

## PUBLIC RECORD

Dates: 28/05/2026

Doctor:	Dr Samuel JOHNSON
GMC reference number:	7427078
Primary medical qualification:	MB BS 2013 University College London
Type of case Review of misconduct	Outcome on impairment Not Impaired

## Summary of outcome

Suspension revoked.

## Tribunal:

Legally Qualified Chair	Tamina Greaves
Lay Tribunal Member:	Nicola Stephenson
Registrant Tribunal Member:	Dr Euan Strachan-Orr
Tribunal Clerk:	Rachel Horkin

## Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ben Rich, Counsel, instructed by the MDDUS.
GMC Representative:	Lucy Chapman, 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 Impairment - 28/05/2026

### Overarching Objective

1. 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.
2. Parts of this hearing were heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules). This determination will be handed down in private due to the confidential nature of matters heard as evidence. However, as this case concerns Dr Johnson's alleged misconduct a redacted version will be published at the close of the hearing.

### Background

3. Dr Johnson qualified in 2013 with a Bachelor of Medicine, Bachelor of Surgery Degree (MB BS) from University College London. At the time of the events in question Dr Johnson was practising as a Specialist Trainee 5 (ST5) in forensic psychiatry, based at South London and Maudsley NHS Trust, Bethlem Royal Hospital (River House). In May 2025 Dr Johnson was employed by Birmingham and Solihull NHS Foundation Trust as a Consultant Forensic Psychiatrist.

### The 2025 Tribunal

4. The facts admitted and found proved at Dr Johnson's hearing which took place in May 2025 (the '2025 Tribunal') can be summarised as: Dr Johnson, following a seclusion review of a patient undertaken on 14 November 2022, by Dr A at which Dr Johnson was present, set up an email address in the name of Dr A in order to create a log in profile on Portfolio Online in Dr A's name. On 15 November 2022, Dr Johnson submitted a false workplace-based assessment (WPBA) relating to the patient, giving the impression that it had been completed by Dr A, which it had not, and that Dr Johnson had led the Assessment, which he had not.

5. Dr Johnson subsequently contacted Portfolio Online impersonating Dr A and sought to remove the email address from the WPBA in an attempt to prevent detection of his actions, in the knowledge that Dr A was not connected to the email address, nor had Dr A completed the WPBA. Further, the day after these events Dr Johnson produced a reflective document that he knew contained false information. Dr Johnson admitted, and the 2025 Tribunal found proved, that his actions were dishonest.

6. The 2025 Tribunal concluded that Dr Johnson's dishonest conduct fell far below the standards expected of a doctor, was contrary to Good Medical Practice and breached a fundamental tenet of the medical profession namely that of honesty and integrity. The 2025 Tribunal therefore concluded that Dr Johnson's actions amounted to misconduct and that that misconduct was serious.

7. The 2025 Tribunal noted that Dr Johnson accepted that he should have behaved differently. It was satisfied that there was evidence of Dr Johnson's development of insight but that this was not fully developed.

8. The 2025 Tribunal determined a period of suspension to be the appropriate and proportionate sanction to fulfil the overarching objective. It considered that a period of suspension would balance Dr Johnson's interests with the need to send a clear message that his behaviour was wholly unacceptable for a member of the medical profession and that this behaviour is unacceptable in order to uphold professional standards and public confidence.

9. The 2025 Tribunal was satisfied that the maximum period of suspension of Dr Johnson's registration would send a clear message to Dr Johnson, the profession, and the wider public that dishonesty constitutes behaviour unbecoming a registered medical practitioner and will be taken seriously. It will also give Dr Johnson adequate time to further remediate, gain full insight and complete any professional development needed in order to ensure that his medical knowledge remains up to date. The Tribunal therefore determined that Dr Johnson's registration should be suspended for a period of 12 months.

10. The 2025 Tribunal considered that it may assist the reviewing Tribunal if Dr Johnson provided:

- A further reflective statement to include how Dr Johnson's insight has developed into the issues that brought him to this position and how he would respond differently in the future;
- Continuing Professional Development to demonstrate that he has maintained his medical skills and knowledge;
- Dr Johnson may also provide any other information that he considers will support his case in showing that his fitness to practise is no longer impaired.

## Today's hearing

11. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Johnson's fitness to practise is impaired by reason of misconduct.

### The Evidence

12. The Tribunal has taken into account all the documentary evidence received.

13. Dr Johnson provided a statement and also gave oral evidence at the hearing.

14. Dr Johnson told the Tribunal that he undertook a boundaries course which provided an overarching review of GMC expectations in various domains including breaching of boundaries with colleagues. Dr Johnson accepted that his insight at the time of the initial hearing was not fully developed and stated that he had not taken time to digest what he had done. Dr Johnson informed the Tribunal that he has not worked at all during his period of suspension, and he has used this time to find his feet and digest what he has done.

15. Dr Johnsons stated that, in the event that the Tribunal finds that his fitness to practise is no longer impaired, a return to work could be considered. Dr Johnson stated that he would have to apply for a new post, aiming to come back at a SAS grade, with some oversight from Dr B as the lead clinician and an experienced forensic psychiatrist at Ardenley Hospital. Dr Johnson indicated that this would be a phased return.

16. Dr Johnson stated that he would have the ongoing support of XXX for his duration of his return to work. Dr Johnson also stated that he would have the ongoing input of XXX. Dr Johnson stated that there are ongoing support networks through XXX and he advised that he has the support of friends.

17. The Tribunal received the following documentary evidence, which included but was not limited to:

- Reflections following MDDUS Bespoke 1:1 session- Probity and Professionalism risks;
- Evidence of CPD, both clinical and non-clinical;
- Letter from Birmingham and Solihull Mental Health NHS Foundation Trust, dated 11 December 2025;
- XXX;
- XXX;
- Character reference, Dr D, Consultant Anaesthetist, dated 17 May 2026;
- Email from Dr E, Clinical Director of Secure and Offender Health, dated 21 May 2026.

### Submissions

#### Submissions on behalf of the GMC

18. On behalf of the GMC, Ms Chapman submitted that, whilst this is a matter for the Tribunal exercising its own judgement, the GMC is neutral as to whether Dr Johnson's fitness to practise remains impaired.

19. Ms Chapman reminded the Tribunal that impairment is a forward-facing exercise considering any current or ongoing risk to the public and public interest matters in light of the seriousness of the past misconduct as identified in the overriding objective, namely to protect and promote health, safety and the well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain professional standards and conduct for members of that profession.

### Submissions on behalf of Dr Johnson

20. On behalf of Dr Johnson, Mr Rich submitted that the 12 months suspension, imposed by the original Tribunal was sufficient to answer the seriousness of the case. Mr Rich reminded the Tribunal that the 2025 Tribunal found that the risk of repetition was unlikely and there has been good progress on the matter of insight by Dr Johnson. Mr Rich submitted that, should Dr Johnson be allowed to return to clinical practice, he wishes to go back to work in a protected environment where he can re-build his skills and also remediate. Mr Rich informed the Tribunal that Dr Johnson had also closed his limited company relating to non NHS work.

21. Mr Rich reminded the Tribunal of the CPD courses that Dr Johnson has attended and has provided written reflections on. Mr Rich also reminded the Tribunal of the testimonials provided.

22. Mr Rich submitted that Dr Johnson has reflected, undertaken CPD and developed the insight to the extent that he was lacking at the original hearing. Mr Rich stated that Dr Johnson has accepted the 2025 Tribunal's finding, reflected on them and internalised them. Mr Rich stated that the risk to public protection has been extinguished by this process and the need to uphold public confidence and professional standards has been satisfied. Mr Rich submitted that Dr Johnson has engaged with the process, has done what was asked of him by the 2025 Tribunal and has provided this Tribunal with the material which allows it to conclude that Dr Johnson is no longer impaired, is fit to practise and the order should be revoked.

### The Relevant Legal Principles

23. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.

24. This Tribunal must determine whether Dr Johnson's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors

since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

## The Tribunal's Determination on Impairment

### Misconduct

25. The Tribunal used the following questions set out below to help inform its assessment of whether Dr Johnson 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).

What was the last assessment of current and ongoing risk to public protection resulting in Dr Johnson's fitness to practise being found impaired?

26. The Tribunal noted that the May 2025 Tribunal hearing took place before the imposition of the new Guidance for MPTS Tribunals. It noted that prior to the new guidance original hearings may not have specifically stated the level of risk the doctor posed to one or more or the three parts of public protection. However, this Tribunal is clear that this does not preclude it from considering whether the level of risk posed by Dr Johnson has changed and, if so, deciding whether it has decreased or increased.

27. The Tribunal had regard to the findings and conclusions of the May 2025 Tribunal, which decided that, whilst it was highly unlikely that Dr Johnson would repeat this conduct, there was a residual risk of repetition.

28. The Tribunal has considered all of the documents provided including Dr Johnson's reflection and evidence of CPD (clinical and otherwise) which was undertaken throughout the period of the suspension. The Tribunal also acknowledged the information provided by XXX. Taking all of this evidence into account, the Tribunal considered that, at the date of this review hearing the level of risk has decreased and is now negligible.

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

29. The Tribunal considered that Dr Johnson has full recognition of the impact of his conduct on his colleagues, patients and the profession as a whole as evidenced in his written statement,

*"Whilst I have, in the subsequent years, come to realise the impact of my dishonesty on the reputation and integrity of both the training portfolio system and the college of psychiatrists higher training programme, and been able to consider the potential for my actions to undermine confidence in my colleagues and the wider professionals, we used the time to discuss the specific General Medical Councils domains pertaining to what is expected of medical professionals in the Domain of Trust, and how I had breached this.*

*To rebuild trust in myself, as a practitioner and as a member of the wider profession, will take time. I will need to show that I am worthy of holding the responsibilities and privileges of a medical professional. Whilst the responsibility for maintaining the standards expected by the GMC, and the public by extension, start and stop with myself, the oversight of and accountability to professional peers will help to ensure I am maintaining good practice within these domains.”*

30. The Tribunal was satisfied that Dr Johnson has put self-imposed protective measures in place to reduce the risk of repetition. The Tribunal determined that Dr Johnson has actively sought to remediate his misconduct through CPD, reflections and XXX.

31. The Tribunal bore in mind there has been no repeat of the behaviour and no other fitness to practise concerns since the index incident.

32. The Tribunal is satisfied that the remediation carried out by Dr Johnson is such that his insight is now fully developed.

How has the doctor responded to the May 2025 Tribunal’s findings?

33. The Tribunal reminded itself of the evidence of Dr Johnson that, if he were allowed to return to clinical practise, he would look to do so at a lower clinical grade with support.

34. The Tribunal has also considered Dr Johnson’s written statement,

*“... I disrespected my colleagues, placed my patients in the position of having to lose their consultant and rebuild those therapeutic relationships with another stranger, and I risked disrepute to both the training programme and the profession.*

...

*I recognise now that my responsibility as a Doctor had always been to accept that, and step back until I was in a position to provide the care they deserve.*

...

*During the bespoke 1:1 CPD, an area of focus was the updates to Good Medical Practice (2024) subsequent to the material events in 2023. In particular we focussed on domain 4 – Trust and professionalism, given my dishonesty in both my submission to the online portfolio, and subsequent call to the team under false identity.*

*In discussion my dishonesty over the years, I have reflected on the seriousness of my actions, in no small part how my dishonest had wider ramifications beyond the immediate breach of trust, and the impact my actions have on the wider professional.”*

35. The Tribunal considered that this evidences that Dr Johnson has understood the impact that his misconduct has had on the public and the wider profession.

36. Regarding the testimonials, the Tribunal noted that they were written by people who know him and that many were supportive of Dr Johnson returning to the profession. The Tribunal was satisfied that the testimonials provide details as to how Dr Johnson’s insight has developed.

37. The Tribunal was assisted by the testimony of Dr E which says,

*“Him (Dr Johnson) wanting to return to clinical practise in a supervised SAS doctor post and actively requesting for supervision and support in my opinion in itself shows that he has developed insight that he needs to take things a step at a time and work under close supervision.”*

38. The Tribunal found that Dr Johnson has gone beyond that which the 2025 tribunal requested of him and has responded positively to its findings.

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

39. The Tribunal concluded that the risk to public protection has significantly reduced. Dr Johnson has developed genuine insight, engaged in meaningful remediation, maintained his skills, XXX and removed key risk factors linked to the previous misconduct. In those circumstances, the Tribunal was satisfied that there is no current or ongoing risk requiring restrictive action.

40. This Tribunal has therefore determined that Dr Johnson’s fitness to practise is no longer impaired by reason of misconduct.

41. The Tribunal considered that the period of suspension imposed by the 2025 Tribunal was sufficient to maintain public confidence and to ensure that professional standards are upheld, including by way of deterrent effect.

42. The Tribunal determined to revoke the currently imposed suspension. The Tribunal is satisfied that the evidence from his colleagues is that they are keen for Dr Johnson to return to supervised clinical practise and that the public would be served by having him return to clinical practice. It saw no good reason for the suspension on his registration to continue.

43. The order of suspension is revoked with immediate effect.

44. That concludes the case.