PUBLIC RECORD

Dates: 18/11/2024 - 20/11/2024

Medical Practitioner's name:	Dr Nimrit DHILLON
GMC reference number:	7271166
Primary medical qualification:	MB ChB 2012 University of Leeds

Type of case	Outcome on facts	Outcome on impairment
New - Conviction	Facts relevant to impairment found proved	Impaired

Summary of outcome

Suspension, 8 months

Review hearing directed

Tribunal:

Legally Qualified Chair:	Mrs Claire Lindley
Medical Tribunal Member:	Mr Mike Hayward
Medical Tribunal Member:	Dr Muhammad Dadibhai

Tribunal Clerk:	Mr Rowan Barrett

Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Ms Catherine Stock, Counsel
GMC Representative:	Ms Jade Bucklow, 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 and Impairment - 19/11/2024

Determination on the Facts

1. This determination will be handed down in private. However, as this case concerns Dr Dhillon's conviction a redacted version will be published at the close of the hearing.

Background

2. Dr Dhillon qualified in 2012 and works as a GP. At the time of the events which are the subject of this hearing, Dr Dhillon was also working in aesthetic medicine, at the XXX Clinic, delivering training to healthcare professionals on how to administer Botox and facial fillers as well as providing these treatments to patients. She also worked in her own private practice delivering cosmetic treatments.

3. In summary, Dr Dhillon is alleged to have been convicted on 21 August 2023 of three counts of theft by an employee, after she was found to have stolen Botox and fillers from the clinic on three separate occasions, on 23 May 2023, 1 June 2023, and 8 June 2023. It is alleged that she was sentenced to a 12-month community order following this conviction.

4. In her statements to the GMC, Dr Dhillon has said that at the time the events took place, she had XXX, with which she had been struggling XXX.

The Allegation and the Doctor's Response

5. The Allegation made against Dr Dhillon is as follows:

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

1. On 21 August 2023 at Liverpool Magistrates' Court, you were convicted of three counts of theft by employee, in that on:

a. 23 May 2023 you stole one box of Belotero Intense and three one-hundred-unit boxes of Bocouture botox to the value of £450; Admitted and found proved

b. 1 June 2023 you stole three one-hundred-unit boxes of Bocouture botox, one box of fifty-units of Bocouture, one box of Belotero Balance and one box of Belotero Volume to the value of £700; Admitted and found proved

c. 8 June 2023 you stole four boxes of Bocouture one-hundred units to the value of £450; Admitted and found proved

belonging to XXX.

2. On 25 September 2023 you were sentenced to a 12 month community order, with:

a. rehabilitation activity requirement to comply with any instructions of the responsible officer to attend appointments, or to participate in any activity as required by the responsible officer up to a maximum of 15 days; Admitted and found proved

b. an unpaid work requirement of 200 hours, to be completed within the next 12 months; Admitted and found proved

c. a requirement to pay compensation of £1450. Admitted and found proved

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

The Admitted Facts

6. At the outset of these proceedings, through her counsel, Ms Stock, Dr Dhillon made admissions to all the paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

Determination on Impairment

7. In light of Dr Dhillon's response to the Allegation made against her, the Tribunal proceeded to determine whether Dr Dhillon's fitness to practise is impaired by reason of her conviction.

The Evidence

8. Dr Dhillon provided a signed witness statement and gave oral evidence at the hearing.

9. The Tribunal has taken into account all the evidence received during the facts and impairment stages of the hearing, both oral and documentary. This evidence included but was not limited to:

- Certificate of Conviction dated 25 September 2023
- Pre-sentencing report dated 24 September 2023
- Police file and associated documents, including witness statements
- Transcript of police interview with Dr Dhillon
- CCTV footage of the incidents which occurred on 1 and 8 June 2023.

10. The Tribunal also had regard to evidence provided on behalf of Dr Dhillon, which included but was not limited to:

- Dr Dhillon's witness statement dated 29 October 2024
- Dr Dhillon's reflective statement dated 30 October 2024
- Evidence of CPD relating to probity and ethics
- XXX

Submissions

On behalf of the GMC

11. Ms Bucklow submitted that Dr Dhillon's fitness to practise is currently impaired by reason of her conviction. She conceded on behalf of the GMC that the limb of the overarching objective that deals with patient safety was not engaged but submitted that the other two limbs dealing with public confidence and the need to uphold proper standards of conduct for members of the profession were engaged in this case.

12. Ms Bucklow submitted that a criminal conviction is an inherently serious matter. She told the Tribunal that Dr Dhillon has been sentenced to a 12 month community order as a result of the conviction. She submitted that the seriousness of the conviction was increased as it was an offence involving dishonesty, and probity is a fundamental tenet of the medical profession. Ms Bucklow submitted that the Tribunal should also take into account that the conviction related to three separate offences, which took place over a period of three weeks, and that they took place in the course of Dr Dhillon's employment. While she acknowledged that the offences did not relate to the treatment of patients, she submitted that it was nonetheless part of her medical work and linked to her profession as a doctor.

13. Ms Bucklow submitted that that the offences represented a significant breach of trust committed against a fellow medical professional, as the victim in this case was a nurse registered with the Nursing and Midwifery Council, who had placed a high degree of trust in Dr Dhillon in their working relationship. She submitted that it was clear that Dr Dhillon had caused distress not only to the victim but to other employees, who were questioned when the stock was discovered to be missing, as suspicion did not immediately land on Dr Dhillon perhaps because of the fact that she is a doctor, and that honesty and integrity is expected of medical professionals. Ms Bucklow submitted that the Tribunal may consider that the texts Dr Dhillon sent to the victim 'begging' her not to report the matter and the visit from XXX would have compounded the stress and anxiety caused by Dr Dhillon's actions.

14. Ms Bucklow referred the Tribunal to the case of *Nkomo v GMC (2019) EWHC 2625 admin,* in which the principle is established that dishonesty by a doctor is always extremely serious, and that where dishonesty is compounded by a lack of insight or is covered up, nothing short of erasure is likely to be appropriate. She submitted that this demonstrated the seriousness of the actions which led to Dr Dhillon's conviction.

15. Ms Bucklow told the Tribunal that the evidence given to the Tribunal by Dr Dhillon was largely focused on her personal circumstances and XXX at the time of the events. Ms Bucklow acknowledged that these were a difficult set of circumstances for Dr Dhillon, but she submitted, however, that there was clear personal gain resulting from the offence and submitted that the Tribunal may consider that Dr Dhillon has not really 'owned up' to that or to the prospect of financial gain as a motivation for her offending. She reminded the Tribunal that the offending was repeated and appears to have an element of premeditation, in that Dr Dhillon took her bag into a store cupboard where she would not normally have a reason to

be, which suggested a degree of planning and that this was not a spur of the moment decision.

16. Ms Bucklow went on to submit that Dr Dhillon had limited insight into the reasons for her actions. She said that Dr Dhillon was caught on CCTV, and that her options for denial were therefore limited. She accepted that Dr Dhillon had complied with the sentence, but that she was legally required to do so.

17. Ms Bucklow said that Dr Dhillon had sent an initial text to Ms A suggesting that Ms A did not contact the GMC. Ms Bucklow pointed out that Dr Dhillon did not accept this in her evidence, yet plainly this was the only meaning of the text. Ms Bucklow submitted that it was not appropriate for her to contact a prosecution witness post arrest and that the text was *'ill-judged.'* Ms Bucklow also pointed out that XXX had been to the workplace and pleaded for forgiveness – such that the victim felt that she had Dr Dhillon's XXX in her hands. She queried whether all this contact actually showed insight, or whether it was actually an attempt to salvage her career.

18. Ms Bucklow confirmed that Dr Dhillon had made an early admission to the GMC and had made both a statement and a reflective statement, setting out the background relating to XXX. She confirmed that Dr Dhillon had XXX to understand her behaviour and noted the suggestion that the thefts were part of XXX. She submitted however that Dr Dhillon did not seem to truly understand her offending, and had not fully developed her insight, still expressing confusion today.

19. Ms Bucklow submitted that Dr Dhillon did not accept that the thefts were committed for financial gain. She pointed out that the Probation Officer was sceptical about this and felt that the thefts were motivated by financial benefit. She reminded the Tribunal that there were three offences, and evidence of preplanning, with the items being linked to her work and profession. She pointed out that Dr Dhillon could have stolen anything, but chose to steal items that had a financial benefit to her, and that they had been put with her stock, with the plans for return were unclear. She submitted that the impression that Dr Dhillon was giving was not the reality.

20. Ms Bucklow submitted XXX. She described Dr Dhillon's description of the family finances as '*woolly.'*

21. Ms Bucklow noted that Dr Dhillon had reflected on her personal circumstances, the impact on her career, and the shame she feels. She submitted that the emphasis has been on these issues and not the wider public interest issues such as maintaining confidence on the profession. She also commented that Dr Dhillon's personal circumstances have not gone away and are not exceptional.

22. Ms Bucklow accepted that Dr Dhillon had read articles on probity, but pointed out that she had not attended any courses, one having been cancelled. She submitted that in reality there was a lack of evidence of specific learning and the embedding of it. She said that reading guidance was not sufficient to fully remediate, and she should already have been aware of Good Medical Practice (GMP) in any event. She submitted that criminal offences should not need personal research to realise that they are wrong, and this did not mitigate the risk of repetition.

23. Ms Bucklow reminded the Tribunal that there is no statutory definition of impairment and referred to the case of *Grant* (set out below). She submitted that the conviction relates to a high value theft, and that impairment is necessary to maintain public confidence, and the confidence of fellow professionals. She submitted that a member of the public would be concerned if a finding of impairment were not found, and that there are no exceptional circumstances in this case. She said that Dr Dhillon has committed criminal offences as XXX, and the mitigation of a risk of repetition is not fully developed.

24. Ms Bucklow submitted that a finding of impairment was necessary to send out a signal to the public and the medical profession that such a significant departure will result in regulatory action.

<u>On behalf of Dr Dhillon</u>

25. Ms Stock addressed the Tribunal in relation to impairment on behalf of Dr Dhillon. She furnished the Tribunal with a written submission and summarised this orally at the hearing.

26. Ms Stock pointed out that the purpose of fitness to practise proceedings is not to punish the practitioner for past misdoings but to protect the public against acts and omissions of those who are not fit to practise. The Tribunal should therefore look forward and not back. She said that any approach to the issue of whether a doctor's fitness to practise should be regarded as impaired must take account of the need to protect the individual

patient, and the collective need to maintain confidence in the profession as well as declaring and upholding proper standards of conduct.

27. Ms Stock submitted that an assessment of current impairment to fitness to practise should involve consideration of past misconduct and of any steps subsequently taken by Dr Dhillon to remedy it. She said that it is necessary to determine whether the misconduct is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated, as per *Cohen v GMC [2008] EWHC 581 (Admin), Silber J at [65].* She also submitted that the task of the Tribunal is to determine whether Dr Dhillon's fitness to practise is currently impaired rather than at the time of the events in question, as per *Zygmunt v GMC [2008] EWHC 2643 (Admin).*

28. Ms Stock accepted that there were aggravating features in this case, as the conviction related to matters of dishonesty. She accepted that the Probation Officer had been sceptical about Dr Dhillon's motive but pointed out that their report was prepared to assist the sentencing court, not this Tribunal. She said that Dr Dhillon had always maintained that there was no financial motive to the thefts and that she intended to put the items back. She did not accept that the evidence about the family finances was '*woolly,'* nor the suggestion that the thefts were committed in order to XXX.

29. In contrast, Ms Stock said that Dr Dhillon had spent a lot of time and money figuring out why she committed the offences. She said that they had been committed due to XXX. She said that Dr Dhillon accepted that it was not a defence to her actions, but was seeking answers to her actions XXX. She confirmed that Dr Dhillon had an unblemished career, and this behaviour was out of character.

30. Ms Stock said that Dr Dhillon had a level of remorse and apologised straightaway. She said that the immediate text on the day was sent in a high level of anxiety, and it was the behaviour of a person in XXX.

31. Ms Stock pointed out that Dr Dhillon had complied with the sentence of the criminal court and had completed the voluntary work required. As part of the sentence, she attended a course entitled '*Understanding your [XXX]'* and learned that she cannot change what had happened but can give back to society.

32. XXX

33. Ms Stock said that Dr Dhillon has reflected at length and undertaken wider reading around probity, ethics and professionalism. She said that Dr Dhillon has reflected on her actions and their impact on others, as set out in her reflective statement. She said that Dr

Dhillon has coped with the stress of the court case, and the GMC investigation, and is now able to recognise stress and has a support system in place.

34. Ms Stock asked the Tribunal not to speculate and theorise but consider the evidence before it. She accepted that a criminal conviction for dishonesty was a serious matter but submitted that Dr Dhillon had gained full insight into her actions, and that these actions are isolated and that there is no risk to the public.

35. In terms of public interest, Ms Stock submitted that in all the circumstances, an ordinary member of the public fully conversant with all the facts of this case, would be of the view that a finding of impairment is not necessary simply to uphold public confidence in the profession and would also be of the view that this is a doctor who was XXX at the relevant time, has paid her dues to society and has done all she can to remediate and make amends. She therefore asked the Tribunal to find that Dr Dhillon's fitness to practise was not impaired.

Legal Advice

36. The Legally Qualified Chair (LQC) gave advice to the Tribunal about the approach it should take. She reminded the Tribunal that it is considering an Allegation that Dr Dhillon was convicted at Liverpool Magistrates Court on 21 August 2023 of three offences of theft from her employer. The Tribunal must now consider if, by reason of her conviction of the three criminal offences, Dr Dhillon's fitness to practise is currently impaired.

37. The Tribunal was reminded that there is no burden or standard of proof to adopt at this stage and that decision as to impairment is a matter for its judgement alone. Whilst there is no statutory definition of impairment, the LQC advised the Tribunal that it is assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC & Grant (2011) EWHC 927 (Admin).* Dame Smith sets out some features that are likely to be present when impairment is found. These are where the doctor has in the past or is liable in the future to:

a. act so as to put a patient or patients at unwarranted risk of harm.

b. bring the medical profession into disrepute.

c. breach one of the fundamental tenets of the medical profession; and/or

d. Have acted dishonestly and or is liable to do so in the future.'

38. The Tribunal was advised that it must determine whether Dr Dhillon's fitness to practise is impaired today, taking into account the past actions which led to the conviction and her conduct at the time of the events, and any relevant factors since then. It should consider whether the matters are remediable, have been remedied and whether there is any likelihood of repetition. To assist it in this decision, the Tribunal must determine where Dr Dhillon has demonstrated insight, and if so to what extent.

39. The Tribunal was informed that it should take into account Dr Dhillon's hitherto good character when making a determination on impairment. However, the Tribunal was reminded that the 3 counts on the conviction relate to matters of dishonesty. In the case of *GMC v Nwachuku 2017 EWHC 2085 Admin* it was confirmed that it is unusual for matters involving dishonesty not to result in impairment, especially so where the dishonesty is serious. It decided that the Tribunal in that case had placed too much weight on the doctor's reflective statement in concluding that the misconduct, namely the question of honesty, was remediable. Also, in the case of *Nkomo v GMC 2019 EWHC 2625 admin* this position was reaffirmed, and it was also stated that dishonesty is generally held to be difficult to remediate. This is because, unlike with clinical errors, where further practice and/or teaching would likely show a practitioner the correct method of practice, the nature of dishonest behaviour goes more to the practitioner's character than learning. Clinical and personal mitigation therefore hold less weight in such cases.

40. The LQC advised however that each case should be considered on its own facts - impairment does not necessarily follow findings of dishonesty. The Tribunal should look at the nature of the dishonesty, the need to uphold public confidence, and what Dr Dhillon has done to remediate.

41. As well as considering the features set out in *Grant,* the Tribunal was informed that it must also consider the overarching objective and determine whether the need to uphold professional standards and maintain public confidence would be undermined if a finding of impairment were not found. The Tribunal was asked to note the principle in the case of *Yeong v GMC* [2009] EWHC 1923 Admin*,* that:

> '*There will be occasions where impairment of fitness to practice must be found as a matter of public policy to uphold public confidence in the profession where to make no such finding would have an adverse impact on public confidence in the profession*.'

42. The Tribunal was further advised to have regard to the case of *General Medical Council v Chaudhary [2017] EWHC 2561 (Admin),* which emphasises that remediation alone is not the end of the matter and that the Tribunal must, at all times in its deliberations, have in mind the three limbs of the overarching objective.

The Tribunal's Determination on Impairment

43. In reaching its determination on impairment, the Tribunal reminded itself firstly of the three criminal offences that resulted in Dr Dhillon's conviction at Liverpool Magistrates Court on 21 August 2023. Dr Dhillon had admitted the offences, which took place on 23 May, 1 June and 8 June 2023, and she was subsequently sentenced by the court to a 12 month community order, which included a requirement to undertake rehabilitation activity, and unpaid work. She was also required to pay compensation.

44. The Tribunal considered the oral submissions from both counsel at this impairment stage, along with the oral evidence that Dr Dhillon gave. It also read and took into account the bundles of evidence provided by both the GMC and Dr Dhillon. The Tribunal decided that the three offences of theft represented serious dishonesty. The thefts had taken place over three separate weeks, and £1,600 worth of cosmetic products had been taken. The product was stolen from a cosmetic company, XXX, where Dr Dhillon was working in secondary employment as a trainer. The thefts took place when she was an employee, working in her capacity as a medical professional, and in clear breach of trust.

45. The Tribunal noted that the founder of XXX, Ms A, had called the police to the premises after they had caught Dr Dhillon on CCTV, taking boxes of the product (Belotero Intense and Bocouture Botox) out of a store cupboard and placing them in her bag. The Tribunal watched the CCTV footage of two of the thefts, which clearly show Dr Dhillon looking around, before opening the cupboard and placing the product in her bag.

46. The Tribunal considered the Victim Personal Statement that Ms A had written for the magistrates' court hearing. In it, the impact on her personally and on the business is clear. She explains that she had been a nurse and had been made redundant by the NHS, and set up the business with a partner. Dr Dhillon had been employed by them and they thought that she was, ethically, a *'great fit for our team.'* Due to the COVID-19 pandemic, the business started to struggle financially. Ms A describes that '*it really hurt'* when they found out that Dr Dhillon was stealing. She describes the animosity it caused among their small team, and the

terrible atmosphere it caused, with stocktakes taking place and deliveries having to be checked. She describes that her business partner had a '*near breakdown'* and the decision to report the thefts was '*the most stressful we have experienced.'* The Tribunal accepted that there had been a very real impact on Ms A, her business partner and her team.

47. The Tribunal took into account the explanation that Dr Dhillon gave when interviewed about the offences by police and noted that the product had not been used and was found in Dr Dhillon's home. In the police interview, she admits the offences, but states '*I don't know why I did what I did.'* She expresses remorse and explains that she was *'going through a lot'* and did not have the support XXX.

48. The Tribunal accepted that, at the time of the thefts, Dr Dhillon was, in her words XXX.

49. In her subsequent reflective statement of 30 October 2023, Dr Dhillon explains that, XXX, she now understands that she committed the offences because XXX. She states:

> *'These boxes of product were just sitting there - I didn't need them but [XXX].'*

50. The Tribunal read Dr Dhillon's analysis of her offending when it was considering her insight (set out in more detail below,) but it considered at this stage whether there was a financial motive to this offence, as put forward by the GMC in its submissions. The Tribunal noted that the product was something that Dr Dhillon used in her own practice, and that she could have used it, rather than buy product herself. This would have represented a saving for her. It also noted that the boxes were put with other product that she had at home. Dr Dhillon said that she intended to return the boxes to XXX, but she did not seem to have any plan to do this. The Tribunal considered these facts carefully along with Dr Dhillon's explanations. The Tribunal decided that it would be speculation for it to assume that Dr Dhillon had any financial hardship, or that XXX could have been a reason for her to commit the thefts. The Tribunal was however, assisted by the pre-sentence report dated 24 September 2023, prepared by a Probation Officer for the Magistrates court. The Officer had interviewed Dr Dhillon, and the Tribunal accepted their view, having regard to the circumstances of the offending. The Officer concluded that:

> *'It appears these offences were committed against a background of poor consequential thinking and financial motivation, exacerbated by [XXX].'*

51. Having considered the circumstances of the conviction, the Tribunal determined that limbs *b, c* and *d* of the test set out by *Dame Smith* (above), were applicable in this case. It accepted that this case was not about a risk to patient care. Dr Dhillon's actions had however brought the medical profession into disrepute, and by acting dishonestly on three occasions, she had breached a fundamental tenet of the medical profession. The limbs of the overarching objective were also engaged. Dr Dhillon's conviction could undermine the confidence in the medical profession, and she had not maintained proper professional standards.

52. The Tribunal also considered that Dr Dhillon's actions were in breach of Good Medical Practice (GMP) at paragraph 65 which states:

> *'65. You must make sure that your conduct justifies your patient's trust in you and the public's trust in the profession.'*

53. The Tribunal then went on to consider whether Dr Dhillon's actions were remediable, whether they had been remediated, and whether there was any likelihood of repetition. It noted the case of *Nkomo* and accepted that dishonesty is difficult to remediate, because it goes to a person's character, rather than their clinical performance.

54. Nevertheless, the Tribunal considered Dr Dhillon's circumstances carefully and was mindful of the XXX situation she was in during the period of time that the thefts took place. The Tribunal recognised that Dr Dhillon was experiencing difficult personal circumstances at the time of the events, and that she XXX. However, it did not consider that this context excused or sufficiently explained Dr Dhillon's actions in committing the thefts which resulted in a criminal conviction and was of the view that others would not have committed such an offence in similar circumstances.

55. The Tribunal firstly considered the level of insight evidenced. It noted that Dr Dhillon had admitted the offences at court and had carried out the activities required as part of her sentence. It recognised that she had self-reported promptly to the GMC, engaged with the investigative process, and admitted the Allegation at the earliest opportunity. She had also XXX.

56. The Tribunal noted that Dr Dhillon had apologised to Ms A by way of two text messages on the day of the arrest, followed by a letter put through the door of the business. The GMC had submitted that these text messages show Dr Dhillon attempting to persuade

Ms A not to make a report to the GMC. Dr Dhillon denied this and said she wanted to apologise for her actions and that in these moments she was '*desperate and shocked*' by what she had done. In the first text message sent at 14:37, Dr Dhillon stated:

> *'Please my GMC I can't be struck off please I can't risk my GMC please I beg you' [sic].*

In the second text message sent at 15:50, Dr Dhillon stated:

> *'I totally understand that you will do whatever you need to do'.*

57. The Tribunal considered that the initial contact straight after the arrest did not demonstrate a fulsome apology to Ms A, and that there was an element of self-interest involved due to her reference to her GMC registration. The Tribunal noted that the messages caused Ms A further distress. The Tribunal accepted, through Dr Dhillon's reflective statement and the evidence that she gave at the hearing, that she understands the impact on Ms A, her partner and the small team working there. Dr Dhillon's reflective statement sets out this understanding as follows:

> *'I understand the impact that taking the product had on, [Ms B] and [Ms A], my colleagues, my patients, and my reputation as a doctor. I understand not only the financial loss to [Ms B] and [Ms A], but also their loss of trust.*
>
> *Trust is an assured reliance of character or truth that takes years of work to build. I had worked to develop a strong relationship with them over the previous 2 years, and I completely jeopardised this when I acted as I did. I also understand the impact this had on my colleagues who were also working at the clinic at the same time – I had lost all their trust but also put them through a stressful experience which would have impacted their mental well-being as well.'*

58. The Tribunal had regard to the context provided by Dr Dhillon about her state of mind at the time of the offences, both in her written and oral evidence, and XXX from following the conviction.

59. The Tribunal decided that Dr Dhillon has demonstrated that she has taken significant steps to gain insight and understand the underlying motivations and XXX factors that contributed to her decision making at the time of the events. XXX

60. The Tribunal considered that this was consistent with Dr Dhillon's explanation of her actions as XXX. She stated in her oral evidence to the Tribunal that:

> *'I worked very hard to understand that it was more that I saw a situation that I could control. and I wasn't even thinking financially, I didn't even need that product. It just was something there that I could control and focus on rather than actually focusing on what was happening in my life.'*

61. XXX

62. The Tribunal was satisfied that Dr Dhillon had gained insight as to the impact on others, and the root causes of her offending. It also considered that Dr Dhillon has made good progress in understanding the wider impact of her actions. It notes that in her reflective statement she explained:

> *'I understand that as a doctor, we are held with high regard in the public eye, and we have a duty to uphold the highest standards of ethics and care for our patients. Trust is a pivotal part of this as patients confide personal matters to doctors and have the right to assume that this professional can be relied upon to act with integrity and act in their best interests. I feel remorse every day knowing that my actions call that into question. That I have risked this, not only for my own career, but for the wider profession as a whole.'*

63. In considering the evidence provided of steps taken toward remediation, the Tribunal attached some weight to the progress Dr Dhillon has made through XXX and the insight she has developed through this process. The Tribunal considered that she has developed insight into her XXX, having engaged XXX at various times since the events came to light.

64. In terms of whether Dr Dhillon has achieved full remediation, the Tribunal was concerned that she does not appear to be continuing to engage with XXX support in a regular, structured or ongoing way. It noted also that, although she had done some personal research and reading about probity, ethics and professionalism, she had not yet attended any courses, but had one fixed for early 2025.

65. In her oral evidence to the Tribunal, Dr Dhillon stated that she would know now, if she found herself experiencing similar XXX in future, to reach out for help XXX as she stated in oral evidence that she was now *'open to accessing these support systems early'*. However,

she provided no reflective evidence to the Tribunal as to how she had used these systems over the past year. However, the Tribunal decided that this does not provide a robust system of support to stop such a situation recurring or to prevent Dr Dhillon from engaging in such behaviours at an early stage. The Tribunal determined that her plans at the moment rely simply on her own ability to notice and interrupt these patterns of behaviour.

66. The Tribunal was also concerned that the section on remediation in Dr Dhillon's reflective statement focused mainly on what had happened in the past and did not contain much detail about how she would prevent a similar situation arising in the future. The Tribunal noted that Dr Dhillon has stated XXX in the future, for example, and the concrete steps Dr Dhillon would take to handle similar life stressors or XXX are currently unclear.

67. The Tribunal considered that there therefore remains a risk of repetition, albeit a low risk, given the development of Dr Dhillon's remediation at this stage.

68. The Tribunal had regard to the overarching objective and to the seriousness of the dishonesty found in this case. It carefully considered the context to the offending; however, it did not consider that the circumstances in this case were exceptional such that it would justify a finding that Dr Dhillon's fitness to practise was not impaired. The conviction and sentence imposed reflects the seriousness of Dr Dhillon's criminal conduct, which the Tribunal has found to have been seriously dishonest and to have breached a fundamental tenet of the medical profession.

69. In considering whether Dr Dhillon's fitness to practise is currently impaired, the Tribunal balanced its assessment of her insight, remediation and the risk of repetition against the statutory overarching objective. It concluded that Dr Dhillon's offending behaviour had seriously undermined public trust and confidence in the medical profession and brought the medical profession into disrepute.

70. The Tribunal concluded that a finding of impairment in respect of Dr Dhillon's conviction was required in order 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.

71. The Tribunal has therefore determined that Dr Dhillon's fitness to practise is impaired by reason of her conviction.

Determination on Sanction - 20/11/2024

72. This determination will be handed down in private. However, as this case concerns Dr Dhillon's conviction a redacted version will be published at the close of the hearing.

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

Submissions

74. Ms Bucklow reminded the Tribunal that, although she could assist the Tribunal, the decision was a matter for it and its judgment alone. She asked the Tribunal to consider the Sanctions Guidance 2024 and be mindful of the overarching objective set out in s1 of the Medical Act 1983. Ms Bucklow confirmed that the GMC was of the view that Dr Dhillon should face a period of suspension with a review hearing.

75. Ms Bucklow said that Dr Dhillon had been convicted of theft, and the issue was therefore one of protecting the public interest and was not about patient safety. She said that limbs *b* and *c* of the *Grant* test were engaged. Dr Dhillon had undermined public confidence in the profession and had not maintained proper professional standards.

76. In terms of the level of sanction, Ms Bucklow asked that the Tribunal consider the least restrictive first, while taking into account that the conviction arose from dishonest conduct.

77. Ms Bucklow informed the Tribunal that it should consider the mitigating and aggravating features of this case, set out in paragraphs 24-60 of the Sanctions Guidance. She said that a number of mitigating factors had been noted at the impairment stage. Dr Dhillon had expressed remorse and paid the compensation. She had self-reported to the GMC and sought help after the offence. She reminded the Tribunal of Dr Dhillon's personal circumstances, and that it had determined that Dr Dhillon had made significant steps to gain insight and good progress on understanding the impact her conduct had on public confidence.

78. So far as remediation is concerned, Ms Bucklow noted that the Tribunal had determined that this was not complete, and that Dr Dhillon did not have a plan for an ongoing approach to address and prevent a repeat of her conduct. She pointed out that personal reading was not sufficient in itself to address the behaviour and that there was a plethora of courses that relate to probity and ethics, which Dr Dhillon had not attended in the year since the offences took place. She also reminded the Tribunal that dishonesty was difficult to remediate, as set out in paragraph 32 of the Sanctions Guidance and in the case of *Nkomo.*

79. Ms Bucklow pointed out that there were no testimonials from fellow professionals supporting Dr Dhillon and that is something that could be considered at a review hearing. Testimonials would show that Dr Dhillon had discussed her views on probity and been full and frank with colleagues.

80. Ms Bucklow also listed a number of aggravating features in Dr Dhillon's case. She said that this was a conviction case involving three offences of theft from an employer, and Dr Dhillon received a significant sentence at the magistrates' court. The offences involved dishonesty and a lack of probity, and were committed while working as a doctor, and in breach of trust. Ms Bucklow drew the Tribunal's attention to the Victim Personal Statement that it had considered at the impairment stage, where the impact on Ms A, her business partner, and her small team was outlined. She reminded the Tribunal of paragraph 116 of the Sanctions Guidance which sets out that GMP confirms the need for a doctor to be honest and trustworthy, and act with integrity. She asked that the Tribunal consider paragraphs 120-125 that relate to dishonesty, and how it can undermine the trust the public place in the medical profession.

81. Ms Bucklow accepted that the risk of repetition in this case is likely to be small and noted that Dr Dhillon was XXX. She noted the Tribunal's finding that Dr Dhillon needed to do more than just rely on herself and needed a more robust plan or approach going forward. Ms Bucklow then took the Tribunal through the available sanctions. She said that Dr Dhillon's case was too serious, and that Dr Dhillon's personal circumstances were not so exceptional so as to justify taking no action. She said that such a course of action would undermine public confidence in the profession, and that Dr Dhillon's remediation was not complete, leaving a small risk of repetition.

82. In similar vein, Ms Bucklow suggested that the Tribunal should not consider imposing conditions on Dr Dhillon's practice, explaining that conditions were unlikely to address the

behavioural concerns in a conviction case, especially as the Tribunal had found there to be a financial motive to the offending.

83. Ms Bucklow confirmed again that the GMC was suggesting that a period of suspension was the most appropriate sanction. She pointed out that cases of dishonesty are at the top end of the spectrum in terms of gravity and can often justify erasure. She said that in Dr Dhillon's case however, the Tribunal had found that Dr Dhillon had demonstrated insight, and had gone some way to remediate her behaviour, with some more work to be done. Ms Bucklow accepted that, although Dr Dhillon needed to keep the risk of repetition low and have more robust plans in place, there was the prospect of Dr Dhillon regaining the fitness to practise and that erasure was not necessary.

84. The Tribunal was directed to paragraphs 91-97 of the Sanctions Guidance. Ms Bucklow said that a period of suspension would have a deterrent effect and send out a signal to Dr Dhillon, the profession and the public, that in cases of this nature there will be a regulatory response. It would also maintain public confidence in the profession. She said that the behaviour, in the circumstances, fell short of being fundamentally incompatible with continued registration. Ms Bucklow noted that Dr Dhillon had accepted fault. There was nothing to show that remediation would be unworkable, Dr Dhillon had insight, and the behaviour was unlikely to be repeated.

85. Ms Bucklow said that further remediation could be worked on through a review hearing at the end of the period of suspension.

<u>On behalf of Dr Dhillon</u>

86. Ms Stock also submitted that a period of suspension was the appropriate sanction in Dr Dhillon's case. She reminded the Tribunal that any sanction needed to be proportionate and should not be imposed in order to punish Dr Dhillon. The Tribunal should also consider the least restrictive action first.

87. Ms Stock conceded that there are aggravating factors in this case. There had been a criminal conviction for a dishonesty related offence carried out whilst working as a doctor involving a breach of trust. She pointed however that there are also a number of mitigating circumstances, which she listed for the Tribunal, and which are summarised as follows:

- Clear evidence of remorse from the outset and an immediate apology. Ms Stock accepted, however, the Tribunal's decision at the Impairment stage that the first text was not a fulsome apology.
- Dr Dhillon's actions are wholly of out of character.
- There are no concerns about Dr Dhillon's ability as doctor or her clinical skills.
- Significant personal circumstances at the time which impacted on her behaviour.
- The incident took place 18 months ago.
- The completion of all elements of the community order without issue and with full engagement, with the order now spent.
- Whilst there are three incidents, this was in essence a one-off episode of behaviour over a very short period of time in the context of a previous unblemished career history and evidence of extenuating circumstances leading up to the incidents.
- Dr Dhillon has taken numerous steps to remediate her conduct including XXX.
- Dr Dhillon has undertaken a lengthy period of reflection and wider reading and fully appreciates the impact her behaviour had, and had the potential to have on her employer, colleagues, her profession, patients and the public.

88. Ms Stock addressed the Tribunal about dishonesty. She submitted that Dr Dhillon's offending and the amount of money involved was not at the top end of the scale. She said that the offences took place over a short period of time (just over two weeks) at a time when other personal factors were in place, and that the offending could not be seen as persistent. She acknowledged that dishonesty is difficult to remediate, but stated that it could be achieved through further reflection and training. XXX Ms Stock said that this would stand Dr Dhillon in good stead for the future.

89. Ms Stock drew the Tribunal's attention to paragraphs 117-119 of the Sanctions Guidance that relate to conviction cases, and pointed out that the Tribunal should not seek to punish Dr Dhillon for a second time, that Dr Dhillon self-reported the conviction to the GMC, and the conviction was now spent.

90. Ms Stock referred to paragraph 97 of the Sanctions Guidance which sets out where a period of suspension may be appropriate. She said that a number of sub sections applied to Dr Dhillon's case, namely Paragraph 97(a), (e) and (f). There had been a breach of GMP, but the behaviour was not fundamentally incompatible with continued registration, there was no evidence that remediation would not be effective and there was no evidence of a repeat of the behaviour.

91. Ms Stock submitted that, a member of the public conversant with the facts of Dr Dhillon's case would be of the view that a suspension would achieve the overarching objective in upholding public confidence in the profession and setting and maintaining standards of conduct and performance. She submitted that the more serious sanction of erasure would be wholly punitive and would deprive the public of an otherwise competent doctor.

92. The Tribunal was directed by Ms Stock to paragraphs 99-100 of the Sanctions Guidance to assist it in deciding on the length of any suspension. She pointed out that Dr Dhillon is a clinically competent doctor, and the main focus for imposition of a suspension would therefore be on public interest grounds. She submitted that whilst there has been a departure from GMP, it is submitted that this was in essence a short-lived episode, not persistent and committed in the context of difficult personal circumstances at that time.

93. For all reasons outlined, Ms Stock invited the Tribunal to conclude that a suggested period of suspension of 6 months would allow Dr Dhillon time to reflect and remediate further. She quoted the case *Bijl v General Medical Council [2001] UKPC 42; 2002] Lloyd's Rep Med 60,* in which Lord Hoffmann said that proper concern with public confidence in the profession and its procedures for dealing with: '*Doctors who lapse from professional standards'* should '*not be carried to the extent of feeling it necessary to sacrifice the career of an otherwise competent and useful doctors who presents no danger to the public in order to satisfy a demand for blame and punishment'.*

Legal Advice

94. The LQC gave advice to the Tribunal about the approach it should take at this stage of the hearing. The Tribunal was reminded that it had found that Dr Dhillon's fitness to practise is currently impaired due to the convictions for three offences of theft. The Tribunal was informed that it is required to impose a single sanction in respect of its finding that Dr Dhillon's fitness to practise was impaired by reason of her conviction. The purpose of this hearing is not to punish Dr Dhillon a second time for the offences of which she was found guilty.

95. The Tribunal was reminded that the decision as to the appropriate sanction, if any, is a matter for the Tribunal's own judgement, which must be made independently.

96. The Tribunal was informed that it must have regard to the Sanctions Guidance dated 5 February 2024, which, although not statutory, gives it an authoritative steer. It should also consider Good Medical Practice ('GMP'). It is reminded that it must have regard to the aggravating and mitigating factors, and consider the least restrictive sanction first, and then move on, if needs be, to consider the other available options in ascending severity.

97. The Tribunal must bear in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest. The Tribunal should be mindful that this is a balancing exercise - weighing up what is in the public interest, as against the interest of Dr Dhillon. Any sanction must be appropriate and proportionate. In the case of *Bolton v Law Society [1994] 1 WLR 512* it was made clear that the reputation of the profession as a whole is more important than the fortunes of any individual member, even if the consequences may be deeply unfortunate for them.

98. The Tribunal is aware that Dr Dhillon's conviction related to three offences of theft. The Tribunal is advised that the sentence imposed by a criminal court is not necessarily a reliable guide to the gravity of the offending in terms of maintaining public confidence in the profession, and it should make its own decision about that. The function of a criminal court in sentencing is quite different, because this Tribunal is considering the overarching objective in the Medical Act. It is advised that dishonesty is very serious, especially if it occurs in the context of a doctor's professional duties. In the case of *Nkomo v GMC [2019] EWHC 2625 (Admin)* at paragraph 35 it states that the starting point is that dishonesty by a doctor is almost always extremely serious, and that findings of dishonesty lie at the top end of the spectrum of gravity of misconduct.

99. However, the Tribunal was told that there is no default rule. The nature and extent of dishonesty may be variable and must be evaluated on a case-by-case basis. The circumstances of each case must be carefully considered by a tribunal, and it should look to see if there is, for example, compelling insight, or evidence that the behaviour is out of character. It should decide if the reputation of the medical profession is affected.

100. The Tribunal was made aware, again, of the overarching objective of the GMC set out in section 1 of the Medical Act 1983.

The Tribunal's Determination on Sanction

101. The Tribunal took into account the details of the criminal conviction and the evidence that it had received at earlier stages of this hearing. It considered the submission from both parties, and the legal advice from the LQC.

102. The Tribunal firstly considered and balanced the aggravating and mitigating factors in Dr Dhillon's case.

Aggravating factors

103. The Tribunal considered that the first aggravating factor in Dr Dhillon's case was that it was a case of serious dishonesty, constituting criminal offences, and the thefts took place on three separate occasions. They took place in the course of Dr Dhillon's employment and were committed against her employer. This resulted in a breach of trust of that relationship. Also, the offences took place in the course of her work as a doctor, as she was employed by XXX as a medical professional.

104. The Tribunal noted that in Paragraph 125 of the Sanctions Guidance at subparagraph a, 'defrauding an employer' is specified as a potential aggravating factor, which it considered is engaged in this case.

105. The Tribunal also noted the significant impact on the victim. This was set out in her Victim personal Statement for the magistrates' court and was noted by the Tribunal at the impairment stage. The Tribunal determined that this was an aggravating factor. The victim, her business partner, and the team they worked with were all adversely affected by the thefts.

Mitigating factors

106. The Tribunal considered that Dr Dhillon's personal circumstances at the time of the index events were a mitigating factor. XXX. The Tribunal accepted that the position she found herself in resulted in poor consequential thinking on her part.

107. The Tribunal considered that there were other mitigating factors in Dr Dhillon's case. There has been no suggestion of risk of harm to patients, or concerns about Dr Dhillon's clinical work. There was no testimonial evidence supplied by Dr Dhillon, but the Tribunal

accepted that Dr Dhillon is of previous good character. She pleaded guilty at the magistrates' court and completed the sentence requirements. She self-reported to the GMC and admitted the Allegation at the earliest opportunity.

108. The Tribunal accepted that there were early expressions of regret and apology, although the Tribunal found at the impairment stage that there had been an element of self interest in Dr Dhillon's initial text message to Ms A. The letter pushed through the business door on the evening of the theft was a clear apology:

> *…'I really don't know what I can even say or where to even begin in expressing my extreme sadness. I know words are not enough right now, but it is all I have. I am so incredibly truly deeply sorry…'.*

The Tribunal accepted the expressions of remorse and regret expressed in Dr Dhillon's later statement and witness statement.

109. The Tribunal considered as a mitigating factor the evidence that Dr Dhillon has taken steps to understand the problem and that she has developed significant insight into her wrongdoing. It took into account that Dr Dhillon engaged with XXX at an early stage. The Tribunal has been presented with some evidence of attempts to remediate, however, it considers that there is more work that should be done toward full remediation.

No action

110. In reaching its decision as to the appropriate sanction, if any, to impose in Dr Dhillon's case, the Tribunal first considered whether to conclude the case by taking no action. Taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

111. The Tribunal determined that the seriousness of its findings required the imposition of a sanction. It determined that, notwithstanding Dr Dhillon's personal mitigation, there were no 'exceptional circumstances' in this case and it would not therefore be sufficient, proportionate or in the public interest to conclude this case by taking no action.

Conditions

112. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Dhillon's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

113. It had regard to paragraph 81 of the Sanctions Guidance which states:

> *'81 Conditions might be most appropriate in cases:*
>
> *a) involving the doctor's health*
> *b) involving issues around the doctor's performance*
> *c) where there is evidence of shortcomings in a specific area or areas of the doctor's practice*
> *d) where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.'*

114. While the Tribunal recognised that paragraph 81 did not exhaustively limit the circumstances in which conditions might be appropriate, it considered that this was not a case in which conditions would be either appropriate or proportionate. It reached its view bearing in mind the nature of Dr Dhillon's conviction which related to serious dishonesty.

115. The Tribunal considered that conditions would be insufficient to meet the public interest and to maintain proper professional standards of conduct for the members of the profession. Accordingly, the Tribunal determined not to impose conditions on Dr Dhillon's registration.

Suspension

116. The Tribunal had regard to the sections of the Sanctions Guidance that related to dishonesty and decided that any sanction needed to reflect the seriousness of dishonesty and the difficulties in remediating it. It noted, at paragraph 91, that suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and the public about what is behaviour unbefitting of a registered doctor.

117. The Tribunal considered paragraph 97 of the Sanctions Guidance which indicates circumstances in which suspension may be appropriate as follows. It decided that paragraphs *97a, e, f* and *g* applied in this case namely;

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 …

c …

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.'

118. The Tribunal decided that this is a case involving dishonesty. It determined that the dishonesty was serious because of all the aggravating factors outlined above. There had been a criminal conviction and Dr Dhillon had breached GMP. It recognised that dishonesty is difficult to remediate but took the view that Dr Dhillon had made some inroads to do so and had gained good insight into her offending behaviour and the causes for it.

119. The Tribunal determined that it had not been provided with any evidence to suggest that Dr Dhillon's attempts to remediate will not be successful if she is allowed more time to engage with support and put her coping strategies into practice. She has engaged throughout this process, and XXX immediately after the offences took place.

120. The Tribunal noted that there has been no repetition of any similar behaviour since the incident, and in its determination on Impairment, the Tribunal found that Dr Dhillon has good insight and that the risk of repetition is low.

121. The Tribunal also had regard to paragraph 92 of the Sanctions Guidance, which states:

> *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).*

122. Having determined that Dr Dhillon's dishonest conduct, which resulted in a criminal conviction and significant sentence, was very serious, the Tribunal gave careful consideration to whether this matter was so serious as to be fundamentally incompatible with continued registration.

123. The Tribunal took into account Dr Dhillon's personal circumstances at the time of the offences. XXX. The Tribunal determined that, whilst these difficult circumstances are not an excuse or explanation for Dr Dhillon's behaviour, they go some way toward mitigation when taken together with the significant progress Dr Dhillon has made toward the development of her insight.

124. The Tribunal found that Dr Dhillon has insight into her wrongdoing and has fully acknowledged fault. It was satisfied that, while there is still some way to go before she has fully remediated her actions, it is unlikely that the behaviour will be repeated.

125. The Tribunal decided that Dr Dhillon's actions were so serious that action must be taken to maintain public confidence in the profession, but in her circumstances, the behaviour falls short of being fundamentally incompatible with continued registration.

Erasure

126. Because dishonesty is always serious and often leads to erasure, the Tribunal considered the relevant paragraphs of the Sanctions Guidance carefully. It considered the factors set out in paragraph 109, which may indicate that erasure is appropriate. It decided that sub paragraphs *a*, *b*, *d* and *h* were engaged, which are:

> *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 difficult to remediate

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

c…

d Abuse of position/trust …

e…

f…

g…

h Dishonesty, especially where persistent and/or covered up

127. The Tribunal decided that the dishonesty represented a serious departure from GMP. The Tribunal again took into account the aggravating factors listed above. The Tribunal recognised that Dr Dhillon has some way to go to address remediation, which is difficult in cases such as this.

128. Where, because of the seriousness of the doctor's misconduct, a decision has to be made between suspension or erasure it is likely that elements of the guidance on erasure will start to become engaged even if many of the sub-paragraphs on suspension are also engaged. Having balanced these considerations carefully, the Tribunal was satisfied that a member of the public, aware of all the circumstances and cognisant in particular of the Tribunal's decision that sub paragraphs 97e and 97g (above) were engaged, would agree that, although this was a serious departure from GMP, it was not fundamentally incompatible with Dr Dhillon's continued registration.

129. The Tribunal found that erasure would be disproportionate in this case, especially bearing in mind Dr Dhillon's personal circumstances. It decided that a period of suspension would be sufficient to protect, promote and maintain public confidence in the profession and to protect, promote and maintain proper professional standards for members of the profession.

130. The Tribunal therefore determined to impose a period of suspension on Dr Dhillon's registration.

Length of the order and review

131. The Tribunal then went on to consider the length of such an order. The Tribunal reminded itself that the length of the suspension is a matter for the Tribunal's discretion, depending on the seriousness of the case. The Tribunal took account of paragraph 100 of the Sanctions Guidance which sets out relevant factors to be considered when determining the length of suspension:

a) the risk to patient safety/public protection
b) the seriousness of the findings and any mitigating or aggravating factors
c) ensuring the doctor has adequate time to remediate

132. The Tribunal also took account of paragraphs 101 and 102 and the table on page 30 of the Sanctions Guidance which sets out the areas and relevant factors to consider. It reminded itself that its primary consideration was to maintain public confidence, uphold proper professional standards. Sending out a signal to the doctor, the wider profession and the public was important too, in order to demonstrate that behaviour of this sort will attract regulatory action.

133. In reaching its decision, the Tribunal considered that the period of suspension should also be long enough to allow Dr Dhillon to engage with support XXX and to complete her process of remediation.

134. The Tribunal determined that a period of eight months suspension would be sufficient to allow Dr Dhillon the time she needed to demonstrate remediation. It also considered that this would be sufficient time to meet the seriousness of the findings and the public interest in the case and send the appropriate message to the profession.

135. The Tribunal determined to direct a review of Dr Dhillon's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Dhillon to demonstrate how she has remediated. It may assist the reviewing Tribunal if Dr Dhillon provides:

- A reflective log detailing her coping strategies and examples of how she has used them in the period of suspension,
- Further evidence of remediation, which might include attendance on relevant courses,
- Evidence demonstrating that Dr Dhillon has kept her clinical knowledge and skills up to date.

Dr Dhillon will also be able to provide any other information that she considers will assist.

Determination on Immediate Order - 20/11/2024

136. Having determined to suspend Dr Dhillon's registration for a period of eight months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Dhillon's registration should be subject to an immediate order.

Submissions

137. On behalf of the GMC, Ms Bucklow submitted that an immediate order was not necessary in this case.

138. On behalf of Dr Dhillon, Ms Stock submitted that the decision as to whether to impose an immediate order was a matter for the Tribunal's judgement.

The Tribunal's Determination

139. The Tribunal had regard to the guidance in the Sanctions Guidance including paragraphs 172, 173 and 178 which states that:

> *"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… 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 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.'

140. The Tribunal throughout its deliberations has determined that there was no risk to patients or the public in this case and therefore decided that an immediate order of suspension was not necessary to protect the public. It noted that Dr Dhillon had not been in practice since September 2023 and therefore an immediate order was not necessary to impose in the best interests of the doctor. The Tribunal considered whether immediate action must be taken to protect public confidence in the medical profession, but decided that the eight month suspension period in itself sent out an appropriate signal to Dr Dhillon, fellow professionals and members of the public and would uphold proper standards of conduct and behaviour for members of the profession.

141. The Tribunal determined therefore not to impose an immediate order.

142. This means that Dr Dhillon's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless she lodges an appeal. If Dr Dhillon does lodge an appeal she will remain free to practise unrestricted until the outcome of any appeal is known.