Dr Sandles was convicted of using false prescriptions for a scheduled drug with intent between 21 February 2020 and 24 July 2020.

83. The Tribunal noted that Dr Sandles' misconduct was of such a serious nature that the conviction was not dealt with at the Magistrates Court but instead was escalated to the Crown Court, which holds greater sentencing powers. It further noted the Certificate of Conviction and Dr Sandles' sentencing.

84. In reaching its conclusion that the conviction amounted to a serious departure from the standards expected of a Doctor, the Tribunal had regard to the nature and seriousness of Dr Sandles' conviction. It bore in mind that he was convicted of use of a false prescription for a scheduled drug with intent which fellow professionals would find deplorable. He was only able to carry out this misconduct as a result of his special position as a doctor and the Tribunal were in no doubt that the public would find these actions a disgraceful abuse of his position.

85. The Tribunal reminded itself that the offence for which Dr Sandles was convicted was carried out within a clinical setting and in his role as a doctor. Dr Sandles had abused his position as a doctor who could prescribe drugs in order to obtain controlled substances XXX, through illegally prescribing for himself.

86. The Tribunal took into account the sentencing remarks of HHJ G who sentenced Dr Sandles' at the Crown Court, dated 3 February 2022. They stated:

"You (Dr Sandles) agree and accept that you did put patients at risk as a result of your actions in falsifying medical records, although it is observed that no patients were in fact harmed and the position has now been remedied. There is no suggestion and I have already observed the prosecution agree with this that you sold any of the medication for gain. It was for your own use XXX...

You were a partner in a GPs practice and you were a practising doctor. You prescribed medication for your own use which you would not have been able to do had you not

been a doctor. Prescription medication as you know only too well is that for a reason and you exploited your position as a GP in order to obtain that, in circumstances where another GP would have been unlikely to prescribe it to you, and you therefore abused your professional position for your own ends.”

87. The Tribunal considered that the nature and seriousness of the conviction brought the profession into disrepute. Members of the public place their trust in registered Doctors and expect Doctors to maintain the highest standards of behaviour in order to justify that level of trust. The Tribunal was in no doubt that members of the public would be appalled to learn that a registered Doctor has a conviction for prescribing controlled substances for himself to use whilst at work and whilst responsible for the care of patients.

88. The Tribunal determined that the conviction breached some of the fundamental tenets of the profession which require Doctors to act with integrity, follow the law, and act in a way which justifies the trust that members of the public place in registered Doctors.

89. The Tribunal decided that the conviction for self-prescribing is not a matter which is “easily remediable”. This is because it relates to behaviour which is XXX. However, it concluded that it would be possible to remediate and/or manage the conduct which led to the conviction with appropriate interventions and behavioural management XXX.

90. The Tribunal accepted that Dr Sandles remorse was genuine. It noted from his witness statement that he understands the gravity of his offending and its impact on others.

91. The Tribunal concluded that Dr Sandles has engaged in a process of remediation which has assisted him in understanding and managing XXX his behaviour. His support network has improved, and he now has a framework of strategies to manage his behaviour to try to ensure it will not be repeated. XXX.

92. XXX

93. In all the circumstances the Tribunal was satisfied that public confidence in the profession would be seriously undermined if no finding of impairment was made, and proper professional standards would not be maintained. The Tribunal therefore concluded that a finding of impairment was necessary both to maintain public confidence in the medical profession, and to ensure that proper professional standards are maintained.

94. The Tribunal therefore concluded that Dr Sandles’ fitness to practise is impaired because of his conviction.

XXX

95. XXX

96. XXX

97. XXX

98. XXX

99. XXX

100. XXX

101. XXX

102. XXX

103. XXX

104. XXX

105. XXX

106. XXX

107. XXX

108. XXX

109. The Tribunal has therefore determined overall that Dr Sandles' fitness to practise is impaired by reason of XXX, conviction and misconduct.

Determination on Sanction - 12/06/2024

110. This determination will be handed down in private due to references to XXX. However, as this case concerns Dr Sandles' misconduct, conviction XXX, a redacted version will be published at the close of the hearing.

111. Having determined that Dr Sandles' fitness to practise is impaired by reason of his misconduct, conviction XXX, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

112. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

On behalf of the GMC

113. Mr Williams submitted that a period of suspension with a review would address the Tribunal's concerns regarding Dr Sandles' impaired fitness to practise, asserting it as the most appropriate measure given the circumstances of the case.

114. Mr Williams stressed the importance of acting proportionately, stating that the suspension would not be meant as a punishment but to satisfy the overarching objective of the Tribunal. He argued against both no action, which he deemed inappropriate, and erasure, which he said was unnecessary due to the strong link between XXX and his misconduct.

115. Mr Williams navigated through the Tribunal's determination on facts and impairment, underscoring key points. He cited specific paragraphs to highlight the seriousness of the misconduct, the breach of Good Medical Practice 2013 (GMP), and the Tribunal's recognition of XXX as a contributing factor. He emphasised that while XXX, they do not fully excuse it, necessitating a sanction that reflects public interest and patient safety.

116. Mr Williams acknowledged Dr Sandles' journey towards remediation and the insight he has developed but maintained that XXX. He presented this as a reason for a short suspension, which would allow Dr Sandles to continue his progress and further reduce the risk of repetition.

117. On the issue of conditions versus suspension, Mr Williams outlined the factors that might make conditions appropriate, such as the doctor's insight and willingness to comply. However, he pointed out Dr Sandles' past non-compliance with interim order conditions, XXX.

118. Finally, Mr Williams addressed the public interest element, asserting that the seriousness of the case, particularly the criminal conviction, required a clear marking through suspension. He suggested that the public would expect a suspension to uphold standards and reflect the gravity of the misconduct. He concluded without specifying an exact duration for the suspension but suggested that it should be short, potentially under six months, balancing the need for further remission and public interest.

On behalf of Dr Sandles

119. Ms Harris submitted that Dr Sandles is an excellent doctor when XXX and emphasised that his return to practice would greatly benefit the profession and public. She noted his significant efforts over the past two years to XXX, reflected in his commitment to continuous professional development (CPD) as he became more stable. She added that Dr Sandles has successfully rebuilt his family relationships, further demonstrating his sense of duty and commitment. Despite not working as a GP, Ms Harris submitted that Dr Sandles took on other roles to support his family, showcasing his dedication and responsibility. XXX.

120. XXX

121. XXX

122. XXX

123. XXX

124. Ms Harris also highlighted that the Tribunal also noted the potential for remediation through improved insight and XXX. Dr Sandles' dishonest behaviour and conviction were integrally linked to XXX, reinforcing the need for a proportionate and appropriate outcome in this case.

125. Ms Harris noted several mitigating factors from paragraph 25 of the Guidance that apply to this case. Dr Sandles has demonstrated significant insight into his misconduct and conviction, acknowledged the seriousness of his actions and their impact on others and the profession. Ms Harris submitted that Dr Sandles has made substantial efforts to address and remediate the issues, including engaging in relevant CPD courses and reflecting on his actions since July 2022. His attempts at remediation illustrate his commitment to preventing recurrence and maintaining professional standards.

126. Ms Harris highlighted Dr Sandles' full and public apology and his efforts to prevent the behaviour from recurring. He has been open and honest throughout the GMC investigation and this hearing. Ms Harris submitted that the Tribunal should consider the stressful circumstances under which the incidents occurred, including the COVID-19 pandemic and personal bereavements. Ms Harris also pointed out the lapse of time since the incidents and the extensive work Dr Sandles has done to address his misconduct. She stated that the testimonials from various individuals who know Dr Sandles well provide strong support for his character and efforts.

127. In relation to dishonesty, Ms Harris acknowledged that Dr Sandles' conduct was serious and repeated XXX. Paragraphs 120 to 128 of the Guidance on dishonesty are relevant, but strong personal mitigation should be considered in determining the appropriate sanction. Ms Harris argued that while dishonesty cases often result in severe sanctions, the Tribunal should consider the powerful mitigation in this case. Dr Sandles' XXX had a bearing on his culpability, and his full admissions and cooperation throughout the process should be taken into account. She urged the Tribunal to consider a course of action that reflected the unique circumstances and significant mitigation in this case.

128. Ms Harris acknowledged that no further action was not a suggested option and while undertakings could be used similarly to conditions, the formal nature of conditions was deemed necessary due to the case history.

129. Ms Harris noted that the Tribunal found Dr Sandles' fitness to practice impaired due to misconduct, conviction, XXX. Given the exceptional circumstances, Ms Harris suggested that an order of conditions was considered appropriate and proportionate, ensuring Dr Sandles can return to practice safely under restrictions. The Guidance suggests conditions are suitable in cases XXX and when the doctor has insight and is likely to comply with conditions. Conditions should be appropriate, workable, and measurable, and include XXX and workplace supervision. Ms Harris submitted that conditions were sufficient for public protection due to XXX. She reminded the Tribunal that sanctions should not be punitive, and conditions can be effective if there has been a material change in circumstances. XXX.

130. Ms Harris acknowledged the serious nature of the conviction and misconduct but argued that the least restrictive sanction that meets the overarching objective should be imposed. Given the exceptional mitigation and expert evidence linking Dr Sandles' misconduct to XXX, a period of conditional registration would be most appropriate. She stated that the public interest had been addressed by the finding of impairment, and appropriate safeguards would allow Dr Sandles to return to practice, serving the public better than continued suspension.

131. Ms Harris submitted that suspension was unnecessary for XXX, as Dr Sandles is fit to practice with restrictions. The public interest has already been served by the finding of impairment and a review will allow the Tribunal to set expectations for Dr Sandles and ensure any residual concerns are addressed, facilitating his return to work as a highly valued GP who has shown remorse and commitment to the profession. Ms Harris submitted that the appropriate and proportionate sanction is one that enables Dr Sandles to return to work as soon as possible, balancing public interest and allowing him to contribute to the medical profession while maintaining necessary safeguards.

The Relevant Legal Principles

132. The decision as to the appropriate sanction, if any, to impose in this case is a matter for the Tribunal exercising its own judgement. In reaching its decision the Tribunal should take into account any mitigating and aggravating features in the case and weigh them accordingly and consider these in conjunction with the Sanctions Guidance (February 2024 edition) ('the SG') and the statutory overarching objective: protecting and promoting the health, safety and well-being of the public, promoting and maintaining public confidence in the profession and promoting and maintaining proper professional standards and conduct.

133. The Tribunal reminded itself that the main reason for imposing any sanction is to protect the public and that sanctions are not imposed to punish or discipline doctors, even though they may have a punitive effect. In making its determination the Tribunal considered the least restrictive sanction first, before moving on to consider the other available sanctions in ascending order of severity. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Sandles' interests with the public interest.

The Tribunal's Determination on Sanction

Aggravating and Mitigating Factors

134. The Tribunal has already set out its decision on the facts and impairment which it took into account during its deliberations on sanction. Before considering what action, if any, to take in respect of Dr Sandles' registration, the Tribunal considered and balanced the aggravating and mitigating factors in this case.

135. The Tribunal determined that Dr Sandles has demonstrated that he has insight into his behaviour. It noted that he admitted to the Allegations and through these proceedings has expressed sincere apologies to his profession and regulator. Dr Sandles has recognised the

people he has affected and he is making efforts to apologise and repair those relationships. He stated in his evidence that he is “*working on repairing himself*” and “*readjusting his moral compass*”.

136. The Tribunal considered the remediation work which Dr Sandles had undertaken. It noted that Dr Sandles has taken steps to remediate and address his actions through appropriate courses and he is engaged in Continuing Professional Development (‘CPD’).

137. XXX

138. XXX

139. XXX

140. The Tribunal had regard to the testimonials and noted the number of positive, and many glowing, testimonials submitted on Dr Sandles’ behalf. The Tribunal accepted that these testimonials substantiated other evidence that Dr Sandles was a competent and well-liked doctor. The Tribunal noted that a large number of the testimonials related to Dr Sandles XXX and that their relevance to the findings of the Tribunal on the matter to which Dr Sandles is impaired is therefore limited.

141. The Tribunal reminded itself of the circumstances in which Dr Sandles’ offending took place. The Tribunal had regard to the precipitating period leading up to Misconduct 1 (2020) and accepted that XXX. It referred to the statement of Ms E dated 12th January 2024, in which she stated,

“During these same few months, numerous staff raised concerns with me about Dr Sandles including reception staff and healthcare assistants (‘HCA’), everyone except the other GP partners. As soon as anything was raised with me, I would go down and see Dr Sandles and check that he was OK. I was older than Dr Sandles and it was a bit like having a teenage son and I just wanted to shake him and say, ‘Come on’. I just felt sorry for him. Dr Sandles was working so hard at the time, XXX, and he was fed up of Covid; these are the things he was saying to me. He looked tired XXX. It was clear that Dr Sandles didn’t have the support he needed from the other partners. It was only ever one partner that was present at any one time in the practice, never all in together. I did mention to Dr H and Dr I that Dr Sandles wasn’t himself and they said they’d talk to him. Their general response was that he’s OK. I mentioned something because of the staff concerns that were being raised with me and my concerns for him as a person. XXX.”

142. The Tribunal accepted that he was struggling in his personal life as well as working in isolation from his medical colleagues as a result of the COVID-19 pandemic. XXX.

143. XXX.

144. The Tribunal considered the lapse in time since Dr Sandles' misconduct, conviction XXX. Further, the Tribunal accepted that Dr Sandles was now more engaged XXX than he had been on previous occasions and was working towards developing new coping strategies against stressors that may arise in his life. The Tribunal was of no doubt that these efforts should be applauded and taken into consideration.

145. However, the Tribunal were mindful of its findings that working as a GP appeared to be a significant stressor for Dr Sandles and that whilst returning to work may alleviate some financial pressures for him, it may also put additional stress XXX.

146. The Tribunal then went on to consider the aggravating factors in this case. It noted that this was not the first time that Dr Sandles has appeared before his regulator in reference to XXX. He has had previous investigations and findings dating back to 2011 as well as conditions imposed on his registration by an Interim Orders Tribunal in 2021. The Tribunal had regard to Paragraph 4 of the Allegation and noted that Dr Sandles conditions placed restrictions on his prescribing rights, yet despite this, he had managed to prescribe and obtain drugs which he then administered to himself, thus breaching these conditions.

147. The Tribunal further noted that Misconduct 1 (2020) was very similar to Misconduct 2 (2022) evidencing both repetition and a lack of timely insight. It further noted that both episodes of misconduct occurred over a period of a number of weeks/months. With regard to Misconduct 2 (2022), Dr Sandles had admitted and been found to have acted dishonestly. The Tribunal noted that he had covered up his dishonesty for a number of months by using his patients' names to obtain controlled drugs. The Tribunal deemed this to be calculated and deliberate.

148. The Tribunal reminded itself of its previous findings, that Dr Sandles had abused his position as a doctor. It noted that this was not only because Dr Sandles had the ability to write prescriptions for his own personal use but also because he was in a trusted position to be able to access patient information and from this he was able to identify patients whose clinical circumstances would have justified the prescription drugs which Dr Sandles wanted.

149. The Tribunal reminded itself that Dr Sandles' misconduct occurred while he was at work and responsible for patients which was a serious failure that put patients at risk and undermined public confidence in the profession. The Tribunal considered that Dr Sandles knew that XXX, yet he did not put steps in place to protect patients while he was responsible for them. In addition to this, the Tribunal bore in mind that Misconduct 2 (2022) had occurred whilst Dr Sandles was under conditions and after he had been sentenced in the Crown Court following a conviction for the same offence in a matter of weeks earlier.

150. XXX

151. XXX

152. The Tribunal balanced the aggravating and mitigating factors throughout its deliberations and went on to consider each sanction in order of ascending severity, starting with the least restrictive.

No action

153. The Tribunal first considered whether to conclude the case by taking no action. It noted that to take no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

154. The Tribunal was satisfied that there were no exceptional circumstances in Dr Sandles' case which could justify it taking no action. It determined that, given the Tribunal's findings in respect of impairment, to take no action, would not be sufficient, proportionate or in the public interest.

Conditions

155. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Sandles' registration. It had regard to paragraphs XXX, 82 and 84 of the SG, which state:
XXX

82 Conditions are likely to be workable where:

a the doctor has insight

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

c the tribunal is satisfied the doctor will comply with them

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

...

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

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

156. The Tribunal noted Ms Harris' submissions and acknowledged that conditions may, in some circumstances, be an appropriate sanction to support a doctor XXX. However, it reminded itself that this case was not XXX but also involved serious misconduct and a conviction related to drug offences. Conditions might be appropriate for XXX, but this was a mixed case involving multiple serious factors.

157. XXX

158. The Tribunal must consider public confidence, public safety, and upholding professional standards and must ensure that any actions taken address the overarching objective.

159. In conclusion, the Tribunal was also of the view that conditions were not appropriate due to the multifaceted nature of the case, the serious misconduct involved, and the need to uphold public interest, safety and the standards of the profession. It determined that more stringent measures were necessary to address the issues comprehensively. Therefore, the Tribunal concluded that imposing conditions on Dr Sandles' registration would not be appropriate and proportionate and would not meet the overarching objective.

Suspension

160. The Tribunal then considered whether an order of suspension would be appropriate and proportionate in these circumstances.

161. The Tribunal has borne in mind paragraphs 91, 92, 93 and 97 of the SG

91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore

from earning a living as a doctor) during the suspension, although this is not its intention.

92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).

93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions...

...

97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate

a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.

b ...

xxx

d ...

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

f No evidence of repetition of similar behaviour since incident.

g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.'

162. The Tribunal determined that Dr Sandles' behaviour would be considered as deplorable and warranted a significant response to mark its gravity. This case involved serious misconduct as well a conviction for a criminal offence.

163. The Tribunal bore in mind that Dr Sandles' behaviour, particularly while on duty, posed a significant risk to patient safety. Furthermore, public confidence in the medical profession would be severely undermined if a doctor who exhibited such serious misconduct was not appropriately sanctioned. The Tribunal were of the view that if the public knew that a doctor was on duty as a GP whilst incapacitated XXX this would profoundly damage the public trust and confidence in the profession.

164. XXX

165. The Tribunal concluded that paragraph 97 (a), (c), (g) of SG were engaged and that these indicated that suspension could be the appropriate and proportionate sanction.

166. The Tribunal further noted that paragraph 97 (e) and 97 (f) were engaged and had regard to Misconduct 2 (2022) and also to Dr Sandles previous breach of the conditions imposed by the IOT. XXX.

167. XXX

168. XXX

169. In all the circumstances, the Tribunal considered that although there was a repetition and unsuccessful attempt at remediation in 2022, it accepted that these incidents occurred in the context of XXX. The Tribunal concluded that this provided a robust mitigation which reduced the moral culpability of Dr Sandles' actions. The Tribunal was therefore satisfied that suspension could still be a proportionate and appropriate sanction and uphold the public interest.

170. The Tribunal considered whether Dr Sandles' continued registration would be fundamentally incompatible and had consideration of the seriousness of its findings and the overarching objective. It specifically had regard to paragraphs 109 (a), (b), (d), (h) and (i) of the SG, which provide:

'109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.

b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.

...

d Abuse of position/trust...

...

h dishonesty, especially where persistent and/or covered up

i putting their own interests before those of their patients

j ...'.

171. The Tribunal considered that Dr Sandles had demonstrated a deliberate or reckless disregard for the principles set out in GMP. Whilst recognising XXX, the Tribunal noted that his behaviour was not purely accidental but involved a level of deliberate action and choice. The Tribunal acknowledged that in early 2020, Dr Sandles was XXX, and thus his self-prescription of controlled drugs was a significant and very serious development XXX.

172. XXX

173. Having carefully considered the options before it, the Tribunal reached the conclusion that the facts of this case were finely balanced and that there were a number of aggravating factors which could denote that erasure would be the appropriate sanction. However, the Tribunal reminded itself that it had concluded that this was offending which was closely linked with XXX and therefore there was scope for Dr Sandles, if given more time, to fully remediate his actions and XXX.

174. Accordingly, having looked at matters in the round, the Tribunal concluded that, at this point, this case was not one where the misconduct was '*fundamentally incompatible with continued registration*' and that erasure would be punitive and disproportionate.

175. The Tribunal had further regard to the testimonials which show that Dr Sandles is a highly regarded, well liked and competent doctor, when XXX. The Tribunal therefore considered that it was also in the public interest to allow an otherwise good and experienced doctor to remain on the register in order to allow him the opportunity to attain XXX.

176. The Tribunal considered that it was essential to maintain the integrity of the medical profession, and Dr Sandles' behaviour was unequivocally unacceptable. A strong message must be sent that such conduct was unacceptable, thereby reinforcing the standards expected of medical professionals and ensuring a deterrent for similar behaviour in the future.

177. In light of the above, the Tribunal determined that a period of suspension would be an appropriate and proportionate sanction balancing Dr Sandles' interests with those of the public. This would protect, promote and maintain the health, safety and well-being of the public whilst it was in effect. Additionally, it would still have the sufficiently deterrent effect of sending a signal to Dr Sandles, the profession and the public that his misconduct was unbecoming of a registered doctor and would not be tolerated.

178. A period of suspension would also allow Dr Sandles time to further develop his insight and demonstrate further remediation. This would, in turn, potentially enable a future Tribunal to be satisfied that Dr Sandles' XXX was fully embedded and that his actions were less likely to be repeated.

179. The Tribunal determined therefore that an order of suspension was required in this case. It then went on to determine the length of the suspension.

Length of Suspension

180. In determining the length of the suspension, the Tribunal had regard to paragraphs 99 to 102 of SG and the table following paragraph 102.

181. The Tribunal has set out its rationale for imposing a suspension, to protect the public, and in the wider public interest in order to maintain confidence in the profession and mark proper professional standards.

182. The Tribunal considered the aggravating factors in this case and acknowledged that this was a serious departure from the principles set out in GMP. The Tribunal was of the view that there was a necessity to impose a meaningful period of suspension both to uphold the public interest and also to be sure that any changed behaviour is embedded and had been

sustained. The Tribunal was satisfied that imposing the maximum period of 12 months suspension was appropriate.

183. Accordingly, the Tribunal determined to suspend Dr Sandles' registration for a period of 12 months.

Review

184. The Tribunal determined to direct a review of Dr Sandles' case. A review hearing will convene shortly before the end of the period of suspension, unless an early review is sought either by Dr Sandles or the GMC.

185. The Tribunal wishes to clarify that, at the review hearing, the onus will be on Dr Sandles to demonstrate how he has further developed his insight, remediated his failings and reflected on his misconduct. It therefore may assist the reviewing Tribunal if Dr Sandles was able to provide:

- Evidence that he had not reoffended;
- XXX;
- Evidence of paid or unpaid work to adequately reflect that Dr Sandles ability to cope with stressors;
- Evidence that he has maintained his medical skills and knowledge; and
- Any other information that he considers will assist the reviewing tribunal.

Determination on Immediate Order - 12/06/2024

186. Having determined to impose a suspension for a period of 12 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Sandles' registration should be subject to an immediate order.

Submissions

On behalf of the GMC

187. Mr Williams referred the Tribunal to paragraphs 172, 173, and 178 of the Sanctions Guidance:

'172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.

173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.

...

178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'

188. Mr Williams acknowledged the principles raised in *Aga v General Dental Council [2023] EWHC 3208* but argued that the specific statutory framework and procedural differences of the MPTS distinguish it from the GDC proceedings.

189. Mr Williams submitted that this Tribunal's processes are distinct and separate when making a sanctions decision and considering an immediate suspension order. Thus, the immediate and substantive orders operate independently under different parts of the Act. He contended that pre-judging the immediate order at the sanctions stage would be incorrect, as the Tribunal must hear submissions specific to the immediate order.

190. Mr Williams concluded by reflecting on the Tribunal's recent determination, highlighting key points that demonstrated Dr Sandles' calculated and deliberate misconduct, which occurred despite being under conditions and following a conviction. He noted that the Tribunal imposed a 12-month suspension to uphold public interest and ensure sustained behavioural change. Mr Williams reiterated that the seriousness of the case and the need to protect the public justifies the necessity of an immediate order, aligning with the Tribunal's decision of imposing a 12 month suspension as a sanction.

On behalf of Dr Sandles'

191. Ms Harris acknowledged that the Tribunal would likely find it necessary to impose an immediate order from the conclusion of the hearing, given the conceded need for Dr Sandles to practise with restrictions.

192. Ms Harris requested, if the Tribunal decides to impose an immediate suspension pursuant to section 38 of the Medical Act 1983, that the substantive suspension order start concurrently with the immediate suspension order. She submitted that this request aligned with the High Court's decision in *Aga*, where the Court determined that both orders should run concurrently to avoid exceeding the statutory suspension maximum.

193. Ms Harris highlighted that in *Aga*, the Court addressed when a substantive order 'takes effect' in cases where an immediate order is also imposed. The Court concluded that both orders should begin simultaneously, rejecting the notion that the substantive order starts only after the immediate order ceases. This interpretation prevented a suspension period from exceeding the statutory maximum, as it would if the substantive order were delayed until after an appeal.

194. Ms Harris further explained that the judgment in *Aga* distinguished between when an order "starts" and when it "takes effect." She argued that the same principles apply to the Medical Act 1983, which has similar provisions to the Dentists Act 1984. The observations in *Aga* emphasised that any suspension direction should account for time served under an immediate suspension, ensuring the total suspension period remains within the statutory limit.

195. Additionally, Ms Harris stressed that the principles established in *Aga* applied universally, not just in appeal cases. She contended that it would be erroneous for a regulator to interpret *Aga* as only applicable in the context of an appeal. Consequently, it would be incorrect in law to impose a suspension direction without considering the immediate suspension order, as this would lead to an unjust extension of the suspension period.

196. In conclusion, Ms Harris submitted that the Tribunal should ensure Dr Sandles' 12-month suspension did not exceed the statutory maximum by starting the substantive suspension concurrently with any immediate suspension order, thus adhering to the legal precedents established in *Aga*.

The Tribunal's Determination

197. The Tribunal had careful regard to the submissions made by the parties and to the guidance in the SG including paragraph 172, 173 and 178 as set out above.

198. The Legally Qualified Chair (LQC) advised the Tribunal that the case of *Aga* contradicted the position provided by other authorities regarding the interpretation of the Medical Act. Further, the case was currently under appeal. The LQC also advised the Tribunal that, the Medical Act distinguished between the substantive direction and the direction for an immediate order, each with its own separate appeal process. If an appeal is made, the substantive order will not take effect until the appeal is resolved, potentially leading to extended suspension periods. The LQC advised the Tribunal that the orders should run consecutively and that any perceived unfairness to the doctor should not influence the decision on whether to impose an immediate order.

199. The LQC reminded the Tribunal that it should consider whether interim measures were necessary to ensure patient safety, protect the public, and maintain confidence in the medical profession during this period.

The Tribunal's Decision

200. Having considered the submissions, and in light of all the circumstances of the case, in particular having regard to the seriousness of the findings, the Tribunal determined that it was necessary to impose an immediate order on Dr Sandles' registration. The Tribunal was satisfied that the necessity to protect members of the public, public confidence in the medical profession and the need to uphold professional standards meant that it would be inappropriate if an immediate order was not imposed.

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

202. The interim order is hereby revoked.

203. That concludes the case.

ANNEX A – 03/06/2024

Application under Rule 41 for the entirety of the hearing to be held in private

204. This determination will be handed down in private. However, as this case concerns Dr Sandles' alleged misconduct and conviction, a redacted version will be published at the close of the hearing with confidential matters removed.

205. At the outset of hearing, on behalf of Dr Sandles, Ms Harris, Counsel, made an application pursuant to Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), to exclude members of the public and for the entirety of the hearing to be held in private.

Submissions

On behalf of Dr Sandles

206. Ms Harris submitted that Dr Sandles case should be held in private. XXX.

207. XXX

208. XXX

209. XXX

210. XXX

211. XXX

212. Ms Harris argued that, given the nature of the charges XXX, conducting a public hearing would violate the confidentiality mandated by rule 41XXX. She acknowledged the general principle of public regulatory proceedings but asserted that, in this case, a private hearing is necessary XXX.

213. Ms Harris concluded that it was not feasible to separate the misconduct and conviction from XXX in Dr Sandles' case. Therefore, she submitted that the Tribunal should conduct the majority, if not all, of the hearing in private to comply with the legal requirements and protect Dr Sandles' confidentiality XXX.

On behalf of the GMC

214. Mr Paul Williams confirmed that the application for the hearing to proceed in private was unopposed.

215. XXX. Mr Williams submitted that it might be very difficult for the Tribunal to freely and properly explore this that if it is having to switch frequently between being in public and private.

Legal Advice

216. The Legally Qualified Chair (LQC) advised the Tribunal that this is a decision for the Tribunal alone, utilising its discretion and taking into consideration all the circumstances, including the public interest and overarching objective.

217. The LQC advised that open justice is a fundamental principle of common law and that under Rule 41 of the Rules the default position is that hearings will be held in public. The LQC

referred to Scott v. Scott [1913] AC 417 which states that any derogation from open justice must be established by clear and cogent evidence

218. The Tribunal had regard to Rule 41(2) of the Rules, which reads as follows:

‘(2) The Committee or Medical Practitioners Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where they consider that the particular circumstances of the case outweigh the public interest in holding the hearing in public.

219. The LQC advised the Tribunal to act proportionately when balancing the public interest with the interests of the doctor and to consider how much information was already in the public domain. The LQC advised the Tribunal to have regard to 41(6) when considering an application under 41XXX:

(6) Subject to paragraph (5), the Committee or Tribunal may, where they are considering matters under paragraph (3)(a) or (b), hold a hearing in public where they consider that to do so would be appropriate, having regard to-

(a) the interests of the maker of the allegation (if any);

(b) the interests of any patient concerned;

(c) whether a public hearing would adversely affect the health of the practitioner; and

(d) all the circumstances, including the public interest.

The Tribunal’s Decision

220. The Tribunal had consideration to the bundle XXX.

221. XXX

222. XXX

223. XXX

224. The Tribunal went through the Allegation to consider whether it would be necessary to proceed in private to hear evidence regarding each paragraph: Paragraph 1 related to Dr Sandles' misconduct whilst at work. Paragraphs 2 and 3 were in relation to his conviction and sentencing. Paragraph 4 set out the conditions of his interim order. Paragraph 5, 6, and 7 stipulated that he had breached the conditions of his interim order and it was for the Tribunal to determine whether he had done this knowingly and was dishonest by doing so. XXX.

225. The Tribunal considered that there were some factual elements of the misconduct that were able to be expressed XXX and that it was important for these to be set out in the public domain. It further considered the GMC witnesses and noted that it had received statements from 2 witnesses of facts providing evidence on the misconduct.

226. The Tribunal considered what information was already in the public domain and concluded that the incident of alleged misconduct occurred in a public domain and was witnessed by colleagues. Further, the facts of Dr Sandles' conviction are in the public domain as this would have been heard in open court. In addition, the conviction and facts surrounding it were published, as referenced at page 59 of the Bundle, *"in Your Harlow, Harlow Online Newspaper on 8 January 2022. There were 20 online comments on this article from his former patients..."*.

227. The Tribunal reminded itself that Dr Sandles committed his misconduct whilst at work at the time he was directly responsible for patients thereby potentially putting patients at risk of harm and abusing his position of trust as a doctor. It also noted that other health professionals were witness to this misconduct, some of whom were involved in the GMC investigation and may have a vested interest in the outcome of this hearing.

228. Accordingly, the Tribunal bore in mind that it was required to perform a balancing exercise between the interests of Dr Sandles and the principle of open justice. It must depart no more than is necessary to XXX and ensure a fair hearing.

229. The Tribunal were mindful of the overarching objective and considered that open justice is important in maintaining public confidence in the profession and in the regulatory process that underpins it. The Tribunal further considered that it is important the public can see and understand why adverse conclusions were drawn against a doctor and that it is equally important that fellow professionals are able to have confidence that misconduct issues at work are properly and fairly regulated.

230. The Tribunal therefore determined that the wider interest and damage to the reputation of the profession by not holding this hearing in public outweighed the interests of Dr Sandles, especially as there was no evidence to suggest to the Tribunal that proceeding in public would XXX.

231. Accordingly, the Tribunal determined to refuse the application made on behalf of Dr Sandles that the hearing proceed entirely in private.