

## PUBLIC RECORD

Dates: 29/05/2026

Doctor: Dr Simon MORAN

GMC reference number: 3115204

Primary medical qualification: MB BS 1986 University of London

Type of case Outcome on impairment  
Review – Misconduct Impaired

Summary of outcome  
Erasure

## Tribunal:

Legally Qualified Chair	Miss Samantha Jones
Lay Tribunal Member:	Dame Nicola Stephenson
Registrant Tribunal Member:	Dr Euan Strachan-Orr
Tribunal Clerk:	Mr Sewa Singh

## Attendance and Representation:

Doctor:	Not present, not represented
Doctor's Representative:	None
GMC Representative:	Ms Harriet Dixon, 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 - 29/05/2026

1. At this review hearing the Tribunal 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 Moran's fitness to practise is impaired by reason of misconduct.

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

2. The Tribunal granted an application, made by Ms Harriet Dixon, Counsel for the GMC, pursuant to Rule 40 of the Rules, to proceed in Dr Moran's absence. The Tribunal's full decision on the application is included at Annex A.

## Background

3. Dr Moran qualified in 1986 at the University of London. In 1991, he became a GP Partner at the Pelham Medical Practice ('the Practice') in Gravesend, Kent. He retired from the Practice in August 2020 and his name was removed from the General Medical Practitioners, GMC register in May 2021.

### The 2024 Tribunal

4. Dr Moran's case was first heard at a Medical Practitioners Tribunal hearing which took place between 1 and 8 May 2024 ('the 2024 Tribunal').

5. The 2024 Tribunal found proved that, prior to his retirement, Dr Moran had taken one or more prescription pads which were personalised to Dr A. It found that Dr Moran had inappropriately prescribed medications to himself and a person with whom he had a close personal relationship (XXX) and had presented the prescriptions to a pharmacy with a view to having the medications dispensed. The 2024 Tribunal found proved that Dr Moran had inappropriately used the prescription pads issued to Dr A to issue the prescriptions, when he knew that the prescription pad did not belong to him. Further, it found that Dr Moran knew that he should not have been using the prescription pad to write prescriptions, and that Dr A had not given him permission to use the prescription pad. Dr Moran in his written submissions to the NHS Counter Fraud Authority ("NHSCFA") (who originally investigated the allegations) admitted the matters found proved by the 2024 Tribunal.

6. The 2024 Tribunal found that Dr Moran had used the prescription pad in the name of Dr A so as not to arouse suspicion by the fact that the names on the prescriptions of the patients and the prescriber had the same surname. It therefore found that Dr Moran did so in a premeditated manner in order to deceive and had therefore acted dishonestly.

7. The 2024 Tribunal then considered whether Dr Moran's actions amounted to misconduct. The 2024 Tribunal took into consideration that there had been a clear acknowledgment from Dr Moran in his response to the NHSCFA that he knew the prescription pad he used did not belong to him and that his actions in issuing prescriptions to himself and a family member were inappropriate.

8. The 2024 Tribunal determined that Dr Moran's actions breached paragraphs 1, 16, 65 and 71 of Good Medical Practice ("GMP") and found that Dr Moran had completed the prescriptions in such a way as to purport them as being signed and issued by Dr A, and then presented them at the pharmacy. It considered Dr Moran's actions were a deliberate act of dishonesty to deceive the pharmacist to obtain medication for himself and XXX. The 2024 Tribunal also took into account the acknowledgement to the NHSCFA by Dr Moran himself that he had prescribed on other occasions for himself and XXX. The 2024 Tribunal determined therefore that this was not an isolated incident.

9. The 2024 Tribunal considered that other members of the profession would be very concerned by Dr Moran's actions, and that his actions had brought the medical profession into disrepute, undermined public trust and confidence, and breached a fundamental tenet of the profession. It determined that Dr Moran's actions amounted to serious professional misconduct.

10. In considering impairment, the 2024 Tribunal considered the four elements of Dame Janet Smith's guidance in the *Fifth Shipman report* as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*. It was satisfied that the second, third and fourth elements were engaged. The 2024 Tribunal was mindful that dishonesty is difficult, but not impossible, to remediate. They found that Dr Moran had acted dishonestly and thereby breached a fundamental tenet of the profession and brought the medical profession into disrepute.

11. The 2024 Tribunal considered that apart from Dr Moran's acceptance of wrongdoing in his prepared statement to the NHSCFA in September 2022, there was no other evidence from him demonstrating an understanding of the nature and gravity of the Allegation, any evidence of insight, or any evidence of any steps taken by Dr Moran to remediate his misconduct. Further, there was no evidence that Dr Moran understood the impact his dishonest actions had on the reputation of the medical profession or public confidence in the medical profession. The 2024 Tribunal concluded that Dr Moran had shown limited insight. In the absence of any other evidence, the 2024 Tribunal found that there remained a risk of repetition.

12. The 2024 Tribunal was of the view that the misconduct in this case was serious. It took into account Dr Moran's admission that he had prescribed on several occasions for himself and XXX. It was of the view that this was not an isolated incident and involved repeated acts of dishonesty.

13. The 2024 Tribunal was satisfied that a member of the public, aware of the full facts of the case, would be concerned that a doctor had acted in such a way, and that a fellow professional would find Dr Moran's actions wholly unacceptable. It was of the view that, given the nature of the misconduct found, public confidence in the profession would be undermined if a finding of impairment were not made. A finding of impairment was needed to maintain public confidence in the medical profession and to promote and maintain proper professional standards and conduct for the members of the profession.

14. The 2024 Tribunal considered the mitigating and aggravating factors and concluded that a period of suspension would be an appropriate and proportionate sanction. It was of the view that this would give Dr Moran the opportunity to develop further insight into the seriousness of his misconduct and to complete remediation. The 2024 Tribunal noted that while Dr Moran was retired, he may still return to clinical practice in the future. The 2024 Tribunal was satisfied that a 12-month suspension would properly mark the seriousness with which it viewed Dr Moran's conduct. Further, it considered that a period of suspension would send out a clear message to the public, the medical profession and Dr Moran that this type of behaviour was not acceptable, and uphold the statutory overarching objective.

15. The 2024 Tribunal considered the following evidence may assist the reviewing Tribunal:

- Dr Moran's insight into the impact of his actions on the public interest and public confidence in the medical profession by reflection following the Tribunal's findings;
- Evidence from Dr Moran that he has maintained his medical knowledge and skills during the period of suspension.

#### The 2025 Tribunal

16. Dr Moran's case was reviewed on 22 May 2025 ('the 2025 Tribunal').

17. The 2025 Tribunal was provided with the Record of Determination for the 2024 Tribunal, and correspondence sent by the GMC to Dr Moran relating to his upcoming review hearing and reminding him of the evidence which may assist the reviewing Tribunal.

18. The 2025 Tribunal noted that Dr Moran had not engaged with the GMC since the 2024 hearing, that there was no evidence before the Tribunal that Dr Moran has made steps to remediate for his actions, nor was there any evidence of development of insight. Further, there was no evidence that Dr Moran had kept his knowledge and skills up to date. Taking

this information into account, the 2025 Tribunal determined that there was a risk that Dr Moran may repeat his misconduct.

19. Given Dr Moran’s lack of engagement with the regulatory process, and having regard to the overarching objective, the 2025 Tribunal reached the conclusion that Dr Moran had failed to demonstrate that he had sufficiently addressed the concerns in this case. The 2025 Tribunal considered it necessary, for the maintenance of proper professional standards and upholding confidence in the profession, to find that Dr Moran’s fitness to practise remained impaired by reason of misconduct.

20. In considering sanction, the 2025 Tribunal took into account the aggravating and mitigating features in this case, the findings of the 2024 Tribunal, and its own findings on impairment. It noted that this case involved an element of premeditated dishonesty on which the 2024 Tribunal had made a positive finding of fact. Further, it took into account Dr Moran’s lack of engagement with the review process, and there was no evidence before it as to the steps Dr Moran had taken to remediate and gain insight into the matters identified by the 2024 Tribunal.

21. The 2025 Tribunal was mindful that there was no information before it to suggest that there had been a repeat of the misconduct found, and no further concerns since these index events.

22. The 2025 Tribunal determined, in light of the above, and the findings of the 2024 Tribunal that the dishonesty was not so serious as to warrant erasure, to impose a further period of suspension. It therefore determined to suspend Dr Moran’s registration for a further period of 12 months in order to give Dr Moran a further opportunity and time to remediate and gain insight into his actions.

23. The 2025 Tribunal directed a review hearing and set out the following which it suggested may assist a reviewing Tribunal:

- Evidence of his reengagement with his regulator;
- Evidence of his insight into the impact of his actions on the public interest and public confidence in the medical profession;
- Evidence from Dr Moran that he has maintained his medical knowledge and skills during the period of suspension;
- Any other information Dr Moran considers may assist.

### Today’s Hearing

24. This is the second review of Dr Moran’s case. The Tribunal now has to decide in accordance with Rule 22(1)(f) of the Rules whether Dr Moran’s fitness to practise remains impaired by reason of his misconduct.

### The Evidence

25. The Tribunal has taken into account all of the documentary evidence received. This included:

- MPTS Record of Determinations, dated May 2024 and May 2025;
- GMC letters to Dr Moran, dated 23 July 2025 and 6 February 2026.

### Submissions

26. On behalf of the GMC, Ms Dixon submitted that the onus is on the doctor to provide evidence to demonstrate that their fitness to practise is no longer impaired. She referred the Tribunal to the MPTS Guidance (effective from 24 November 2025) and in particular the Tribunal Circular, dated 26 November 2025 which sets out the matters to be determined in a MPT review hearing. Ms Dixon invited the Tribunal to apply the considerations set out in the Circular in reaching its decision on impairment.

27. Ms Dixon highlighted that the previous Tribunals had found Dr Moran's fitness to practise was impaired on the basis of the second and third limbs of the impairment test. However, Ms Dixon submitted that, despite the suggestion by the previous two Tribunals that Dr Moran provides evidence to show that he has kept his medical knowledge and skills up to date, none has been provided. She submitted that Dr Moran has now been out of clinical practice for four or more years, he will have become de-skilled and without evidence that he has kept his skills up-to-date that the first limb is also now engaged, namely that there is a risk to members of the public if a finding of no impairment were to be made.

28. Ms Dixon reminded the Tribunal that Dr Moran had not attended the previous two hearings, he had not provided any of the evidence suggested by them, had not engaged with the regulator or these proceedings, and had provided no evidence of insight or remediation. Ms Dixon submitted that there remains a risk of repetition, adding that Dr Moran's misconduct, which involved dishonesty, fell at the higher end on the spectrum of seriousness.

29. In all the circumstances, Ms Dixon invited the Tribunal to find that Dr Moran's fitness to practise remains impaired by reason of misconduct on all three limbs of the impairment test.

### The Relevant Legal Principles

30. Throughout the decision-making process, the Tribunal was mindful of the overarching objective of the GMC and MPTS as set out in Section 1 of the Medical Act 1983 to protect the public, which is split into three distinct parts. It means that a Tribunal must act in a way that: protects, promotes and maintains the health, safety and well-being of the public ('patient safety'); promotes and maintains public confidence in the medical profession ('public confidence'); and promotes and maintains proper professional standards and conduct for members of that profession ('uphold professional standards').

31. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the 2025 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 practice.

32. The Tribunal had regard to the overall MPTS Guidance (effective 24 November 2025), and the considerations set out in the Tribunal Circular dated 26 November 2025 - '20/25: Guidance for review hearings starting on or after 24 November 2025'. This included that:

*“On review, the following questions should be used to inform the tribunal’s assessment of whether a doctor 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? (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?”*

33. The Tribunal will assess whether Dr Moran poses any current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response. The Tribunal must determine whether Dr Moran'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 considered that the onus was on Dr Moran to demonstrate that his fitness to practise is not currently impaired.

### **The Tribunal's Determination on Impairment**

34. The Tribunal considered whether Dr Moran's fitness to practise is currently impaired by reason of his misconduct.

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

35. The Tribunal had regard to the conclusions of the 2025 Tribunal, as summarised above. It noted that the 2025 Tribunal had reached the view that Dr Moran had not engaged with the regulator or these proceedings. Further, he had not provided any evidence to demonstrate the steps he has taken to remediate his misconduct and to gain insight into the concerns identified by the 2024 Tribunal and the 2025 Tribunal. In the absence of such evidence, the 2025 Tribunal determined that there was a risk of Dr Moran repeating his

misconduct. This case involved dishonesty which, as determined by the 2024 Tribunal, was premeditated and calculated.

36. The Tribunal had regard to the factors identified by the 2025 Tribunal which may assist a future review, namely: evidence of Dr Moran's engagement with his regulator; evidence of his insight into the impact of his actions on the public interest and public confidence in the medical profession; and evidence that he has maintained his medical knowledge and skills during the period of suspension. Dr Moran has not engaged with his regulator at all, nor has he provided any evidence as suggested by the 2025 Tribunal.

37. The Tribunal noted that both previous Tribunals had determined that given the absence of any concerns in relation to patient safety, only the second and third limbs of the impairment test were engaged.

What has happened since the last assessment of risk and what impact does this have? and How has Dr Moran responded to the 2025 Tribunal's findings?

38. The Tribunal considered what has happened since the 2025 Tribunal and how Dr Moran has responded to the 2025 Tribunal's findings.

39. The Tribunal noted that there is no change to the position since the 2025 Tribunal hearing. As set out above, Dr Moran has not engaged with the regulator and has not provided any evidence of insight and remediation. There was no information before the Tribunal that Dr Moran understands, or has insight into, the seriousness of his misconduct and its impact on public confidence in the medical profession and upholding and maintaining professional standards.

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

40. The Tribunal determined that the risk to public protection requiring restrictive action had changed.

41. The Tribunal was satisfied that Dr Moran has not addressed the issues raised by the 2024 and 2025 Tribunals. It determined, in all the circumstances, that there is a risk of Dr Moran repeating his misconduct and there was nothing to reassure the Tribunal that that risk had been mitigated. The Tribunal determined, in the absence of any evidence to suggest otherwise, that the risk on the grounds of public interest remains in relation to the second and third limbs of the impairment test, namely in respect of public confidence and upholding professional standards.

42. Furthermore, the Tribunal took into account that Dr Moran has now been out of clinical practice for nearly six years, which in its view, and in the absence of any evidence to the contrary, would inevitably result in him becoming deskilled. While the Tribunal noted that the Allegation did not concern any aspect of his clinical practice or his performance, the

Tribunal were concerned that it did not have any evidence that he had maintained his skills and there was a risk that he could return to clinical practice if he so chose (subject to any sanction imposed by this Tribunal). The Tribunal therefore considered that there was now a risk to public safety and that the first limb is also engaged. The Tribunal therefore considered that the risk to public protection had increased and fell at the higher end of the spectrum of seriousness. It was therefore necessary to make a finding of impairment on the grounds of public protection and public interest.

43. In all the circumstances, and based on the evidence before it, the Tribunal has therefore determined that Dr Moran's fitness to practise is currently impaired by reason of misconduct.

#### **Determination on Sanction - 29/05/2026**

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

#### **The Evidence**

2. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing, where relevant to reaching a decision on what action, if any, it should take with regard to Dr Moran's registration. The Tribunal received no further evidence.

#### **Submissions**

##### On behalf of the GMC

3. Ms Dixon, Counsel, submitted that the question as to the appropriate sanction was a matter for the Tribunal exercising its own independent judgement. She explained the sanctions available to the Tribunal in a case such as this. She referred the Tribunal to the Circular dated 26 November 2025 which sets out that in determining the type and length of the sanction, the Tribunal should consider the initial sanction imposed, the registrant's response to the previous Tribunal's sanction and the necessary and proportionate sanction required to address the level of current and ongoing risk to public protection. Ms Dixon submitted that, given Dr Moran's registration has already been subject to two consecutive periods of suspension, the time had now been reached to erase his name from the medical register.

4. Ms Dixon reminded the Tribunal that the previous two Tribunals had determined that a period of suspension was the only appropriate sanction given the seriousness of Dr Moran's misconduct which involved dishonesty. She reminded the Tribunal that the 2025 Tribunal determined that conditions would not be workable given Dr Moran's lack of engagement, no

evidence of insight and remediation or that his medical knowledge and skills were up to date. The 2025 Tribunal imposed a further 12 months suspension to allow Dr Moran a further opportunity to address these matters. Ms Dixon further reminded the Tribunal that the 2025 Tribunal also determined that the point at which erasure would be the necessary sanction had not yet been reached. Ms Dixon submitted, however, that Dr Moran has continuously failed to engage with the regulator, and has failed to take up the opportunity afforded to him by two Tribunals to provide any evidence of insight and remediation or of maintaining his medical knowledge and skills.

5. Ms Dixon submitted that, in the circumstances, an order of no further action or conditions of practice would not be appropriate. Dr Moran has failed to address the concerns and risks identified by the previous two Tribunals, and in view of this Tribunal's finding in its impairment determination, that the risk to public had now increased due to Dr Moran's inevitable de-skilling, all three limbs of public protection were engaged. She submitted that conditions would not be workable. Ms Dixon submitted that a further period of suspension would not be the appropriate sanction in light of the fact that after two periods of suspension, Dr Moran has failed to engage with the GMC and these proceedings, and failed to provide the necessary evidence as identified by the previous Tribunals.

6. Ms Dixon submitted that to allow Dr Moran to continue to hold registration would undermine public confidence in the regulator, the regulatory process, the profession, and maintaining and upholding professional standards.

7. In all the circumstances, Ms Dixon invited the Tribunal to erase Dr Moran's name from the medical register.

### The Relevant Legal Principles

8. The Tribunal was reminded that the decision as to the appropriate sanction, if any, to impose was a matter for its independent judgement which it must exercise fairly.

9. The Tribunal had regard to the relevant sections of the MPTS Guidance.

10. The Tribunal was mindful that the purpose of a sanction is not to be punitive, although a sanction may have a punitive effect on a doctor.

11. The Tribunal reminded itself that, in determining whether to impose a sanction and if so, which, it should have regard to the principle of proportionality and should start by considering the least restrictive option. The Tribunal reminded itself of the principles set out in paragraph 7 in the 'Introduction' section of the Guidance for MPTS Guidance which states:

***'Being proportionate***

*7. To be proportionate, a tribunal must ask themselves, in the context of the individual case and decision being made, what is required and no more than necessary to meet the GMC and MPTS' legal duty to protect the public in a*

*timely way. To assess what is proportionate, tribunals should be clear on the options available to them.'*

12. The Tribunal was mindful that the reputation of the medical profession as a whole is more important than the interests of an individual doctor: *Bolton v Law Society [1993] EWCA Civ 32*.

### The Tribunal's Determination on Sanction

13. Throughout its deliberations, the Tribunal had regard to the statutory overarching objective to protect patients as set out in section 1 of the Medical Act 1983:

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

14. The Tribunal also had regard to the table set out at paragraph 62 of the MPTS Guidance – 'sanctions banding' in its consideration.

Case type	Lower level of risk to public protection	Medium level of risk to public protection	Higher level of risk to public protection
Dishonesty	Suspension up to 3 months	Suspension 3 to 9 months	Suspension 9 months to Erasure

15. The Tribunal reminded itself of the findings of the previous Tribunals that Dr Moran's misconduct included dishonest actions which were premeditated, calculated and repeated. It was mindful that Dr Moran's registration has been subject to two consecutive periods of suspension each for 12 months. This was to allow him the opportunity to reengage with his regulator, to demonstrate evidence of insight and remediation, and to show that he had kept his medical knowledge and skills up to date. However, Dr Moran has failed to take advantage of such opportunity and has failed to reengage with the regulator or these proceedings.

### No Action

16. The Tribunal first considered whether to conclude the case by taking no action. It considered paragraphs 13 – 16 of Section 3 of the MPTS Guidance which relate to consideration of 'Taking no action'. It noted in particular paragraph 13 states:

*'Where a doctor's fitness to practise is impaired, it will usually be necessary for the MPT to restrict the doctor's registration to achieve public protection. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional*

*circumstances are unusual, special, or uncommon, so such cases are likely to be very rare.'*

17. The Tribunal determined that there are no exceptional circumstances in this case which would warrant the taking of no action in the context of the facts in this case and the Tribunal's determination on impairment. The Tribunal considered that, given the seriousness of the facts found proved, the total lack of evidence provided by Dr Moran and that it had found that there was a greater risk to public protection, taking no action would not be appropriate or sufficient to protect the public.

### Conditions

18. Turning next to whether it would be appropriate to impose a conditions of practice order, the Tribunal had regard to paragraphs 17 – 40 of the MPTS Guidance. In particular, paragraphs 23, 28 and 30 state:

*'23. 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, and*
- d. the MPT is satisfied the doctor will comply with them.*

*28 Conditions may be proportionate in cases where the doctor has shown a degree of insight into the allegation and some, or all, of the following factors are present:*

- a. the doctor has demonstrated they are willing and/or able to remediate*
- b. identifiable areas of the doctor's practice need prohibiting, monitoring, or retraining*
- c. the doctor has demonstrated they are willing to be open and honest with patients and others they work with if things go wrong*
- d. the doctor will not put patients at harm, either directly or indirectly, by having conditions on their registration.*

*30. 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/or suggest an underlying problem with their attitude.'*

19. The Tribunal had particular regard to paragraph 62 of the MPTS Guidance which, as mentioned above, sets out a table for considering the appropriate sanction based on the level of risk to public protection.

20. The Tribunal was satisfied that the factors set out in paragraphs 23 and 28 above do not apply in this case. Dr Moran had shown no insight despite being given nearly two years to provide such evidence and there was no evidence that he was willing to remediate his actions. Further, it noted that in its determination on impairment, that the risk in this case fell at the higher end of the spectrum of seriousness.

21. Further, the Tribunal considered that there was no evidence before the previous two Tribunals and this Tribunal to suggest that Dr Moran would comply with any conditions.

22. The Tribunal bore in mind that any conditions imposed would need to be appropriate, proportionate, workable, and measurable. In light of its findings at the impairment stage and Dr Moran's disengagement with these proceedings, the Tribunal determined that it would not be possible to formulate a set of appropriate, workable and measurable conditions which could adequately address the risk to public protection as identified.

### Suspension

23. In considering whether a further period of suspension would be appropriate, the Tribunal had regard to paragraphs 41 – 54 of the MPTS Guidance. In particular, paragraph 45 states:

***'When is suspension likely to be proportionate?***

45. *Suspension may be proportionate in cases where some, or all, of the following factors are present:*

- a. conditions are not appropriate, measurable and/or workable*
- b. 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, and/or*
- c. 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.'*

24. The Tribunal has found that there is now a risk to patient safety, that the level of risk has been increased by virtue of Dr Moran's inevitable deskilling given he has been out of clinical practice for six years, and there is no evidence before the Tribunal of how he has kept his medical knowledge and skills up to date.

25. The Tribunal was mindful that the sanction banding suggests that the appropriate sanction in this case would be in the range of a nine-month suspension to erasure. The Tribunal considered the concerns in this case involving dishonesty, and the subsequent lack of engagement, and failure to provide any evidence of insight and remediation and maintaining medical knowledge and skills over nearly two years. The Tribunal reminded itself of its decision that these concerns fall at the higher end of the spectrum of seriousness, that

the risk to public protection was now engaged on all three limbs, and that there remained a risk of Dr Moran repeating his misconduct.

26. The Tribunal considered that a further period of suspension would not be adequate or sufficient in mitigating the serious concerns posed to the protection of the public. It was satisfied that suspension would not adequately uphold public confidence in the profession and it would undermine the regulatory process if the same sanction as had already been imposed for the last 24 months was ordered. Dr Moran has been given ample time to provide the evidence requested by the previous Tribunals and has failed to engage in the proceedings. The Tribunal considered that a reasonable member of the public would not be reassured by a sanction of suspension being imposed in this case given the nature and gravity of Dr Moran's misconduct.

### Erasure

27. In considering erasure, the Tribunal had regard to paragraphs 55 - 59 of the MPTS Guidance. In particular, paragraphs 55 and 57 state:

*'55. Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.'*

#### **When will erasure be the only proportionate response?**

57. 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.'*

28. The Tribunal considered the nature of Dr Moran's misconduct which involves dishonesty. It took into account its finding that the risk to public protection had increased, and the absence of any evidence of insight and remediation and of maintaining medical knowledge and skills.

29. In all the circumstances, the Tribunal found that Dr Moran’s dishonest misconduct, and his lack of engagement with the regulatory process throughout these proceedings, and his failure to address the matters which the 2024 and 2025 Tribunals identified, was incompatible with continued registration. Dr Moran had shown a persistent lack of insight into the seriousness of the allegation and his behaviour, and the effect of this behaviour on public confidence in the profession. In view of this, the Tribunal was satisfied that that the factors set out in paragraph 57 above are engaged in this case. The Tribunal recognised that the sanction of erasure was the most serious sanction that could be imposed but it considered that it was proportionate where no other sanction would adequately uphold public confidence in the profession or the regulator. Therefore, the Tribunal determined that erasure was the proportionate sanction.

30. The Tribunal therefore determined to erase Dr Moran’s name from the medical register.

31. The Tribunal have directed to erase Dr Moran’s name from the Medical Register. The MPTS will send Dr Moran 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.

32. That concludes the case.

ANNEX A – 29/05/2026

**Application – Service and Proceeding in Absence**

1. Dr Moran was neither present nor legally represented at this hearing. The Tribunal noted that in order to proceed with the hearing in Dr Moran’s absence, it needed to be satisfied that Dr Moran had been properly served with the Notice of Hearing (NoH) and whether it was appropriate for the hearing to proceed in his absence.

2. The Tribunal was provided with a copy of a service bundle from the General Medical Council (GMC). This included a screenshot of Dr Moran’s registered address. On 13 April 2026, the GMC sent a letter to Dr Moran at his registered address, indicating that his case was due to be reviewed today, 29 May 2026, and enclosing a draft copy of the hearing bundle. The Tribunal noted the Royal Mail Track and Trace Receipt indicated the letter was delivered at Dr Moran’s registered address on 14 April 2026 at 12:11 and signed for by a signature which looks like ‘Moran’.

3. The Tribunal also noted that, on 21 April 2026, the MPTS sent Dr Moran a NoH letter to his registered address, confirming that his hearing would commence on 29 May 2026, setting out the start time of 09:00 and that it would be a virtual hearing. In their letter, the MPTS asked Dr Moran to confirm whether he would be attending and provided information as to the support available in relation to the hearing. The Tribunal noted that the Royal Mail Track and Trace Receipt showed the NoH was delivered at Dr Moran’s registered address on 22 April 2026 at 12:36 and signed for.

4. To date no response has been received from Dr Moran.

**GMC’s Submissions**

5. On behalf of the GMC, Ms Harriet Dixon took the Tribunal through the service bundle and highlighted that the NoH had been sent to Dr Moran by post to his registered address and had been signed for by a person. She invited the Tribunal to conclude that all reasonable efforts had been made to serve the NoH upon Dr Moran in accordance with the GMC (Fitness to Practise) Rules 2004, as amended (‘the Rules’).

6. Ms Harriet submitted that the Tribunal should proceed in Dr Moran’s absence in accordance with Rule 31 of the Rules. She submitted that it was clear that Dr Moran had been properly served with notice of today's hearing. She reminded the Tribunal that Dr Moran had not attended the previous two MPT hearings and has not engaged with the GMC. She said that it was reasonable, in the circumstances, to infer that Dr Moran had made a deliberate decision not to attend today and therefore had voluntarily absented himself.

**Tribunal’s Determination**

### Service

7. The Tribunal had regard to Rule 20 and Rule 40 of the Rules which required notice of a review hearing to be served on the practitioner no later than 28 days before the hearing held under rule 22 of the Rules and that such notice or document required to be served under the Rules may be served by ordinary post, or by electronic mail to an electronic mail address, that the practitioner had notified to the Registrar as an address for communications.

8. Based upon the evidence before it, the Tribunal was satisfied that the NoH had been served upon Dr Moran at his registered address in accordance with Rules 20 and 40 of the Rules.

### Proceeding in Dr Moran's Absence

9. In making its determination the Tribunal noted that the decision as to whether or not the hearing should proceed in Dr Moran'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."*

10. The Tribunal were advised of and took account of the guidance provided in *Adeogba & Visvadis v GMC [2016] EWCA Civ 162*, *R v Hayward, Jones & Purvis [2001] QB 862* and *R v Jones (Anthony) [2003] 1 AC 1 HL* and *GMC v Hayat [2018] EWCA Civ 2796*.

11. The Tribunal noted that the letters sent to Dr Moran informed him of the date, time and venue of the hearing, his right to attend it, and to be legally represented. He was also informed that the hearing could proceed in his absence if he did not attend. No response was received to the letters. The Tribunal concluded, in light of the information before it, that Dr Moran had voluntarily absented himself from this hearing.

12. The Tribunal considered whether an adjournment would result in Dr Moran attending the hearing. Setting aside that there had been no application for an adjournment, there was no evidence before the Tribunal that an adjournment would result in Dr Moran attending. The Tribunal took into account that Dr Moran did not attend the previous two hearings and has not engaged with the GMC at all.

13. The Tribunal also considered whether any decision to proceed in Dr Moran's absence may result in disadvantage or prejudice to him taking account of the fact that it may not necessarily have all of the information which Dr Moran would wish to present. However, the Tribunal considered that any such prejudice must be balanced against other factors including

the statutory overarching objective and the public interest in proceeding with the review before the expiry of the suspension order. The Tribunal noted that the public interest included the need for a fair, economic, expeditious and efficient disposal of the hearing. These matters should be balanced against any prejudice to Dr Moran.

14. The Tribunal noted that part of its role was to ensure a fair hearing notwithstanding Dr Moran's absence. It considered that all reasonable efforts had been made to inform Dr Moran of today's hearing. There was no application from Dr Moran for his case to be adjourned. There was no evidence to indicate that an adjournment would result in Dr Moran's attendance given his repeated non-attendance at the hearings before the MPTS. The Tribunal considered that it was in the public interest to ensure that the suspension order, which concerned serious misconduct, was reviewed before its expiry and that it was highly unlikely that it would be possible to schedule another review hearing before its expiry. Having balanced each of the relevant factors against the statutory overarching objective and the public interest, as set out above, the Tribunal determined that it is fair, just, and in both the public and Dr Moran's interest to proceed with the hearing in his absence.

15. The hearing will therefore proceed in Dr Moran's absence.