PUBLIC RECORD

Dates: 08/06/2026 - 12/06/2026

Doctor:	Dr Richard BOWLEY
GMC reference number:	4008923
Primary medical qualification:	MB ChB 1993 University of Bristol

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

Summary of outcome

Erasure

Tribunal:

Legally Qualified Chair	Malcolm Dodds
Lay Tribunal Member:	Catherine Pease
Registrant Tribunal Member:	Dr Juliet Bennett

Tribunal Clerk:	Ruby Davison

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Edmund Potts, Counsel

Attendance of Press / Public

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

Protecting the Public

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

Determination on Facts - 10/06/2026

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration or heard as evidence were confidential. This determination will be handed down in private but as this case concerns Dr Bowley's alleged misconduct, a redacted version will be published at the close of the hearing.

Background

2. Dr Bowley qualified in 1993 from the University of Bristol, UK. He trained and practiced as a GP for 27 years. He worked for the NHS in the South West of England. In about 2014 he moved to Jersey to do work in the private health care sector. He stopped working in 2020 as set out below and his partnership with the private health care company where he worked, Indigo Medical Practice, ended in April 2021. Dr Bowley held an income protection policy with Reassure Insurance (Reassure) which was a policy whereby Dr Bowley would receive payments from Reassure if he was unable to work. XXX. At the time of the events which are the subject of the Allegation against Dr Bowley, he was working as a locum GP at Brent Area Medical Centre ('BAMC') between 26 January 2022 to 6 October 2023, as well as doing locum shifts at the Cheddar Medical Centre ('CMC').

3. It is alleged that on 13 June 2024, Dr Bowley submitted a Continuing Claim Form ('CCF') to Reassure Insurance Ltd, which the Tribunal noted was signed and dated on 1 June 2024, stating that he had not undertaken any work between October 2020 and June 2024,

and that his health prevented him from working as a GP since October 2020. It is also alleged that Dr Bowley submitted claims for payment under an Income Protection Policy due to the reasons set out above, and that he signed a declaration, as set out in Schedule 1.

4. It is further alleged that Dr Bowley completed the CCF in the way described when he knew that he had worked the shifts as a locum GP at both BAMC and CMC, and that he knew that his health had not prevented him from working as a GP. It is also alleged that Dr Bowley's actions were dishonest, and that his fitness to practise is impaired by reason of misconduct.

5. The concerns came to the GMC's attention following an email, dated 2 June 2025, from Ms D, Senior Technical Consultant at Reassure Insurance Ltd.

The Outcome of Applications made during the Facts Stage

6. The Tribunal granted an application made by Mr Edmund Potts, Counsel, for the GMC, in relation to service and proceeding in absence, pursuant to Rules 15 and 40 of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'). The Tribunal's full decision on the application is included at Annex A.

The Allegation and the Doctor's Response

7. The Allegation made against Dr Bowley is as follows:

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

1. Between 26 January 2022 and 6 October 2023 you were employed as a locum GP and undertook regular shifts at Brent Area Medical Centre. To be determined

2. On one or more occasions between July and August 2023, you worked at Cheddar Medical Practice as a locum GP. To be determined

3. On 13 June 2024 you submitted a Continuing Claim Form ('the Form') to ReAssure:

a. stating you had not undertaken any work between October 2020 and June 2024; To be determined

b. stating that your health had prevented you from working as a General Practitioner since October 2020; To be determined

c. in order to claim payments under an Income Protection Policy due to the matters set out at paragraphs 3a and 3b; To be determined

d. in which you had signed a declaration as set out in Schedule 1. To be determined

4. You completed the Form in the way described at paragraph 3, when you knew:-

a. you had worked as set out in paragraphs 1 and 2; To be determined

b. your health had not prevented you from working as a GP as set out in paragraphs 1 and 2. To be determined

5. Your actions as set out in paragraph 3 were dishonest by reason of paragraph 4. To be determined

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

The Admitted Facts

8. The Tribunal noted Dr Bowley's email, dated 10 July 2025, in response to the GMC's email to Dr Bowley dated 1 July 2025 informing him about the concerns raised. In his email response, Dr Bowley stated:

> *'In order to spare the inquisition I admit the allegation. I have not worked since that date and am not currently working.'*

The Facts to be Determined

9. As Dr Bowley is not present or represented, the Tribunal is unable to announce and act upon the written admission made by Dr Bowley in his email of 10 July 2025. It therefore needed to consider and reach a decision on each paragraph of the Allegation.

Witness Evidence

10. The Tribunal received oral evidence on behalf of the GMC from the following witnesses:

- Dr B, GP Partner at BAMC, together with his witness statement dated 6 November 2025;
- Ms D, Senior Technical Consultant at Reassure Insurance ltd, together with her witness statement dated 19 November 2025.

Documentary Evidence

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

- The email complaint from Reassure Insurance Ltd dated 2 June 2025;
- An email from Dr Bowley to the GMC, dated 10 July 2025, regarding the new concerns raised;
- Dr Bowley's Work Details Form (WDF) dated 10 December 2023;
- Responding to Fitness to Practise Concerns form completed by BAMC, dated 8 January 2024;
- Responding to Fitness to Practise Concerns form completed by CMC, dated 8 January 2024;
- A list of dates Dr Bowley worked at CMC.

The Tribunal's Approach

12. In reaching its decision on the facts, the Tribunal applied the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC. It is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

13. The Tribunal approached fact finding by firstly identifying agreed facts and evidence. In reaching a decision on the facts, the Tribunal assessed the evidence in the round. It considered what conclusions and inferences can be drawn from the documentary and oral evidence. The Tribunal considered the oral evidence and subjected that evidence to critical scrutiny against the documentary evidence to consider each witness' reliability and credibility. The Tribunal did not decide reliability and credibility based on the demeanour of a witness alone.

14. The Tribunal considered the MPTS Guidance for Tribunals (Section three: MPT Hearings > Part A > Stage 1: Facts > Step 1) when making its findings.

The Tribunal's Analysis of the Evidence and Findings

15. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence to make its findings on the facts.

Paragraph 1 and 2

16. The Tribunal considered these were undisputed factual points.

17. The Tribunal had regard to Dr Bowley's Work Details Form, dated 10 December 2025, particularly Section 4, titled '*Clinical work history*', in which CMC is listed as the first organisation and site and BAMC is listed as the second organisation and site. The work type selected is '*locum*' and '*NHS',* and the job title and grade inputted is "*locum gp"* for both. For CMC, The start date is "*03/07/23*" and, for BAMC, the start date is *"11/12/23*" (which the Tribunal determined was an error as it should read 11 December 2022) and the end date is "*06/10/23*". The Tribunal noted that Dr B's written and oral evidence was that Dr Bowley started as a locum on 26 January 2022. The Tribunal preferred the evidence of Dr B on this point.

18. The Tribunal also referred to the witness statement of Dr B, in which he said,

> *"Dr Bowley was employed by BAMC from 26 January 2022 until 6 October 2023. as a locum GP. He started with regular shifts for at least 6 months, typically working Friday mornings with me and all day on Tuesdays. He also did other ad hoc shifts, but I tended to work with Dr Bowley on Tuesday and Friday mornings."*

19. Dr B gave evidence that as a result of XXX, Dr Bowley did not have the same workload as other doctors, that adjustments were made with a view to Dr Bowley having an increased workload. This personal knowledge of Dr Bowley's circumstances made the evidence that Dr Bowley had worked at BAMC more compelling.

20. The Tribunal had regard to the Declaration at Section 10 of the Work Details Form, signed by Dr Bowley on 10 December 2023.

21. The Tribunal noted that Dr Bowley had emailed Mr C, a GMC investigation officer on 10 July 2025, stating,

"Dear [Mr C],

In order to spare the inquisition I admit the allegation. I have not worked since that date and am not currently working.

Sincerely,
R Bowley"

22. The Tribunal treated this email with caution as it could be interpreted as a wish to avoid an '*inquisition'* rather than an admission of guilt. However, at the very least, the Tribunal was of the view that the email demonstrated that Dr Bowley was not putting any positive case to contest the allegation forward.

23. The Tribunal accepted Dr B's evidence. It therefore found Paragraphs 1 and 2 of the Allegation proved.

Paragraph 3

24. The Tribunal noted that the continuing claim form Dr Bowley completed, signed and dated on 1 June 2024, did not ask the specific question: *'have you undertaken any work between October 2020 and June 2024?*' Question 4b of the form asked, '*have you undertaken any work (paid or unpaid) during your incapacity?*'

25. The Tribunal drew a clear inference that in the context of the initial claim form, the first continuing claim form and the context of the other questions asked and the warnings given and declarations made (set out in detail below), that question 4b referred to any work undertaken between October 2020 and June 2024. It determined that it is more likely than not that Dr Bowley understood this to be the period of incapacity referred to in the form. The context of the evidence is that Dr Bowley had a duty to report and declare any work he had done and any change to his health situation that allowed him to work.

26. The Tribunal was satisfied that Dr Bowley declared in his claim signed and dated 1 June 2024 that firstly he had not undertaken any work between October 2020 and 1 June 2024 and secondly that his health had prevented him from working as a GP since October 2020. The Tribunal determined that Dr Bowley had thus claimed on the Income Protection Policy and received payments.

27. The Tribunal therefore found Paragraph 3 proved in its entirety.

Paragraph 4

28. The Tribunal found that it was more likely than not that, on the unchallenged written and oral evidence, when Dr Bowley made his continuing claim to Reassure and made the declaration dated 1 June 2024, he was making false declarations. This is because he had been working at BAMC from January 2022 to October 2023 and at CMC in July and August 2023.

29. The Tribunal took into account that this is not a case of Dr Bowley working on an isolated occasion where there might be a possibility of confusion or oversight. Dr Bowley worked repeatedly for BAMC and XXX.

30. The Tribunal considered that there was no suggestion that Dr Bowley did not know what he was signing. He followed the process required and claimed and received the money.

31. The Tribunal reminded itself that Dr Bowley had provided the documents required and demonstrated that he knew how the system worked, XXX then making a first continuing claim when it was more likely than not he was working. Following this, Dr Bowley made a second continuing claim when he had been working XXX.

32. The Tribunal therefore found Paragraph 4 of the Allegation proved.

Paragraph 5

33. The Tribunal took account of the circumstances leading up to the 1 June 2024. Dr Bowley claimed on his Reassure policy on 30 November 2020 signing and dating his claim on 24 November 2020. XXX. The form stated that Dr Bowley was unfit to work from 14 October 2020 with no return to work date indicated. Section 8 of the form is entitled 'Declaration and consent'. It refers to Dr Bowley consenting to Reassure making enquiries for amongst other things the prevention of fraud. Paragraph 2 contains the words: ' I declare to the best of my knowledge and belief, that the information and statements given in the claim form to which this consent is attached are true and complete. I have not knowingly withheld any information'. Paragraph 3 contains these words: 'I agree that throughout my claim I will provide true and complete statements to ReAssure when I am asked for information'. Paragraph 4 contains these words: 'I agree to inform ReAssure of any changes in my circumstances during the claim process and ongoing, in particular any changes to my medical circumstances or occupation'. At Paragraph 14 in answer to the question 'have you discussed returning to your previous job with your Employer or GP?' Dr Bowley answered 'YES' but

'[XXX]'. In that claim he declared that he was medically unfit to work, was not working and had done no paid work.

34. On 31 January 2022 Dr Bowley signed and dated a continuing claim submitted to Reassure on 15 February 2022 in which he repeated his declaration that he was medically unfit for work, was not working and had done no paid work. At the beginning of the form there is a statement: 'If you fail to disclose a material fact, give false information or act fraudulently, you could render your policy void'. At paragraph 4b in answer to the question 'have you undertaken any work (paid or unpaid) during your incapacity?' Dr Bowley wrote in capitals 'NO'. In Part B 'Financial' there is the statement 'it is very important that you disclose all financial information fully'. The form has a 'Declaration and consent' section. As with the initial claim form this part of the continuing claim form refers to Dr Bowley consenting to Reassure making enquiries for amongst other things the prevention of fraud. The 'Declaration and consent' section contains the same paragraphs 2, 3 and 4 as set out above in the initial claim form.

35. On 13 June 2024 Dr Bowley submitted a signed and dated continuing claim to Reassure in which he repeated his declaration that he was medically unfit for work, was not working and had done no paid work. As with the first continuing claim form at the beginning of the form there is a statement: 'If you fail to disclose a material fact, give false information or act fraudulently, you could render your policy void'. At paragraph 4b in answer to the question 'have you undertaken any work (paid or unpaid) during your incapacity?' Dr Bowley wrote 'No'. In the section 'B Financial' in answer to 'My other continuing income' Dr Bowley wrote 'None'. In question 15 'Please state estimated or expected date of return to work' Dr Bowley answered 'Not known'. In the 'Declaration and consent' section (as with the initial claim form) refers to Dr Bowley consenting to Reassure making enquiries for amongst other things the prevention of fraud. It also contains the same paragraphs 2, 3 and 4 as set out in the two preceding claim forms.

36. The Tribunal considered the test in Ivey and was satisfied that Dr Bowley knew that the declarations he made on 13 June 2024 were false in that he knew he had been working when he declared he had not and knew he was fit to work when he declared he was not. There were ample warnings in the form he completed (repeated in the two previous claim forms) of the importance of his answers being truthful and honest and the potential consequences if he provided false information.

37. The Tribunal was of the view that, by the standards of ordinary decent people, Dr Bowley's false declarations were dishonest. An ordinary decent person would consider that a doctor making false declarations in order to obtain payment from an income protection

policy by saying he was not working and not fit to work when he was working and was fit to work to be dishonest. Further, the Tribunal determined that an ordinary decent person would expect a doctor to have regard to the professional standards which he was required to operate which includes a requirement to be honest.

38. The Tribunal therefore found Paragraph 5 of the Allegation proved.

The Tribunal's Overall Determination on the Facts

39. The Tribunal has determined the facts as follows:

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

1. Between 26 January 2022 and 6 October 2023 you were employed as a locum GP and undertook regular shifts at Brent Area Medical Centre. **Determined and found proved**

2. On one or more occasions between July and August 2023, you worked at Cheddar Medical Practice as a locum GP. **Determined and found proved**

3. On 13 June 2024 you submitted a Continuing Claim Form ('the Form') to ReAssure:

a. stating you had not undertaken any work between October 2020 and June 2024; **Determined and found proved**

b. stating that your health had prevented you from working as a General Practitioner since October 2020; **Determined and found proved**

c. in order to claim payments under an Income Protection Policy due to the matters set out at paragraphs 3a and 3b; **Determined and found proved**

d. in which you had signed a declaration as set out in Schedule 1. **Determined and found proved**

4. You completed the Form in the way described at paragraph 3, when you knew:-

a. you had worked as set out in paragraphs 1 and 2; Determined and found proved

b. your health had not prevented you from working as a GP as set out in paragraphs 1 and 2. Determined and found proved

5. Your actions as set out in paragraph 3 were dishonest by reason of paragraph 4. Determined and found proved

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

Determination on Impairment - 11/06/2026

40. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration/heard as evidence were confidential. This determination will be handed down in private but as this case concerns Dr Bowley's alleged misconduct, a redacted version will be published at the close of the hearing.

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

42. At the outset of the impairment stage, the Tribunal became aware that Dr Bowley is currently subject to an existing order of suspension in relation to a separate case. That case was considered by a Medical Practitioners Tribunal ('MPT') in March 2025 ('the March Tribunal') and reviewed in November 2025 ('the November review Tribunal'). The Tribunal was invited to conduct a review of this matter under Rule 22(1)(f) of the Rules.

The March Tribunal Background

43. The March Tribunal related to concerns raised by Ms A, a colleague of Dr Bowley at the Cheddar Medical Centre ('CMC') who was also a patient of that practice, that Dr Bowley had accessed her medical records while working at the CMC without her consent or a legitimate reason to do so.

44. The concerns arose in September 2023 when Ms A requested an investigation of the security of her electronic medical records. Ms A gave evidence at the March Tribunal that her relationship with Dr Bowley was *"strained"*, which provided context for her concerns that he had inappropriately accessed her records. It was found that Dr Bowley had accessed her records, and this breach of security and data protection was reported to the Performance Advisory Group and the Information Commissioner's Office. Dr Bowley subsequently self-referred to the GMC in November 2023.

45. The Tribunal noted that Dr Bowley was not present nor legally represented at the March Tribunal and that it determined to proceed in his absence. The March Tribunal noted that Ms A, when informed of what Dr Bowley had done, expressed distress and a sense of violation, as the records contained sensitive personal information about her and her family. She told the March Tribunal that: *"I would receive messages [XXX], I was feeling gaslit by him, it was unpleasant … the undercurrent was one of making me feel like I was the problem and making me feel very uncomfortable".*

46. The March Tribunal acknowledged that the accessing of Ms A's medical records had been an isolated incident but that Dr Bowley's actions were deliberate, intentional and more likely than not motivated by malice towards Ms A due to their difficult professional relationship. It was of the view that he had abused his position of trust on his first day of working at CMC by accessing the medical records of a patient at the practice for whom he had no responsibility. It found that his actions breached paragraphs of GMP relating to confidentiality, respect and public trust in the medical profession, with no explanation from him as to why he had behaved in this way. It was of the view that if members of the public knew that medical records were being accessed without permission or a legitimate reason, they would be shocked. It recorded that doctors are required to ensure the safe storage and handling of medical records and there was an expectation by members of the public that their sensitive data will be carefully controlled, secure and only accessed when absolutely necessary. It concluded that his conduct fell far short of the standards of conduct reasonably to be expected of a doctor as to amount to serious professional misconduct.

47. The March Tribunal found that Dr Bowley's actions had caused Ms A psychological harm and distress. She had felt violated and had likened this access to her sensitive personal data as being akin to a sexual assault. He had targeted her and was more than likely looking at her medical records because of their strained relationship. It determined that he had behaved in a way that was not honest and trustworthy, clearly allowing his personal interests to affect his professional actions, thus acting outside of integrity and breaching fundamental tenets of the medical profession. He should have known, as an experienced doctor, that he

should not access someone's medical records without any legitimate purpose. His actions had significant potential to undermine public confidence in the medical profession.

48. It found that Dr Bowley's actions put patient safety at risk, undermined public trust and confidence in the medical profession and brought the medical profession into disrepute. His actions constituted a significant departure of the standards required of doctors, as set out in GMP. It identified the following aggravating factors: abuse of professional position; Dr Bowley accessing Ms A's medical records and only doing so as a doctor at her practice; the impact of Dr Bowley's actions on Ms A, particularly the psychological harm; the nature of the data that related not just to Ms A but also her family; the lack of insight; the lack of remediation; there being no evidence that Dr Bowley accepted his wrongdoing; there being no remorse, apology or expression of regret; the backdrop to the events i.e. the strained relationship between Dr Bowley and Ms A; and Dr Bowley using work time to focus on personal matters. It identified one mitigating factor namely that the misconduct had not been repeated. It determined that the appropriate sanction was seven months suspension.

49. It formed the view that Dr Bowley had a lot of work to do in respect of insight and remediation to demonstrate to a review tribunal that his fitness to practise was no longer impaired. It was of the view that it may assist the reviewing tribunal if Dr Bowley provided specific and focused evidence of reflection and remediation and that this should address the impact of accessing sensitive personal data without consent or legitimate reason, on the individual, the public and colleagues, and what steps he would take in the future to prevent a similar situation arising.

The November review Tribunal Background

50. There was a review hearing in November 2025 (the November review Tribunal). Dr Bowley did not attend and was not legally represented. The November review Tribunal determined to proceed in his absence. Dr Bowley had provided no evidence to the November Tribunal and in particular none of the material the March Tribunal considered might assist in the review.

51. The November review Tribunal expressed similar concerns about the nature of Dr Bowley's misconduct. It considered that there was a risk of repetition because Dr Bowley had not provided any evidence of remorse, insight or remediation. There was no indication that Dr Bowley's attitude or behaviour had changed since the time of his misconduct. It found that his fitness to practise remained impaired by reason of misconduct. The November review Tribunal took account of the fact that his misconduct was an isolated act, with no evidence of it having been repeated. It took account of the lack of evidence of insight or remediation, in

the context of paragraphs 51 and 52 of the Sanctions Guidance ('SG'). It considered that there had been a serious departure from GMP. It did not consider Dr Bowley's behaviour to be so difficult to remediate that complete removal from the register would be in the public interest but his breach of confidentiality was sufficiently serious that a sanction less restrictive than a suspension order would not be sufficient to maintain confidence in doctors. It was not satisfied that Dr Bowley had insight so could not conclude that any risk of further repetition had been minimised. It considered that a suspension order would have a deterrent effect and would be a signal to Dr Bowley, other doctors and members of the public about the standards expected of a registered doctor in the UK. It imposed a further suspension of 7 months to provide time for Dr Bowley to re-engage, develop insight and remediate, as well as to undertake relevant continuing professional development (CPD) to update his medical skills and knowledge.

52. In its determination it advised that at the next review hearing, the onus would be on Dr Bowley to provide any evidence of insight and remediation. It recorded that the next review tribunal would be greatly assisted by Dr Bowley attending the next hearing and/or providing the following: written or oral evidence from Dr Bowley to demonstrate insight into catalysts for his breach of confidentiality, potential consequences, impact on Ms A and how to avoid similar breaches; evidence of relevant CPD on ethics or data protection and evidence of other steps to remediate; evidence of keeping knowledge and skills up to date.

The evidence

53. The Tribunal has reviewed its findings of fact and in addition, the Tribunal received further evidence as follows.

54. On behalf of the GMC, the Tribunal received a bundle regarding the March Tribunal and the November Review Tribunal.

55. The Tribunal also received written submissions from Mr Edmund Potts, Counsel, on behalf of the GMC.

Submissions

Submissions on behalf of the GMC regarding the new facts found proved

56. Mr Edmund Potts, Counsel, on behalf of the GMC, submitted that the new facts found proved amount to serious misconduct. He drew the Tribunal's attention to Paragraphs 81 and 84 of Good Medical Practice which state that:

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

84. You must be honest in financial and commercial dealings with patients, employers, insurers, indemnifiers and other organisations or individuals."

57. Mr Potts said that these behaviours fall to the high end of the spectrum of seriousness, and reminded the Tribunal that the behaviours were persistent. He said that Dr Bowley made an initial insurance claim, before making subsequent claims over a long period of time. Mr Potts said that these claims amounted to significant sums of money, and that the dishonesty occurred in connection with the performance of Dr Bowley's duties.

58. Mr Potts referred the Tribunal to his written submissions in relation to the significance of a finding of dishonesty. In particular, he referred to the case of *GMC v Theodoropolous* [2017] EWHC 1984 (Admin):

"Dishonesty will be particularly serious where it occurs in the performance of a doctor's duties or involves a breach of the trust placed in a doctor by the community".

59. Mr Potts said that the Tribunal should apply the principles set out in *CHRE v Grant* [2011] EWHC 927 (Admin) when considering impairment in this case. He submitted that the dishonesty found proven in this case is not easily remediable, nor is there any evidence that Dr Bowley has made efforts towards remediation. He therefore submitted that it is not possible to suggest that the behaviour is unlikely to be repeated.

60. Mr Potts drew the Tribunal's attention to the test as set out by Dame Janet Smith in the Fifth Shipman report, particularly that a finding of dishonesty would contribute to a finding of impairment, as dishonesty is likely to bring the profession into disrepute.

61. Mr Potts therefore submitted that, given the nature of the findings of dishonesty, the Tribunal should consider the impact on public confidence in the profession and upholding professional standards. He said that these would be damaged if a finding of impairment was not made.

<u>Submissions on behalf of the GMC regarding the 2025 Tribunals</u>

62. Mr Potts submitted that the behaviours found proved by the March Tribunal demonstrated harm to a patient, and a potential for harm to other patients should the

behaviour be repeated. He submitted that an extra element of public protection should therefore be considered by the Tribunal when considering impairment in this case.

63. Mr Potts submitted that since the November review Tribunal, Dr Bowley has not provided any apology, nor has he provided evidence of remediation. Mr Potts submitted that this lack of engagement suggests that the risk identified by the previous Tribunals remains current and ongoing, and that Dr Bowley's fitness to practise remains impaired in respect of these matters.

The relevant legal principles

In relation to the findings of dishonesty in the current Tribunal

64. There is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

65. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then whether the finding of that serious misconduct poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

66. To assess whether Dr Bowley poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved and the impact of any relevant context known about Dr Bowley and/or their working environment, and
- how Dr Bowley has responded to the allegations.

In relation to the review relating to the March and November 2025 hearings

67. To decide if Dr Bowley's fitness to practise remains impaired, the Tribunal must assess whether he poses any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response.

68. This assessment must be made with reference to the findings of the original March 2025 Tribunal and the findings of the November 2025 Tribunal and any relevant new evidence.

69. On review, the Tribunal should ask the following questions to inform the Tribunal's assessment of whether Dr Bowley poses any current and ongoing risk to public protection requiring restrictive action in response, and if so, what level of risk (low, medium or high):

i. What was the last assessment of current and ongoing risk to public protection resulting in the doctor's fitness to practise being found impaired? (looking back at the previous tribunals' findings)
ii. What has happened since the last assessment of risk and what impact does this have?
iii. How Dr Bowley responded to the March 2025 Tribunal and November 2025 Tribunal?
iv. Has the risk to public protection requiring restrictive action in response changed and if so, how?

70. The Tribunal should only make a finding that the doctor's fitness to practise remains impaired where a decision is reached that Dr Bowley poses a current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response. The decision on whether the doctor remains impaired is one for the Tribunal alone, exercising their judgement. As set out in the November review Tribunal there is an onus on Dr Bowley to provide any evidence of insight and remediation

The Tribunal's determination on impairment in relation to the findings of dishonesty

Is there a legal basis for considering impairment?

71. The Tribunal followed the stepped approach set out in the 2025 SG. The Tribunal took into consideration that the SG's purpose is not to dictate to the Tribunal how it must proceed, but to assist it in making fair, consistent and transparent decisions.

72. Step 2a of the SG asks whether the proven facts engage one or more of the grounds for impairment? In Dr Bowley's case they engage the misconduct ground. The SG defines

misconduct as consisting of acts arising in or outside of a doctor's working life and includes failing to act appropriately or demonstrating behaviour that falls short of what can reasonably be expected. To amount to misconduct, the behaviour will be a serious departure from the professional standards, as set out in GMP. As set out in the determination of facts GMP requires in terms of trust and professionalism for Dr Bowley to act with honesty and integrity. Para 82 GMP required Dr Bowley to make sure that his conduct justified patients' trust in him and the public's trust in his profession. Para 84 GMP required Dr Bowley to be honest in financial and commercial dealings with patients, employers, insurers, indemnifiers and other organisations or individuals. The Tribunal found him in clear breach of each of these provisions and in breach of fundamental tenets of the profession and that this amounted to serious misconduct. The Tribunal found Dr Bowley's dishonesty which involved conduct that was deliberate, planned, perpetrated while he was acting as a doctor and involved dishonest claims for considerable sums of money.

73. Applying case law, the Tribunal is satisfied that the proven facts involved conduct of a morally culpable or otherwise disgraceful kind which brings disgrace upon the doctor and thereby prejudices the reputation of the profession. The Tribunal is also satisfied that Dr Bowley's actions would be regarded as deplorable by fellow practitioners. The Tribunal had regard to caselaw quoted by Mr Potts for the GMC which stated that dishonesty will be particularly serious where it occurs in the performance of a doctor's duties or involves a breach of the trust placed in a doctor by the community. The Tribunal was therefore satisfied that the proven facts engaged the misconduct ground for impairment.

Where on the spectrum of seriousness does the allegation lie?

74. The Tribunal then moved to Step 2b of the SG whereby the Tribunal identifies the starting point for assessing seriousness. The Tribunal has already identified features that increased seriousness namely that Dr Bowley's dishonest conduct was deliberate, planned, perpetrated while acting as a doctor, and that it involved dishonest claims for considerable amounts of money. This behaviour reflected serious breaches of GMP.

75. The Tribunal took account of the SG where it advised that certain types of behaviour such as a serious departure from the professional standards usually fall at the higher end of the spectrum of seriousness because the departure from the professional standards amounts to breaches of the fundamental tenets of the profession such as failing to act with honesty, integrity and uphold the law. The Tribunal took into account the SG guidance on factors indicating low, medium and high levels of seriousness.

76. The Tribunal took into account the SG as to cases falling at the higher end of seriousness. This included dishonesty, other than where it occurred outside of the doctor's professional role (which does not apply in Dr Bowley's case) and was not persistent or repeated (the dishonesty was deliberate and planned in Dr Bowley's case), and the value or other benefit derived was not significant (the value involved in Dr Bowley's case was significant).

77. The Tribunal then considered any factors which might increase seriousness. The Tribunal had been made aware of the previous finding in March 2025 about Dr Bowley's fitness to practise and the determination of the review hearing in November 2025. The facts found proved in the March 2025 Tribunal are different to those found in these proceedings although the previous findings also related to a lack of professionalism and integrity. This confirmed the Tribunal's assessment that the level of seriousness was high.

78. The Tribunal then considered that the March 2025 hearing had resulted in Dr Bowley being suspended with that Tribunal listing a number of expectations for Dr Bowley to consider acting upon between then and the review hearing in November 2025. The Tribunal considered the review hearing in November 2025 and the expectations it set out for Dr Bowley to consider acting upon in advance of this hearing. The Tribunal cannot ignore that Dr Bowley did not engage in either set of proceedings nor provide any evidence that he has considered or responded to any of the expectations of either Tribunal. The Tribunal is satisfied that Dr Bowley has shown disregard for the regulatory framework which exists to protect the public and/or has failed to adequately address the risk that led to the prior action being taken.

79. The Tribunal was satisfied that the misconduct was at the higher end of seriousness and that the starting point for assessing risk is high. The Tribunal noted the submissions made by Mr Potts on behalf of the GMC. He referred to the relevant caselaw that indicated that dishonesty constituted a breach of a fundamental tenet of the profession of medicine, that a finding of dishonesty lies at the top end of the spectrum of gravity of misconduct and it would be an unusual case where dishonesty is not found to impair fitness to practise. The Tribunal was satisfied that the caselaw was in line with its approach using the SG.

<u>What is the impact of any relevant context known about Dr Bowley and/or their working environment?</u>

80. The Tribunal then considered Step 2C of the SG and if there was any relevant context to be taken account of in particular Dr Bowley's working environment, role and experience and personal context. The Tribunal noted that Dr Bowley was a long serving and experienced

GP as opposed to a newly qualified doctor who might be less sure what to do in particular situations. The Tribunal noted that after many years as a GP Dr Bowley XXX and in all likelihood his initial claim was legitimate. The Tribunal did not consider that these factors affected its starting point of a high level of risk.

Insight and remediation

81. The Tribunal then considered Step 2d of the SG. It considered what evidence there is relating to insight. In this case Dr Bowley had provided no evidence of insight. It considered what evidence there is relating to remediation to assess if the allegation is remediable, has been remedied and is likely to be repeated. Dr Bowley had provided no evidence of remediation. The Tribunal considered that dishonesty was capable of remediation though it was difficult to remediate. There was no evidence provided that the dishonesty had been remedied. There remained a risk of repetition in these circumstances. The Tribunal had regard to the guidance given by Dame Janet Smith in the Fifth Shipman report and asked if its findings of fact in respect of the doctor's misconduct show that Dr Bowley's fitness to practise is impaired in the sense that he: (a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or (b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or (c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or (d) has in the past acted dishonestly and/or is liable to act dishonestly in the future." The Tribunal is satisfied that limbs (b), (c) and (d) apply in Dr Bowley's case.

82. The Tribunal considered if Dr Bowley had kept his knowledge and skills up to date. It seemed more likely than not that on the evidence he had not worked since October 2023. He has been suspended since March 2025. In the bundle Dr Bowley referred to reading journals in order to keep up to date. The Tribunal had concerns given the paucity of evidence from Dr Bowley that he had fully kept his knowledge and skills up to date since October 2023. The Tribunal did not consider that these factors affected the starting point of a high level of risk.

83. The Tribunal considered the SG guidance on insight namely does Dr Bowley understand what happened and accept how he could have acted differently? A doctor can demonstrate insight by showing that they have considered the allegation, understood what went wrong, accepted they should have acted differently, fully understood the impact or potential impact of their behaviour, and demonstrated empathy for any individual affected. A doctor could demonstrate this by, for example, apologising, taking steps to remediate and to identify how they will act differently in the future to avoid similar issues arising, co-operated

with earlier investigations into the allegation and engaged with the GMC's investigation. Dr Bowley in providing nothing to the Tribunal had demonstrated none of the above.

Tribunal's decision as to whether Dr Bowley poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

84. The Tribunal then considered Step 2e of the SG namely on the basis of the conclusions reached in steps 2b, 2c and 2d it had to decide if the doctor poses any current and ongoing risk to public protection and make a finding on impairment. Having carefully considered all the relevant Steps in the SG the Tribunal has concluded that Dr Bowley poses a high current and ongoing risk to two of the three parts of public protection, namely promoting and maintaining public confidence in the medical profession and promoting and maintaining proper professional standards and conduct for members of that profession. There is also a risk to patient health and safety given the paucity of evidence that Dr Bowley has kept up to date with his knowledge and skills. The Tribunal is satisfied that restrictive action in response is needed. The Tribunal finds that the facts in this case amount to misconduct and that Dr Bowley's fitness to practice is currently impaired.

85. Having determined that this case falls to the high end of the spectrum of seriousness and that there is a high risk of repetition, the Tribunal accordingly determined that there is a high risk to public protection in this case.

The Tribunal's review of the impairment found by the 2025 Tribunals

86. The Tribunal considered a circular dated 26 November 2025 which provided the following questions to help a Tribunal reviewing a previous finding of impairment:

> *"i. What was the last assessment of current and ongoing risk to public protection resulting in the doctor's fitness to practise being found impaired? (Look back at the previous tribunal's findings)*
>
> *ii. What has happened since the last assessment of risk and what impact does this have?*
>
> *iii. How has the doctor responded to the previous tribunal's findings?*
>
> *iv. Has the risk to public protection requiring restrictive action in response changed and if so, how?"*

What was the last assessment of current and ongoing risk to public protection?

87. The Tribunal considered the findings of the November review Tribunal. That Tribunal found that Dr Bowley's fitness to practise was impaired and that all three limbs of public protection (patient safety, public confidence, and upholding professional standards) were engaged.

What has happened since the last assessment of risk and what impact does this have?

88. The Tribunal did not identify any new evidence which demonstrates a material change in this case since it was last reviewed. The Tribunal was mindful that Dr Bowley is now also subject to new proceedings regarding allegations which happened at the same time as the index concerns.

89. The Tribunal did not receive any evidence from Dr Bowley to suggest a reduction of risk, or to suggest that his fitness to practise is no longer impaired.

How has the doctor responded to the previous Tribunal's findings?

90. The Tribunal noted that Dr Bowley has continued with his lack of engagement by not attending or arranging legal representation or engaging in the current proceedings despite the specific invitation to do so from the November 2025 Tribunal. The Tribunal notes that Dr Bowley did not respond to either the March 2025 or November 2025 Tribunal determinations despite each Tribunal identifying what material would assist a review hearing. In light of the absence of new evidence the determination of the March and November review Tribunals remain correct and there is no reason to go behind them.

91. The Tribunal was also mindful that the March Tribunal and the November review Tribunal listed their expectations and suggestions which could help Dr Bowley in further reviews. The Tribunal was therefore satisfied that Dr Bowley was aware of what he could have done, and therefore has not engaged with the expectations of two separate Tribunals. The Tribunal was mindful that in a review hearing, the onus is on the doctor to demonstrate that there has been a change in their circumstances.

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

92. The Tribunal did not find there to be a reduction in risk since the previous Tribunals. It considered that there may have been a slight increase in risk when considering these

behaviours in the context of the new facts found proved at Stage 1 of this Tribunal's proceedings.

93. In all the circumstances, the Tribunal was satisfied that the risk to all three elements of public protection remains high, and that Dr Bowley's fitness to practise accordingly remains impaired.

Determination on Sanction - 12/06/2026

94. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.

The Evidence

95. The Tribunal has reviewed its findings at the facts and impairment stages and has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

96. The Tribunal received no further evidence but considered oral and written submission on behalf of the GMC provided by Mr Potts, Counsel.

Submissions

97. On behalf of the GMC, Mr Potts submitted that the sanction imposed on Dr Bowley is a matter for this Tribunal to determine in accordance with Rule 22(1)(g). He reminded the Tribunal that a sanction is not imposed to punish or discipline a doctor, but that a sanction may nonetheless have a punitive effect.

98. Mr Potts submitted that the appropriate and proportionate sanction in this case would be one of erasure.

99. He referred the Tribunal to the Sanctions Guidance ('SG'). He submitted that the Tribunal should consider the least restrictive action necessary to appropriately protect the public.

100. In respect of taking no action, Mr Potts referred to Paragraph 13 of the Guidance which states that, unless in a case where there are exceptional circumstances present, it will "*usually be necessary for the MPT to restrict the doctor's registration*" following a finding of impairment. Mr Potts said that there are no such exceptional circumstances in this case, and that taking no action would therefore not be an appropriate sanction.

101. Mr Potts further submitted that imposing a sanction of conditions would not be appropriate in this case. He submitted that it had been found by this Tribunal that Dr Bowley breached a fundamental tenet of the medical profession, and that there are therefore no conditions which could address the specific findings about the current and ongoing risk he poses to public protection.

102. Mr Potts drew the Tribunal's attention to Paragraph 23 of its Guidance which states that:

"22. Conditions are likely to be workable where:

a. *the doctor has shown insight*
b. *time is needed for the doctor to take steps to address the findings (remediate), for example through retraining, study, supervision and/or seeking medical treatment*
c. *the doctor is willing to remediate*
d. *the MPT is satisfied the doctor will comply with them."*

103. Mr Potts submitted that none of these factors are made out in this case. He said that there is no evidence of insight or remediation, and Dr Bowley's lack of engagement with the regulator and these proceedings suggest that the Tribunal cannot be satisfied he would comply with an order of conditions.

104. Regarding the possible sanction of suspension, Mr Potts reminded the Tribunal of its finding of a high level of risk to public protection, both in relation to the new misconduct and the case under review. Mr Potts drew the Tribunal to Paragraph 62 of the SG and the sanction banding there which suggests that the appropriate sanction in this case would be suspension for 9 months to erasure.

105. He submitted that a finding of dishonesty inherently falls to the top end of the spectrum of seriousness, often resulting in erasure. He referred the Tribunal to the case of *Nicholas-Pillai v GMC* [2009] EWHC 1048 which states that in dishonesty cases, "*that sanction will often and perfectly properly be the sanction of erasure, even in the case of a one-off instance of dishonesty*".

106. Mr Potts also drew the Tribunal to the case of *Naheed v GMC* [2011] EWHC 702 (Admin) which states:

"Where dishonest conduct is combined with a lack of insight, is persistent or is covered up, nothing short of erasure is likely to be appropriate."

107. Mr Potts said that this case law is relevant as Dr Bowley's dishonesty was persistent and that he has shown a lack of insight into his behaviour in both cases before this Tribunal.

108. He further submitted that Dr Bowley has a history of more than one type of misconduct, and that this should be considered as an aggravating factor in this case. Mr Potts also said that Dr Bowley has not engaged with either set of proceedings. He also submitted that a further aggravating feature is the significant financial sum gained through Dr Bowley's dishonesty.

109. In all the circumstances, Mr Potts submitted that there is no evidence to suggest that the sanction imposed in this case should be in the lower range of the suggested sanction band. He submitted that the combined impact of finding a high risk to public protection in respect of both cases suggests that suspension no longer meets the requirement of upholding the overarching objective of public protection. He therefore said that the Tribunal should proceed to consider the sanction of erasure.

110. Mr Potts referred the Tribunal to Paragraph 57 of the SG which states that erasure is the appropriate sanction when:

a. *"Conditions are not appropriate, measurable and/or workable; and suspension is not sufficient to protect the public.*
b. [The Tribunal have assessed the doctor as posing a high risk of harm. The risk of harm cannot be mitigated sufficiently through conditions or suspension, because it is clear that Dr Bowley's existing suspension has had no impact on reducing the risk he poses. The risk of harm extends directly to patients by virtue of the matter under review.]
c. *The doctor has shown a persistent lack of insight into the seriousness of the allegation* [by refusing to engage with his regulator and these proceedings.]
d. *The seriousness of the facts found proven mean that the doctor continuing to hold registration is such that it will undermine public confidence in the profession.* [This is especially so given the findings of impairment on the basis of more than one incident of misconduct]*."*

111. In all the circumstances, Mr Potts submitted that all of these factors are satisfied and it would therefore be appropriate to erase Dr Bowley from the medical register.

The Tribunal's Determination on Sanction

112. The decision as to the appropriate sanction to impose in this case is a matter for the Tribunal exercising its own independent judgement.

113. The Tribunal followed the stepped approach set out in the SG and noted the purpose of the SG is not to dictate to the Tribunal how it must proceed, but to assist the Tribunal to making fair, consistent and transparent decisions.

114. The Tribunal considered Step 3 of SG and considered what sanction is proportionate i.e. is needed but no more than necessary to protect the public. The Tribunal reviewed its decision on impairment, namely that Dr Bowley presented a high current and ongoing risk to public protection in terms of promoting and maintaining public confidence in the medical profession and in relation to promoting and maintaining proper professional standards and conduct for members of the profession.

115. The Tribunal excluded the sanction of taking no action. This sanction was only available in exceptional circumstances which did not apply in this case. The sanction of a warning did not apply since Dr Bowley had been found to be currently impaired. The sanction of undertakings was not applicable since they needed to be agreed by the GMC and Dr Bowley and his lack of engagement meant that this sanction could not be considered. This left the Tribunal with the following available sanctions.

(a) Put conditions on his registration for up to 3 years with or without a review
(b) Suspension for up to 12 months noting that no conditions can be attached to suspension but that the Tribunal can make suggestions as to what might be helpful to enable the doctor to resume practice (as happened with the March and November Review Tribunals).
(c) Erasure

116. When making its decision, the Tribunal reminded itself of its earlier conclusions at the facts stage (namely that there had been serious misconduct at the high end of seriousness) and impairment stage (namely there was a high current and ongoing risk to public protection). The Tribunal reminded itself that its determination as to sanction is consistent with those findings.

117. The Tribunal reminded itself that it should determine a sanction that is required but is no more than necessary to achieve public protection, approaching the question by considering if the least restrictive action is appropriate, and not making a final decision until the options immediately above and below the action the MPT is minded to take, have also been assessed.

118. The Tribunal reminded itself that it could consider the impact of any sanction on patients and members of the public and the delivery of health services. There can be a public interest in facilitating a doctor's return to safe practice. However the decision on what sanction is required should reflect the level of current and ongoing risk to one or more of the three parts of public protection that have been identified, and which take into account the seriousness of the allegations, and must be consistent with the Tribunal's role to protect the public. In this case it appeared that Dr Bowley had not practised since October 2023 and had been suspended since March 2025.

119. The Tribunal considered the interests of Dr Bowley including the impact on his career. However case law is clear that the need to protect the public always outweighs the interests of any individual medical professional. And while restrictive action is not put in place to punish or discipline a doctor, a sanction may have a punitive effect yet still remain necessary in order to maintain public protection.

Conditions

120. When considering the potential imposition of conditions, the Tribunal was mindful that dishonesty is hard to remediate, and that there is no evidence that Dr Bowley has attempted to engage with these proceedings, or to remediate.

121. The Tribunal considered that the sanction of conditions was not a proportionate or practical response. The Tribunal had regard to the SG guidance as to four factors whereby conditions are likely to be workable. The Tribunal was satisfied that none applied in this case.

122. Factor (a): the doctor has shown insight: as set out in its determination on impairment Dr Bowley has shown no insight. He has not engaged in these proceedings. He did not engage in the March or November 2025 proceedings. He has not provided any evidence in this respect.

123. Factor (b): that time is needed for the doctor to take steps to address the findings (remediate), for example through retraining, study, and/or supervision: the Tribunal took into

account that Dr Bowley was suspended for seven months in March 2025 and given an opportunity to respond particularly in the ways set out in the March Tribunal determination. The Tribunal took into account that Dr Bowley was suspended for a further seven months at the November Review Tribunal. Again he was given an opportunity to respond particularly in the ways set out in the November Review Tribunal's determination. The Tribunal was not satisfied that any further time was needed for Dr Bowley to take steps since he had not engaged in nor provided any evidence of taking any steps over the fifteen months of suspension.

124. Factor (c): is whether the doctor is willing to remediate: the Tribunal is satisfied that in light of Dr Bowley's lack of engagement in these proceedings and his failure to provide any evidence to the March and November Review Tribunals, the Tribunal is satisfied that Dr Bowley is not willing to remediate.

125. Factor (d): the Tribunal is satisfied the doctor will comply with conditions: the Tribunal is not satisfied for all the reasons set out above that Dr Bowley would not comply with conditions.

126. In addition, the Tribunal took account of the SG advice that conditions are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor's behaviour fall at the higher end of the spectrum of seriousness and suggest an underlying problem with their attitude. The Tribunal has determined that Dr Bowley's dishonesty was at the high level of seriousness.

Suspension

127. In terms of suspension the Tribunal considered the SG advice that this was an appropriate sanction where the doctor's behaviour is such that their ability to practise safely and effectively, is currently incompatible with unrestricted registration and that the current and ongoing risk to public protection posed by the doctor needs to be managed by restricting their registration for a period, with the aim they should be able to safely return to unrestricted practice in the future.

128. The Tribunal considered the SG advice that suspension may be proportionate in cases where some, or all, of the following factors are present. The first factor (a) was when conditions are not appropriate, measurable and/or workable. The Tribunal is satisfied that this applies. Factor (b) is that the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies

and remediate, or undergo medical treatment. The Tribunal has already noted that Dr Bowley has failed to respond to the suspension imposed in the March Tribunal and again failed to respond to the suspension imposed by the November Review Tribunal. It was satisfied that this factor made the sanction of suspension inappropriate. Factor (c) is that the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards. The Tribunal is satisfied that while both the March Tribunal and the November Review Tribunal considered suspension was then appropriate this Tribunal cannot be so satisfied at this stage given Dr Bowley's failure to respond to those periods of suspension.

Erasure

129. Having determined that conditions or suspension would not be appropriate sanctions, the Tribunal moved to consider erasure. The Tribunal took account of the SG advice that erasure is available for those cases where a doctor's behaviour is incompatible with continued registration at this point in time where the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.

130. It considered Paragraph 57 of its Guidance which states that erasure is the appropriate sanction when:

> *"Erasure may be the proportionate response where:*
>
> *a. conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
>
> *b. the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
>
> *c. the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
>
> *d. the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession."*

131. In relation to factor (a), as the Tribunal has already determined, conditions are not appropriate. The Tribunal has already determined that suspension is not sufficient to protect the public. In relation to factor (b) the Tribunal has already determined that Dr Bowley's

dishonesty was of a high level of seriousness. It has also already determined that the current and ongoing risk to public protection is high and that the risk cannot be mitigated sufficiently through conditions or suspension. In relation to factor (c) in this case Dr Bowley has shown a failure to engage with the March and November Review Tribunals and failed to engage with this Tribunal. In the Tribunal's judgement this shows a persistent lack of insight given the ample opportunities for Dr Bowley to engage and provide the material suggested in the March and November Review Tribunals. In relation to factor (d) the Tribunal has found that the proved facts amount to dishonesty at a high level of seriousness and that there is a high current and ongoing risk to public protection. The Tribunal is satisfied that these findings mean that for Dr Bowley to continue to hold registration would undermine public confidence in the profession.

132. The Tribunal considered the SG bandings which, in relation to dishonesty where there was a high-level risk to public protection, suggested a range of sanctions of suspension for 9 months to erasure. Given the Tribunal's determination that suspension is not a workable or proportionate response the Tribunal's provisional determination is that the appropriate sanction is erasure.

133. Before finalising its decision the Tribunal must consider any additional evidence that may be relevant to deciding what sanction is proportionate. In this case Dr Bowley has provided no additional evidence that changed the Tribunal's provisional view.

134. The Tribunal considered the relevant caselaw as set out in Mr Potts's submissions on behalf of the GMC. The Tribunal took account of *Nicholas-Pillai v GMC* [2009] EWHC 1048 it was held at [27]: *"In cases of actual proven dishonesty, the balance ordinarily can be expected to fall down on the side of maintaining public confidence in the profession by a severe sanction against the practitioner concerned. Indeed, that sanction will often and perfectly properly be the sanction of erasure, even in the case of a one-off instance of dishonesty."*

135. It took account of *Naheed v GMC* [2011] EWHC 702 (Admin) the Court at [22] endorsed the submission that *"where dishonest conduct is combined with a lack of insight, is persistent or is covered up, nothing short of erasure is likely to be appropriate."* The Tribunal is satisfied that in Dr Bowley's case serious dishonesty (in which a substantial sum was improperly claimed) is combined with a lack of insight whereby nothing short of erasure is appropriate. The Tribunal was satisfied that the caselaw guidance supported its determination.

136. The Tribunal then took a step back and reconsidered the less restrictive sanction of suspension to check that its provisional determination of erasure was proportionate and

necessary. The Tribunal reminded itself that the sanction of suspension had been tried twice without any response from Dr Bowley. The Tribunal then determined that its provisional determination of a sanction of erasure was both proportionate and necessary. The Tribunal therefore determined that Dr Bowley should be erased from the medical register.

137. The Tribunal have directed to erase Dr Bowley's name from the Medical Register. The MPTS will send Dr Bowley a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during any appeal period.

138. This concludes the case.

ANNEX A – 08/06/2026

Service

139. Dr Bowley is neither present nor represented today.

140. The Tribunal was provided with a service bundle in advance of the hearing.

141. The Tribunal considered whether the relevant documents have been served in accordance with Rules 15 and 40 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), and paragraph 8 of the Fourth Schedule of the Medical Act 1983. In so doing, the Tribunal has taken into account all of the evidence before it, together with the submissions made by Mr Edmund Potts, Counsel, on behalf of the GMC.

142. The Tribunal was provided with a screenshot of Dr Bowley's registered address and his email address. On 29 April 2026, the GMC sent the Notice of Allegation (NoA) to Dr Bowley's registered address by special delivery post and by email to his registered email address. The Tribunal noted the Royal Mail Track and Trace Receipt showed the NoA was delivered at Dr Bowley's registered address on 1 May 2026 at 11:31am and signed for. The Tribunal further noted that on 1 May 2026, the MPTS sent the Notice of Hearing (NoH) to Dr Bowley's registered address. The Royal Mail Track and Trace Receipt showed this was delivered at Dr Bowley's registered address on 2 May 2026 at 11:21am and signed for. The Tribunal therefore determined that notice of this hearing and the requisite GMC documentation, has been served in accordance with the relevant provisions.

143. The Tribunal had regard to the relevant Rules which required notice of a new hearing to be served on the practitioner no later than 28 days before the hearing held under Rule 22 of the Rules. This required that such a notice or document to be served under the Rules may be served by ordinary post, or by electronic mail to an electronic mail address, which the practitioner had notified to the Registrar as an address for communications.

144. Based upon the evidence before it, the Tribunal was satisfied that the NoH had been served upon Dr Bowley at his registered address in accordance with the relevant Rules.

145. Having determined that service had been effected, the Tribunal then needed to consider whether to proceed in Dr Bowley's absence pursuant to Rule 31.

Proceeding in Dr Bowley's Absence

146. Mr Potts invited the Tribunal to proceed in Dr Bowley's absence. He submitted that it is clear from the service bundle that all reasonable efforts had been taken to serve the necessary documentation on Dr Bowley. He added that from Dr Bowley's email response dated 10 July 2025, Dr Bowley was aware of the GMC investigation into the matters before the Tribunal. He submitted that Dr Bowley had made a conscious decision not to engage with the regulatory process. He submitted that Dr Bowley had voluntarily absented himself.

147. In making its determination the Tribunal noted that the decision as to whether or not the hearing should proceed in Dr Bowley's absence was a matter for its discretion and that such discretion was to be exercised with care and caution. The Tribunal noted Rule 31 for determining applications to proceed in absence which sets out:

"Where the practitioner is neither present nor represented at a hearing, the Committee or Tribunal may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules."

148. The Tribunal also had regard to the principles set out in *Adeogba v the GMC [2016] EWCA Civ 162* and the case of *R v Jones [2002] UKHL5* and *General Medical Council v Visvardis [2016] EWCA Civ 162*. For reference, the Legally Qualified Chair's full advice is appended to this determination. The Tribunal had regard to all the circumstances including the following.

- The nature and circumstances of the doctor's behaviour in absenting himself, in particular, whether the behaviour was voluntary and therefore waived the right to be present;
- Whether an adjournment would secure Dr Bowley's attendance;
- The likely length of any such adjournment;
- The extent of any disadvantage to the doctor in not being able to present his account of events;
- The public interest that a hearing should take place within a reasonable time.

149. The Tribunal has balanced Dr Bowley's interests with the public interest in deciding whether to proceed in his absence.

150. The Tribunal has determined that Dr Bowley had been properly served with the hearing documentation. That documentation clearly set out the date and time of today's hearing, and advised Dr Bowley that the Tribunal may decide to proceed with his case in his absence. Having considered all of the available information, the Tribunal determined that Dr

Bowley's asbence was voluntary and that he had chosen not to attend or engage in the hearing and that he had waived his right to be present.

151. The Tribunal considered that there is no evidence before it to persuade it that adjourning the hearing today was likely to secure Dr Bowley's attendance in the near future. It was of note that beyond the email response from Dr Bowley to the GMC on 10 July 2025, Dr Bowley has not engaged with the regulatory process.

152. The Tribunal bore in mind the overarching objective, which is to protect the public, and of the need to dispose of the issues raised in this case expeditiously. The Tribunal considered that as part of his professional obligations, the onus is on Dr Bowley to take steps to attend the hearing and arrange representation if he wished to do so and that 'although attendance by the practitioner is of prime importance, it cannot be determinative' due to the adverse impact on the effective and efficient running of hearings.

153. The Tribunal was mindful that proceeding in Dr Bowley's absence may cause some disadvantage to him. However, he has been served with the requisite documentation and been provided with proper information about this hearing. The Tribunal took into account the length of any likely delay and associated costs if the hearing was adjourned.

154. The Tribunal could identify no valid reason, based on the information before it, to adjourn the hearing. It was therefore determined, in all the circumstances, that it was proper and in the public interest to proceed with Dr Bowley's hearing in his absence.

Annex B

Legally Qualified Chair's Advice on Service and Proceeding in Dr Bowley's Absence

The Tribunal is asked to consider the GMC's application to proceed in the absence of the doctor pursuant to r31 General Medical Council (Fitness to Practice) Rules 2004 as amended (the Rules).

The Tribunal must determine that:

(a) The notice of hearing in the format set out in r15 and with a least 28 days' notice (r15) has been properly served by post or e-mail on the doctor pursuant to r40 The Rules ((a) by ordinary post; or (b) by electronic mail to an electronic mail address that the practitioner has notified to the Registrar as an address for communications).

(b) That the doctor was aware of the dates of hearing and had chosen not to attend.

(c) That all reasonable efforts have been made to serve the doctor with notice of hearing in accordance with the Rules (r31).

(d) If by e-mail must be satisfied that the doctor has read the e-mail, not just received it.

What to consider when considering an application to proceed in absence: The criteria include (but are not limited to) applying the cases of *General Medical Council v Adeogba*; *General Medical Council v Visvardis [2016] EWCA Civ 162*:

(i) Where the adjournment is because the doctor is absent (1) the nature and circumstances of the doctor's behaviour in absenting himself and in particular whether the behaviour was voluntary and so plainly waived the right to be present; (2) Whether the doctor, though absent, wished to be represented or had waived the right to representation; (3) Whether the doctor's representatives were able to receive instructions and the extent to which they could present the doctor's defence; (4) The extent of the disadvantage to the doctor in not being able to present his account of events; (5) The risk of the tribunal reaching an improper conclusion about the absence of the doctor;

(ii) whether an adjournment might result in the doctor attending;

(iii) the likely length of any adjournment (any new hearing date may be 6 months or more in the future);

(iv) the extent of the disadvantage to the doctor in not being able to give an account of events having regard to the nature of the case against him;

(v) the general public interest and general assumption that delay is the enemy of justice and fairness and that a hearing should be held within a reasonable time

(vi) the effect of delay on the memories of witnesses.

(vii) the differences between a criminal trial and the hearing of disciplinary allegations by a professional regulator (whose objective is the protection of the public) – any analogy between criminal prosecution and regulatory proceedings could not be taken too far given the important regulatory objective in play, namely the "fair, economical, expeditious and efficient disposal of allegations made against medical practitioners", and the absence of any

available means to enforce attendance by a registrant in contrast to those available to enforce attendance by a defendant in a criminal trial.

(viii) the GMC represent the public interest in relation to standards of healthcare. It would run entirely counter to the protection, promotion and maintenance of the health and safety of the public if a practitioner could effectively frustrate the process and challenge a refusal to adjourn when that practitioner had deliberately failed to engage in the process.

(ix) The consequential cost and delay to other cases (at a training session for MPTS Tribunal members it was reported that the average daily cost was £2,500 just for the Tribunal excluding the costs for the GMC and doctor). It is difficult to fill vacated days at short notice so adjournments are likely to lead to wasted valuable hearing days.

(x) There is a burden on medical practitioners, as there is with all professionals subject to a regulatory regime, to engage with the regulator, both in relation to the investigation and ultimate resolution of allegations made against them. That is part of the responsibility to which they sign up when being admitted to the profession. The onus is on the doctor to take steps to attend the hearing and arrange representation if they wish to do so and that 'although attendance by the practitioner is of prime importance, it cannot be determinative' due to the adverse impact on the effective and efficient running of hearings.

(xi) Discretion whether or not to proceed must then be exercised having regard to all the circumstances of which the Panel is aware with fairness to the practitioner being a prime consideration but fairness to the GMC and the interests of the public also taken into account;

(xii) Any emphasis on the fact that this was the first hearing and that an adjournment was unlikely to be highly disruptive or inconvenient to attending witnesses is misplaced. To suggest that the practitioner must be allowed one (or perhaps more than one) adjournment is to fly in the face of the efficient despatch of the regulatory regime. In addition, an adjournment was highly disruptive: the members of the Panel, the legal assessor, the staff and the accommodation had been set up… Organising another hearing would have been both disruptive and inconvenient. No regulatory system can operate on the basis that a failure to attend should lead to an adjournment on the basis that the practitioner might not know of the date of the hearing (rather than having disengaged from the process or even adopted an 'ostrich like attitude'): any culture of adjournment is to be deprecated. The system simply could not operate efficiently or effectively and although attendance by the practitioner is of prime importance, it cannot be determinative.

Schedule 1

1. I declare to the best of my knowledge and belief, that the information and statements given in the claim form to which this consent is attached are true and complete. I have not knowingly withheld any information.

2. I agree that throughout my claim I will provide true and complete statements to ReAssure when I am asked for information.