

## PUBLIC RECORD

Dates: 04/06/2026 - 05/06/2026

Doctor: Dr Sarah BENN

GMC reference number: 3334454

Primary medical qualification: MB ChB 1990 University of Leicester

Type of case	Outcome on impairment
Review - Misconduct	Impaired
Review - conviction	Impaired

**Summary of outcome**

Suspension 12 months  
Review Directed

**Tribunal:**

Legally Qualified Chair	Linda Lee
Registrant Tribunal Member:	Dr Shehleen Khan
Registrant Tribunal Member:	Dr Muhammad Dadibhai

Tribunal Clerk:	Rachel Horkin – 4 June 2026 and 5 June 2026 AM Mr John Poole 5 June 2026 PM
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**Attendance and Representation:**

Doctor:	Not present, not represented
GMC Representative:	Zoe Dawson, Counsel

**Attendance of Press / Public**

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

## 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 - 06/06/2026

### Protecting the Public

1. 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.

### Background

2. Dr Benn qualified in medicine at the University of Leicester in 1990. Dr Benn spent 32 years in clinical practice, working as a GP for most of her career. Dr Benn retired from medical practice in 2022, surrendering her licence to practise, but remaining on the medical register.

### The 2024 Tribunal

3. The 2024 Tribunal hearing concerned Dr Benn's participation in peaceful climate change protests on 26 April 2022, 4 May 2022 and 14 September 2022 within a prohibited buffer zone at the Kingsbury Oil Terminal, in breach of a High Court injunction. Following her arrest on 26 April 2022, she was released on bail on condition that she comply with the terms of the injunction and was required to appear before the High Court of Justice on 4 May 2022. Dr Benn failed to attend that hearing.

4. Dr Benn did not comply with her bail conditions. On 4 May 2022, she returned to the Kingsbury Oil Terminal and participated in a further protest within the prohibited buffer zone. She was arrested and remanded in custody until 11 May 2022. At a subsequent hearing before His Honour Judge Kelly, she was found to have breached the injunction dated 14 April 2022 and was held to be in contempt of court. His Honour Judge Kelly noted that Dr Benn had already spent eight days in custody and therefore imposed no further sanction.

5. On 14 September 2022, Dr Benn again attended the Kingsbury Oil Terminal and engaged in a peaceful protest within the prohibited buffer zone. She was arrested and

appeared before the court on 21 September 2022. Dr Benn was found to have breached the injunction and to be in contempt of court, for which she received a custodial sentence of 32 days' imprisonment. These matters were referred to the Medical Practitioners Tribunal Service.

6. The 2024 Tribunal concluded that Dr Benn's actions fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct which was serious. The 2024 Tribunal determined that it was clear that Dr Benn's actions were deliberate, and she knew what she was doing, repeating her actions three times.

7. The 2024 Tribunal noted that Dr Benn was clear that, in her view, she was entirely justified in what she did and had no intention of stopping or changing her behaviour. The 2024 Tribunal found that Dr Benn had only a limited understanding of the wider consequences of her actions, focusing primarily on their impact on the Terminal's operations. The 2024 Tribunal determined that she had failed to recognise the importance of following the requirements of Good Medical Practice (2013) ('GMP') in relation to her responsibilities as a registered medical practitioner. The 2024 Tribunal determined that Dr Benn's fitness to practise was impaired by reason of misconduct and referred to the absence of full insight or remediation.

8. The 2024 Tribunal determined to suspend Dr Benn's registration for five months and directed a review hearing.

### **The 2025 Tribunal**

9. The 2025 Tribunal was required to review the matters which were considered by the 2024 Tribunal and the new matters set out below.

10. Dr Benn appeared before an MPT Tribunal in June 2025 ('the 2025 Tribunal'). The background to the Allegation against Dr Benn is as follows: On 25 February 2023, Dr Benn was arrested for the offence of criminal damage. It was alleged that she had chalk sprayed the gates and a wall at Sequani Limited in Ledbury, a company involved in animal testing. Dr Benn's protest was against the using of animals for testing purposes.

11. Dr Benn attended Kidderminster Magistrates Court on the 1 September 2023 and entered a guilty plea to the charge of criminal damage and was sentenced. Dr Benn appealed the sentence to the Crown Court at Worcester. On 26 April 2024 the Crown Court allowed the appeal and sentenced Dr Benn to a community order for 12 months, with a requirement not to enter Sequani Ltd, Bromyard Rd, Ledbury and not to go within 250 metres of the company address during that period. She was also ordered to pay £125 compensation. Further, Dr Benn was deprived of her rights in respect of spray paint and paraphernalia used in the commission of the offence.

12. At the outset of the 2025 hearing, Dr Benn admitted to the entirety of the allegation.

13. The 2025 Tribunal considered that Dr Benn’s conviction was serious and not just an isolated case to be dealt with, but rather a pattern of offending. Considering the nature and seriousness of Dr Benn’s convictions and taking account of her current degree of insight and remediation, the 2025 Tribunal considered that a finding of impairment was necessary and determined that Dr Benn’s fitness to practise was impaired by reason of her conviction.

14. The 2025 Tribunal determined that Dr Benn differentiates between the two causes (experimentation on animals and climate change) in terms of choosing to breach the law. The Tribunal concluded that a finding of impairment was necessary in this case in respect of limbs b and c of the overarching objective. The 2025 Tribunal considered that a finding of impairment was necessary in order to uphold limbs b and c of the overarching objective and determined that Dr Benn’s fitness to practise remained impaired in relation to the misconduct found by the 2024 Tribunal.

15. The 2025 Tribunal determined to impose a 12 month suspension on Dr Benn’s registration and directed a review. The 2025 Tribunal considered that it may assist the reviewing Tribunal if Dr Benn were to provide evidence of any reflections, insight or remediation in relation to the importance of compliance with the law for a doctor and any other information that Dr Benn considered may assist.

### **Today’s Hearing**

16. 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 Benn’s fitness to practise is impaired by reason of misconduct and conviction.

### **The Outcome of Applications Made during the Impairment Stage**

17. The Tribunal determined that the service of the notice of this hearing has been effected in accordance with Rules 15 and 40 of the Rules. The Tribunal determined to proceed with the hearing in Dr Benn’s absence in accordance with Rule 31 of the Rules. The Tribunal’s full decision on this matter is included at Annex A.

### **The Evidence**

18. The Tribunal has taken into account the evidence received.

19. Dr Benn provided a short statement in which she referred the Tribunal to the points that she made in her previous hearings in explanation of her actions and wrote that her arguments are “unchanged”.

20. In her statement, Dr Benn requested that the Tribunal read the briefing notes and key takeaways from the National Emergency Briefing on the climate and nature crisis, which she attached to her statement.

21. Dr Benn wrote,

*“I will state that having had years to reflect on my actions, my position is unchanged. Nor will it change. The GMC will interpret this as a lack of insight, which alongside my failure to express regret and undertake remediation, justifies a further period of suspension...”*

...  
*“If you agree with this conclusion, then so be it. I do not intend paying any further GMC subscription fee when it falls due in July, and so this process can be drawn to a close then, if not before.”*

### Submissions

22. On behalf of the GMC, Ms Zoe Dawson, Counsel, submitted that Dr Benn must satisfy the Tribunal that she is no longer impaired by reason of her misconduct and conviction. The decision as to whether the doctor remains impaired in their fitness to practise is a matter for the Tribunal exercising its own independent judgment. Throughout her submissions Ms Dawson referred to the relevant paragraphs of the Guidance for MPTS Tribunals (‘the Guidance’).

23. Ms Dawson submitted that, while Tribunals would ordinarily rely on previous assessments of seriousness, the earlier Tribunals had not applied the current guidance. She therefore invited this Tribunal to refer to the previous determinations and sanctions to ascertain where the conviction and misconduct were placed on the spectrum of seriousness. Ms D reminded the Tribunal that it should not go behind those earlier findings but submitted that reviewing the previous determinations may assist in assessing seriousness under the current guidance.

24. In relation to the misconduct, Ms Dawson submitted that the Tribunal may have regard to the 2024 Tribunal’s findings that Dr Benn breached an injunction on three occasions, culminating in a sentence of 32 days’ imprisonment, and that her conduct represented a serious departure from Good Medical Practice (GMP). She also referred to the 2024 Tribunal’s assessment that the misconduct engaged a fundamental tenet of the profession, namely the requirement for doctors to act within the law. Ms Dawson submitted that, viewed in light of those findings, the previous Tribunals had regarded Dr Benn’s misconduct as falling at the higher end of the spectrum of seriousness.

25. Regarding the conviction, Ms Dawson submitted that the 2024 Tribunal determined that the conviction was serious in the context of the earlier misconduct matter and found that this was not an isolated case but rather a pattern of offending. The 2024 tribunal concluded that the conviction breached the fundamental tenets of the medical profession, in particular paragraph one of GMP. Ms Dawson submitted that, given the context that the previous tribunal referred to, this was not an isolated conviction, but represented a pattern of offending, this Tribunal may conclude that the conviction fell at the higher end of the spectrum of seriousness in respect of both matters.

26. Ms Dawson submitted that in line with the Guidance, there were features which are referred to that might increase the seriousness of the allegations. Ms Dawson submitted that some of the features that are referred to within the Guidance include the fact that the behaviour was repeated and there has been an abuse of professional position.

27. Regarding the misconduct and the question of the risk to public protection, Ms Dawson reminded the Tribunal that the 2025 Tribunal considered that Dr Benn's insight into the misconduct was limited as she did not accept that her actions were wrong. Further, Ms Dawson reminded the Tribunal that the 2025 tribunal was not assured that there was no risk of repetition and there was no evidence before it of remediation.

28. Regarding the conviction, Ms Dawson reminded the Tribunal that the 2025 tribunal considered there was some insight in respect of the conviction and that remediation was ongoing. The 2025 tribunal took the view that there remained a risk of repetition and that a finding of impairment was necessary to promote and maintain public confidence in the medical profession and to promote and maintain proper professional standards.

29. Ms Dawson submitted that, as of today's date, having regard to the lack of progress since the 2025 tribunal, this Tribunal may be of the view that there is very limited new evidence before it that might assist with an assessment of the risk to public protection. In terms of evidence of insight or remediation, Ms Dawson submitted that, in her correspondence of 7 May 2026, Dr Benn has displayed the same attitude towards future possible non-compliance with the law, and this Tribunal may take the view that there is no evidence of a change in insight or remediation. The Tribunal may, therefore, consider that Dr Benn remains impaired in her fitness to practise.

30. In terms of the risk to public protection, given Dr Benn's persistent attitude, persistent lack of insight, and the history of her conduct and her conviction, Ms Dawson submitted that the level of risk to public protection remains high.

### **The Relevant Legal Principles**

31. 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 she would be safe to return to unrestricted practice.

32. This Tribunal must determine whether Dr Benn's fitness to practise is impaired today, taking into account her 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**

#### **The Tribunal's approach**

33. In approaching the question of current impairment, the Tribunal has had regard to the relevant guidance provided to MPTS Tribunals and has applied the relevant steps set out in the Guidance in approaching its decision. The Tribunal bore in mind that the 2025 Tribunal took place before the introduction of the current MPTS Guidance for Tribunals documents, and therefore a finding about the spectrum of seriousness or the specific level of ongoing risk to public protection was not found. The Tribunal took account of the reasons set out in the 2025 Tribunal’s determination on impairment in making its decision on the level of ongoing risk to public protection today, as well as in deciding where this case now falls on the spectrum of seriousness, but it has not sought to retrospectively apply the current guidance to the 2025 Tribunal’s determination.

34. The Tribunal had regard to the Tribunal circular ‘Guidance for Review Hearings starting on or after 24 November 2025’, dated 26 November 2025, which sets out the current procedure to be followed with respect to the MPTS Guidance for Tribunals at review hearings. This guidance set out the four questions to consider as follows:

- a. 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)
- b. What has happened since the last assessment of risk and what impact does this have?
- c. How has the doctor responded to the previous tribunal’s findings?
- d. Has the risk to public protection requiring restrictive action in response changed and if so, how?

35. The Tribunal has also familiarised itself with the approach taken in new hearings at Step 2 a-f of the Guidance.

### **The Legal Basis for Impairment**

36. The Tribunal was satisfied that it has a legal basis for determining impairment by virtue of being a review Tribunal directed by the 2025 Tribunal at the sanction stage of the original hearing, addressed the questions of seriousness of the case and the level of current and ongoing risk to public protection.

### **Misconduct**

37. The Tribunal reminded itself that the 2025 Tribunal was clear that a fundamental tenet of the medical profession is adherence to the standards set out in Good Medical Practice, including the specific requirement to act within the law. It further noted that the 2025 Tribunal found that Dr Benn was not willing to remediate.

38. Taking into account all of the evidence before it, the Tribunal considered that the previous Tribunal had found the misconduct to be serious, albeit that this term was used

more broadly at the time of the 2025 Tribunal’s decision, and that there was a high risk of repetition.

## Conviction

39. Regarding the conviction, the 2025 Tribunal found that it was serious, in that it resulted in a custodial sentence. It also found that Dr Benn had demonstrated some insight into her actions, in that she stated she would not commit the same offence again because it had not achieved its intended purpose. However, the Tribunal considered that this amounted to only limited and ineffective insight.

## The Tribunal’s Decision

### Where on the spectrum of seriousness does the allegation lie?

40. In its deliberations, the Tribunal had regard to the relevant guidance on assessing seriousness. It also bore in mind that this is a review hearing and that its task is to assess the current position, taking into account the findings of the 2025 Tribunal. The Tribunal noted that the earlier Tribunal had found the misconduct and conviction to be serious, that there was a high risk of repetition, and that Dr Benn was not willing to remediate.

41. The Tribunal therefore considered it appropriate to adopt the previous Tribunal’s assessment of seriousness. It determined that there has been no material change in circumstances which would justify departing from that assessment.

42. The Tribunal took as its starting point that the misconduct and conviction fall within the middle of the higher band of the spectrum of seriousness. In reaching that view, it had regard to the fact that the conduct involved a deliberate breach of the law, resulting in a criminal conviction, and a failure to comply with fundamental professional obligations as set out in GMP.

43. The Tribunal considered that the seriousness of the conduct is maintained, and not reduced, by the following factors:

- a. the deliberate nature of the conduct in acting contrary to the law, leading to a criminal conviction;
- b. Dr Benn’s continued adherence to that position, notwithstanding the findings of the 2025 Tribunal;
- c. the absence of any acknowledgement that such conduct breached both legal requirements and fundamental tenets of Good Medical Practice;
- d. the ongoing risk of undermining public confidence in the profession and proper professional standards.

44. The Tribunal acknowledged that Dr Benn holds strong and genuinely held beliefs. It noted her correspondence of 7 May 2026, in which she stated that her position is unchanged and invited the Tribunal to take into account contextual material, including the document

entitled “National Emergency Briefing on the Climate and Nature Crisis”. However, the Tribunal determined that compliance with the law is not discretionary. A doctor’s professional obligations require adherence to the law irrespective of personal beliefs or motivations. To permit a practitioner to determine which laws to follow would be inconsistent with those obligations and would undermine public confidence in the profession.

45. In those circumstances, the Tribunal concluded that the seriousness of the misconduct and the conviction remains unchanged from that identified by the 2025 Tribunal and properly falls within the middle of the higher band of the spectrum of seriousness.

#### **What is the impact of any relevant context known about the Dr Benn and/or their working environment?**

46. The Tribunal considered whether any relevant contextual factors impacted upon the assessment of seriousness and current risk. The Tribunal acknowledged Dr Benn’s reliance on contextual material and her strongly held beliefs. However, whilst the Tribunal accepted that such context may explain the motivation for the conduct that led to the conviction and the associated misconduct, it determined that it does not justify a failure to comply with the law with which everyone must comply or with her professional standards.

47. Accordingly, the Tribunal did not consider that the context identified reduced the seriousness of the misconduct or conviction, or the risk posed to public protection.

#### **How has Dr Benn responded to the allegations?**

48. The Tribunal considered the extent to which Dr Benn had demonstrated insight, remediation and remorse in relation to both her conviction and the associated misconduct.

49. The Tribunal had regard to Dr Benn’s written response and her non-attendance at this review hearing. In her correspondence, Dr Benn stated:

*“I will state that having had years to reflect on my actions, my position is unchanged. Nor will it change. The GMC will interpret this as a lack of insight, which alongside my failure to express regret and undertake remediation, justifies a further period of suspension...”*

50. The Tribunal considered that this statement indicates that Dr Benn does not accept that the conduct giving rise to her conviction or the associated misconduct gives rise to any need to alter her position. The Tribunal found that this reflects an absence of effective insight into both the criminal and professional aspects of the concerns identified.

51. The Tribunal found that Dr Benn has not demonstrated sufficient insight into either her conviction or her misconduct. In particular:

a. she has not acknowledged that the conduct giving rise to her conviction amounted to a breach of the law;

- b. she has not demonstrated an understanding of why compliance with the law is a fundamental requirement of medical practice;
- c. she has not demonstrated any meaningful appreciation of the impact of her conduct, in relation to both her conviction and the associated misconduct, on public confidence in the profession or on proper professional standards;
- d. she has not accepted that her conduct gives rise to an obligation to modify her behaviour in order to comply with the requirements of Good Medical Practice.

52. The Tribunal had regard to Dr Benn’s reliance on the document entitled “National Emergency Briefing on the Climate and Nature Crisis”. It considered that this material was advanced in support of her position. However, the Tribunal was not satisfied that reliance on that material demonstrated reflection on, or recognition of, the concerns arising from her conviction or the associated misconduct.

53. The Tribunal therefore determined that Dr Benn’s level of insight into both her conviction and misconduct remains limited and unchanged from that found by the 2025 Tribunal, which had characterised her insight as limited and ineffective. The Tribunal considered that her position has remained unchanged despite the passage of time and the opportunity she has had to reflect.

54. The Tribunal then turned to remediation. It reminded itself that, as identified by the 2025 Tribunal, the concerns arising from the misconduct and conviction are in principle capable of remediation, as they relate to attitudinal and behavioural matters. The Tribunal noted that none of the evidence of remediation suggested by the 2025 Tribunal has been provided by Dr Benn.

55. The Tribunal found that there is no evidence before it of any remediation. In particular:

- a. there is no evidence that Dr Benn has taken steps to ensure future compliance with the law;
- b. there is no evidence of engagement with Good Medical Practice or professional standards as they relate to her conviction;
- c. there is no evidence of training, reflection, or professional development addressing the misconduct;
- d. there is no evidence of any behavioural or attitudinal change;
- e. there is no evidence of meaningful engagement with the regulatory process, including her decision not to attend this review hearing.

56. The Tribunal acknowledges Dr Benn’s plea to view “things differently to the seven previous panel members...” and appreciates that her views on climate change are sincerely held, deeply passionate and supported by evidence. The Tribunal has found that Dr Benn has very limited insight in that the insight she has expressed relates to her action being tactically ineffective, but the unlawful nature of the action is, in her opinion, justifiable.

57. Dr Benn understands that her actions are unlawful but feels able to justify her behaviour due to her confidence in the justness of her cause. However, this is not a position

that a professional person can properly adopt and is contrary to GMP. The Tribunal cannot adjust its decisions based on personal beliefs. Its role is to apply established standards. Decisions are made on the evidence in line with the Medical Act and the Rules ensuring fairness and maintaining public confidence in the medical profession.

58. The Tribunal considered that remediation requires not only the capacity for change but a willingness to change. In this case, the Tribunal was not satisfied that Dr Benn has demonstrated such a willingness. The Tribunal therefore concluded that remediation has not occurred.

59. The Tribunal further noted that none of the remediation previously identified by the 2025 Tribunal has been undertaken, not due to a lack of opportunity, but because Dr Benn has not recognised the need to remediate.

60. In those circumstances, the Tribunal concluded that Dr Benn's position has not materially altered and that the risk of repetition, in relation to both her conviction and misconduct, remains high. The Tribunal's decision as to whether the Dr Benn poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment.

61. The Tribunal also considered whether there was any evidence that Dr Benn has maintained her professional knowledge and skills. It noted that there was no evidence before it that she has kept her knowledge and skills up to date. However, the Tribunal also noted that Dr Benn has retired from clinical practice. In those circumstances, the Tribunal did not place significant weight on this factor in its assessment of current risk.

62. The Tribunal considered whether the risk to public protection identified by the 2025 Tribunal has changed. It determined that there has been no reduction in that risk. The Tribunal noted that the only new evidence before it consists of Dr Benn's written correspondence, her non-attendance at this review hearing, and her reliance on the document entitled "National Emergency Briefing on the Climate and Nature Crisis". The Tribunal found that this material does not mitigate the concerns previously identified and does not demonstrate any change in her position.

63. The Tribunal determined that, in light of Dr Benn's ongoing lack of insight into both her conviction and misconduct, absence of remediation, and unchanged position, there remains a high risk of repetition.

64. The Tribunal further determined that this gives rise to an ongoing risk to public confidence in the profession and to proper professional standards. The Tribunal therefore considered that Dr Benn continues to pose a current and ongoing risk to public protection (as defined by the Guidance).

65. This Tribunal has therefore determined that Dr Benn's fitness to practise remains impaired by reason of misconduct and her conviction.

### Determination on Sanction - 05/06/2026

66. Having determined that Dr Benn's fitness to practise is impaired by reason of misconduct and a conviction, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to Dr Benn's registration.

### The Evidence

67. The Tribunal has taken into account the background to the case and the evidence received during the earlier stages of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Benn's registration. No further evidence was provided at this stage.

### Submissions

68. On behalf of the GMC, Ms Zoe Dawson, Counsel, submitted that a further period of suspension is necessary in this case.

69. Ms Dawson submitted that the Tribunal has found that there remains an absence of effective insight and remediation into both the misconduct and the conviction. She submitted that the Tribunal had found that both the misconduct and conviction were capable of and are capable of remediation but that it was significant that the Tribunal concluded in light of the recent history of the case and the recent communication from Dr Benn in May 2026, that there appears to be no willingness to remediate.

70. Ms Dawson submitted that the Tribunal found that the lack of insight remains as it was back in 2025, and that the risk of repetition remains high. She submitted that there is an ongoing high risk to public protection in respect to both the need to maintain public confidence and the need to maintain professional standards.

71. Ms Dawson referred the Tribunal to various paragraphs of the Guidance for MPTS Tribunals ('the Guidance') relating to sanctions, in particular paragraphs 61 – 63. She submitted that the Tribunal will consider the appropriate sanction banding and consider the length of any sanction and have regard to the principle of proportionality, imposing the proportionate sanction in the circumstances of this case.

72. Ms Dawson submitted that one of the considerations in relation to length of a sanction is the time likely needed to remediate. She submitted that the Tribunal should bear in mind when determining the length of time of any further sanction that Dr Benn has indicated no willingness to remediate.

73. Ms Dawson reminded the Tribunal of the findings of the 2025 Tribunal in respect of sanction. She highlighted that it was plain that the 2025 Tribunal considered that since the 2024 Tribunal Dr Benn had opportunities to demonstrate progress but provided no evidence of remorse, remediation and insight. At that point Dr Benn already had a year to reflect on

the 2024 Tribunal's findings. Ms Dawson submitted that the Tribunal is in similar position today in that there has been a considerable period of time for Dr Benn to reflect but she has not provided any evidence of remediation or development of her insight.

74. Ms Dawson submitted that the 2025 Tribunal considered that the 2024 Tribunal's suspension had not affected Dr Benn's attitude towards the law and the expectation of a registered doctor to act in accordance with GMP and that Dr Benn has used her status as a doctor to promote her views on climate change even when acting out with the law. Ms Dawson also highlighted that in the 2025 proceedings Dr Benn had openly stated that she would not remediate, would disengage with her regulator going forward and continue to take action not in accordance with the law if she considered herself that her action was just and right. Ms Dawson submitted that this is the stance that Dr Benn has maintained for some time.

75. Ms Dawson submitted that notwithstanding that these features of the case were apparent in 2025, the 2025 Tribunal considered that the misconduct and conviction were not of such a level as to be incompatible with continued registration and that it was still possible that Dr Benn could gain insight with a further period of suspension. Ms Dawson submitted that this point still stands today and invited the Tribunal to impose a further period of suspension.

### **The Tribunal's Determination**

76. The decision as to the appropriate sanction to impose was a matter for the Tribunal's independent judgement which it must exercise fairly. The Tribunal was reminded to apply the Guidance which summarises the principles including that the Tribunal must assess the risk to public protection and consider each sanction in ascending order and impose the proportionate sanction necessary.

#### **No action**

77. Given the Tribunal's findings it determined that taking no action would be inappropriate and that there were no exceptional circumstances to justify such a course.

#### **Conditions**

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

79. The Tribunal determined that given its findings on impairment and the nature of the concerns, conditions would be inappropriate in this case and there are no conditions that could be formulated to address the concerns.

#### **Suspension**

80. The Tribunal went on to consider whether a further period of suspension was appropriate and proportionate.

81. The Tribunal considered that the misconduct and conviction were remediable and not fundamentally incompatible with continued registration. It considered that suspension continued to be appropriate and proportionate. However, given that there is no evidence of any development of insight or remediation since the 2024 Tribunal, the Tribunal considered that only the maximum length of suspension would be appropriate. Nothing less than the maximum length would uphold public confidence and proper professional standards.

82. Accordingly, the Tribunal determined to suspend Dr Benn's registration for a period of 12 months. It considered that it was possible for Dr Benn to meaningfully re-engage in this period and to develop her insight and remediation.

83. The Tribunal determined that a review was necessary. A review hearing will convene shortly before the end of the period of suspension, and the onus will be on Dr Benn to demonstrate that her fitness to practise is no longer impaired.

84. It therefore may assist the reviewing tribunal if Dr Benn were to provide evidence of any reflections, insight and remediation in relation to the importance of compliance with the law for a doctor. Dr Benn will also be able to provide any other information that she considers will assist the review hearing. At the 2025 hearing Dr Benn had suggested that the Tribunal should '*think outside the box*' and consider her case to be exceptional but this Tribunal considers that there is an onus on Dr Benn to meaningfully reflect on her misconduct and conviction, particularly that doctors have a status in society as leaders and role models to follow and breaking the law cannot be justified on the basis of feeling passionately about a cause.

85. Accordingly, the Tribunal has directed to suspend Dr Benn's registration for 12 months. The MPTS will send Dr Benn a letter informing her of her right of appeal and when the direction and the new sanction will come into effect. The current suspension will remain in place during the appeal period.

86. This concludes the case.

#### **ANNEX A – 04/06/2026**

##### **Determination on Service and Proceeding in the doctor's absence**

87. Dr Benn is neither present nor represented today.

88. The Tribunal was provided with a service bundle in advance of the hearing. This bundle included an email received by the GMC from Dr Benn dated 13 August 2025 in which she stated that she would electronically confirm receipt of any information or documents

sent to her. Also provided in the service bundle was a screenshot showing Dr Benn’s registered postal and registered email address.

89. The service bundle also included the MPTS Notice of Hearing, dated 20 April 2026, which was sent to Dr Benn’s registered email address and which Dr Benn confirmed receipt of, via email, on the same date. The GMC sent the GMC Information Letter and draft bundle via Dr Benn’s registered email address on 23 April 2026, and Dr Benn confirmed receipt of these documents via email on 28 April 2026.

90. Ms Dawson took the Tribunal through the service bundle and submitted that the requirements in terms of notice as stipulated by Rule 20 have been fulfilled as is evident within the bundle. Ms Dawson further submitted that the notice was provided in line with the requirements of service of documents as stipulated by Rule 40.

91. 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 Schedule Four of the Medical Act 1983. In so doing, the Tribunal has taken into account all of the evidence before it, together with the submissions on behalf of the GMC.

92. The Tribunal accepted the evidence contained in the service bundle and was satisfied that all reasonable efforts have been made to serve Dr Benn with both notice of the allegations and notice of this hearing. Indeed, Dr Benn had received the bundle and notice of hearing and acknowledged receipt. Accordingly, the Tribunal was satisfied that service has been effected in accordance with the Rules.

### **Proceeding in the doctor’s absence**

93. In an email dated 07 May 2026, Dr Benn wrote,

*“I have concluded that my (virtual) attendance at this tribunal serves no purpose, and would simply be going through the motions of a process which I do not feel is fit for purpose. I mean no disrespect to you...”*

94. Ms Dawson reminded the Tribunal of the principles as set out in the cases of *R v Jones [2002] UKHL 5* and *General Medical Council v Adeogba [2016] EWCA Civ 162 (18 March 2016)* and submitted that the Tribunal should proceed in the doctor’s absence. Ms Dawson submitted that, as Dr Benn has been through two similar fitness to practice hearings, she is aware of the nature and significance of this hearing. Ms Dawson submitted that it is apparent from the letter provided by Dr Benn dated 7 May 2026 that the doctor has considered the GMC bundle and understands the matters that the Tribunal will be considering. Ms Dawson submitted that it is also clear from the letter that Dr Benn understands that if the Tribunal determines that Dr Benn remains impaired that the issue of sanction will be considered. Ms Dawson reminded the Tribunal that Dr Benn chose to absent herself from the final day of the hearing that took place in 2025 and so there is previous voluntary absence by the doctor.

95. Ms Dawson submitted that Dr Benn has voluntarily absented herself from these proceedings and has indicated that this process is not fit for purpose. Ms Dawson submitted that the Tribunal may consider an adjournment is not in all the circumstances likely to achieve Dr Benn's attendance if there were to be a future listed review hearing.

96. Ms Dawson submitted that it is a doctor's duty to engage with their regulator and the Tribunal may consider that Dr Benn has not done so. Ms Dawson submitted that, in all the circumstances when balancing the doctor's interests and that of the public that there is a predominant interest in the regulator concluding this hearing in a timely way and that proceeding in Dr Benn's absence today is in the interest of justice.

97. In deciding whether to proceed with this hearing in Dr Benn's absence, the Tribunal carefully considered all of the information before it. The Tribunal has also balanced Dr Benn's interests with the public interest in deciding whether to proceed in her absence.

98. The Tribunal was satisfied that Dr Benn has voluntarily absented herself from these proceedings as evidenced in her correspondence of 7 May 2026. The Tribunal was not satisfied that any adjournment would result in securing Dr Benn's attendance at a future hearing.

99. The Tribunal determined that the overarching objective demands that this hearing takes place today. The Tribunal was satisfied that Dr Benn is aware of today's proceedings and has not requested an adjournment. However, the Tribunal balanced this against the GMC's statutory overarching objective namely the protection, promotion and maintenance of the health and safety of the public as set out in the Medical Act and the need for matters to be disposed of in a fair and expeditious manner.

100. Having considered and balanced each of the relevant factors, the Tribunal determined that it was both in the public interest and Dr Benn's interests for the hearing to proceed in Dr Benn's absence.