PUBLIC RECORD

Dates: 24/03/2025 - 31/03/2025

Doctor:	Dr Thabo MILLER
GMC reference number:	7042977
Primary medical qualification:	MB BS 2010 University of Newcastle upon Tyne

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

Summary of outcome

Suspension, 7 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Miss Rachel Birks
Lay Tribunal Member:	Mr Geoff Brighton
Registrant Tribunal Member:	Mr Mohamed Mohamed

Tribunal Clerk:	Mr Michael Murphy

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Lee Gledhill, Counsel
GMC Representative:	Ms Rosalind Emsley-Smith, Counsel

Attendance of Press / Public

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

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts and Impairment- 27/03/2025

FACTS

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

Background

2. Dr Miller qualified with an MBBS degree from the University of Newcastle-Upon-Tyne in 2010. Prior to the events which are the subject of the hearing Dr Miller undertook training in Paediatrics and Neonatalology in Wales and the North of England. At the time of the events Dr Miller was working as a locum registrar for Locum's Nest locum agency providing predominantly out of hours middle grade paediatric cover.

3. The allegation that has led to this hearing can be summarised as Dr Miller being involved in an altercation with XXX, Ms A, during which he used offensive language. It was alleged that he attempted to damage Ms A's car, rocked her car back and forth and prevented her from closing the car window, following which he punched her. This resulted in him being convicted of assault. He was sentenced to a Community Order with a requirement to participate in the XXX accredited programme.

4. The initial concerns were raised with the GMC on 1 September 2023 in an email from Dr Miller in which he stated, *'I have been charged with assault by beating, and have been given a court date of Wednesday October 4th 2023'*. Dr Miller emailed the GMC on 4 October 2023 to state *'I appeared in Newport Magistrates court today and entered a guilty plea to assault by beating. I was sentenced to attend the [XXX] course, and to engage with a probation officer who is yet to be assigned. I was given no punitive punishment, specifically no fine or unpaid community service'.*

The Allegation and the Doctor's Response

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

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

1. On 15 June 2023, near the location set out in Schedule 1, you:

    a. called Ms A:

        i. a vile bitch; **Admitted and found proved**

        ii. fat; **Admitted and found proved**

        iii. ugly; **Admitted and found proved**

        or words to that effect;

    b. attempted to bend Ms A's car door backwards; **Admitted and found proved**

    c. grabbed hold of Ms A's:

        i. car wingmirror and tried to bend it backwards; **Admitted and found proved**

        ii. driver's side front door and window and started to rock Ms A's car back and forth; **Admitted and found proved**

        iii. car door so that she could not close the driver's side front window. **Admitted and found proved**

2. On 4 October 2023 at Newport Magistrates' Court you were convicted of assaulting Ms A by beating her on 15 June 2023. **Admitted and found proved**

3. On 4 October 2023 you were sentenced to a Community Order with a requirement to participate in the XXX accredited programme for 29 days, to be completed by 3 October 2025. **Admitted and found proved**

The Admitted Facts

6. At the outset of these proceedings, through his Counsel, Mr Gledhill, Dr Miller made full admissions to the paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). Dr Miller did not agree the exact location alleged in relation to the index events, however it was clear that he did not dispute it being in very close proximity to the location alleged, and both parties agreed that the dispute over the location was merely a technicality.

7. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced the paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

IMPAIRMENT

8. The Tribunal then had to decide in accordance with the Rules whether, on the basis of the facts which it has found proved and as set out above, that Dr Miller's fitness to practise is impaired by reason of misconduct, and by reason of his conviction.

Witness Evidence

9. The Tribunal received evidence on behalf of the GMC in the form of an agreed witness statement from Ms A, the victim, who was not called to give oral evidence.

10. Dr Miller did not provide a written witness statement but did give oral evidence under general affirmation at the impairment stage of the hearing.

11. In his oral evidence Dr Miller explained that how he dealt with difficulties and how he behaved towards Ms A was inappropriate, and that he had let himself XXX down. He said that he was ashamed for causing distress to [Ms A] and for not being a good representative of the medical profession.

12. Dr Miller said that, immediately after the violence towards [Ms A] that led to his conviction, he questioned how he had got to that stage and was aware that he needed to make sure that this was not a path that he continued down.

13. Dr Miller said that this was a one-off incident XXX. Dr Miller stated that he made bad decisions and that he needed to own these. He said that the fundamental problem was that when there were issues and sources of friction, he identified that he was upset but thought that he could get over it. He said that he would not confront and discuss things XXX and that would result in arguments XXX. He said that this caused a lot of tension and resentment to build up, but that he did not want to create waves by having difficult conversations.

14. In terms of the XXX court-directed course that he has attended (the XXX Course), Dr Miller said that he had benefitted from it and that he had been given a model for how to have assertive conversations which he had always struggled with, having previously relied on a communication style which was either passive or aggressive. As such, he now has strategies and tools in place to help with communication XXX, as he felt that poor communication and an inability to express his distress XXX had led to his violent actions. He stated that he is able to deploy the tools he has learned such as de-escalation and having more positive communications. In addition, he described obtaining other skills from his learning such as about how being over emotional with both negative and positive emotions can cloud judgement. He said that he now has a little voice in the back of his mind watching over and asking himself to make sensible decisions, despite his passion.

15. Dr Miller said that he had been prepared to discuss what he had done with fellow participants during the XXX Course and that he had analysed his conduct. XXX. XXX

16. In terms of triggers Dr Miller stated that on 15 June 2023 he believed that Ms A was XXX. As a result of this, his heightened excitement XXX turned to anger at that same heightened state. Dr Miller said that he can now recognise when this is happening and can pause to think.

17. XXX

18. XXX

19. In terms of completing the XXX Course, Dr Miller said that he had attended all of the sessions but now needed to have a final meeting with his course facilitator and probation officer and that a report would be produced detailing what, if any, further work he had to do. He said that his facilitator had been unwell for several months and therefore there had not yet been the opportunity for that meeting to take place. He explained he did not wish to chase his facilitator in those circumstances.

20. Dr Miller talked about the impact his conduct would have had on trust and confidence in the medical profession. He stated that he currently works ad hoc shifts as a locum registrar in paediatrics and that the senior clinicians are happy with his work. He went on to state that he is looking for more permanent work but was recently unsuccessful due to the regulatory proceedings against him.

21. XXX

22. When it was put to Dr Miller that it could be perceived that he thought [Ms A] was XXX, and that the violence ensued because he was not getting his own way and it was an expression of control, Dr Miller denied this. XXX. He said that at the point where he punched [Ms A], he had already XXX and therefore it was difficult to see what he could have been trying to exert control over.

23. It was put to Dr Miller that this could be seen as an expression to [Ms A] as to what would happen if he did not get his own way in the future. Dr Miller denied this and said that he preferred to see his violence as a mechanism to communicate his distress. XXX

24. In response to Tribunal questions about whether this was actually a one-off incident of violence, Dr Miller provided background XXX

25. XXX

26. When asked about his current support network Dr Miller explained that he is quite close to his parents, that his current partner is a great source of support XXX.

27. Dr Miller thought the risk of repetition of his conduct was negligible but said that he would be foolish to say that it was zero.

Documentary Evidence

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

- Text messages between Dr Miller and Ms A, dated 15 June 2023;
- Ms A's various statements given to the GMC and the police;
- XXX
- Reference from Dr B, dated 4 August 2023;
- Police report, dated 23 August 2023;
- Rule 7 statement, dated 21 May 2024;
- Certificate of conviction, dated 13 August 2024;
- XXX
- Dr Millers reflections;
- Letter from Mr C, dated 9 March 2025;
- Positive testimonials.

Submissions

29. On behalf of the GMC, Ms Emsley-Smith, Counsel, reminded the Tribunal that Dr Miller has already conceded his actions amounted to serious misconduct. She submitted that Dr Miller's actions brought the medical profession into disrepute and breached the trust the public put in members of the medical profession.

30. Ms Emsley-Smith stated that Dr Miller has demonstrated thoughtfullness around his misconduct, provided reflections and participated in courses specifically directed at behaviour of this nature. However, she submitted that evidence had been given which was a cause for concern regarding the risk of repetition. She stated that Dr Miller resorted to violence against Ms A despite XXX. Ms Emsley-Smith reminded the Tribunal that Dr Miller's actions involved actual physical violence against Ms A. XXX

31. Ms Emsley-Smith submitted that there exists an ongoing concern of minimisation in this case. She said that, on 15 June 2023, it appeared as though Dr Miller was angry with Ms A XXX. Ms Emsley-Smith stated that Ms A stood firm against Dr Miller and was punched in the face for doing so. She submitted that there was no evidence to satisfy the Tribunal that the risk of repetition is negligible.

32. Ms Emsley-Smith further submitted that Dr Miller's misconduct was so serious that a finding of impairment is required in order to repair the damage his actions had upon the reputation of the medical profession and that this would be a marker for members of the profession as to the standard of conduct expected of them. In addition, she reminded the

Tribunal that Dr Miller's sentence had not yet concluded and, as such, a finding of impairment is necessary.

33. On behalf of Dr Miller, Mr Gledhill, Counsel, submitted that there had been an evolution in Dr Miller's thinking over time. He stated Dr Miller's position was that his sentence will conclude in the next few weeks. He also stated that Dr Miller has acknowledged fault XXX but Dr Miller was clear that this should not have happened.

34. Mr Gledhill submitted that Dr Miller is classed as a good doctor and that no issues have arisen as to his competence. He stated that Dr Miller understands that a member of the public would be shocked by his conduct and find it abhorrent. He recognises that he is on a journey to make sure the public can trust him in the future. Mr Gledhill stated that Dr Miller has taken personal responsibility for his actions and is a changed individual. He submitted that Dr Miller is a different person now than he was during the events in the Allegation.

35. Mr Gledhill submitted that the risk of repetition was negligible and that the Tribunal has received ample evidence that Dr Miller has made changes to his life that can be relied upon. Mr Gledhill stated that a finding of impairment is likely but that the Tribunal should finely balance the evidence received and not focus too much on the background of the case.

The Relevant Legal Principles

36. The Tribunal accepted the advice of the Legally Qualified Chair.

37. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof, and the decision of impairment is a matter for the Tribunal's judgement alone.

38. In approaching the decision in relation to the allegation of impairment by reason of misconduct, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then whether the finding of that misconduct which was serious could lead to a finding of impairment.

39. The Tribunal must determine whether Dr Miller'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.

40. In its deliberations, the Tribunal had regard to the case of *Bolton v Law Society [1994] 1 WLR 512* in which it was stated '*…The reputation of the profession is more important than the fortunes of any individual member*. *Membership of a profession brings many benefits, but that is part of the price…*'.

41. The Tribunal considered the questions posed by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v NMC and Grant [2011] EWHC 927 (Admin)*, as follows:

> *'Do our findings of fact in respect of the doctor's misconduct… show that his/her fitness to practise is impaired in the sense that s/he:*
>
> *a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> *b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> *c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession*
>
> *d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

42. The Tribunal also had regard to the case of *Cohen v GMC [2008] EWHC 581 (Admin)* in which Mr Justice Silber states:

> *'It must be highly relevant in determining if a doctor's fitness to practise is impaired that; first his or her conduct which led to the charge is easily remedied, second that it has been remedied and third that it is highly unlikely to be repeated'*

The Tribunal's Determination on Impairment

Misconduct

43. In its deliberations, the Tribunal considered paragraph 65 of Good Medical Practice (2013) (GMP) to be engaged in this case which states:

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

44. The Tribunal was satisfied that Dr Miller's conduct that had been found proved outwith the conviction, undermined a fundamental tenet of the medical profession, namely to ensure that conduct always justifies the trust that comes with being a member of the medical profession. Dr Miller's actions brought the medical profession into disrepute. It took the view that a member of the public would be shocked by Dr Miller's actions XXX

45. XXX. The Tribunal was satisfied that Dr Miller's behaviour was not befitting of a registered medical practitioner and that fellow medical practitioners would find his misconduct deplorable.

46. The Tribunal noted that Dr Miller admitted the entirety of the Allegation made against him and also that his conduct amounted to serious misconduct. The Tribunal exercised its own independent judgement and came to the same conclusion independently being satisfied that Dr Miller's conduct amounted to misconduct which was serious.

47. The Tribunal has concluded that Dr Miller's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

Impairment

48. The Tribunal having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct and Dr Miller's conviction, Dr Miller's fitness to practise is currently impaired. In doing so it had regard to paragraph 1 of GMP which states:

'Patients need good doctors. Good doctors …act with integrity and within the law.'

49. The Tribunal noted the remorse shown by Dr Miller towards [Ms A] XXX and his acknowledgement of the impact upon the public and the profession.

50. The Tribunal took the view that Dr Miller lacked full understanding about the impact of his behaviour on [Ms A]. In his Rule 7 statement, Dr Miller stated *'Probably the most significant [XXX] that could be affected by my poor conduct are [XXX]. Obviously, [Ms A], and the impact on her, is also a very important consideration'*. This is an acknowledgement from Dr Miller of the impact his actions had on Ms A but he did not detail what this impact was. There was also no acknowledgement of the potential for emotional harm caused by his previous aggressive behaviour, XXX, and his threats of violence. XXX

51. The Tribunal considered Dr Miller's level of insight. Dr Miller was clearly sorry about his behaviour towards [Ms A]. The Tribunal noted that he was nonetheless keen to say that he had consulted various people after the incident. This was to see whether they thought his plan to XXX had been dangerous and inappropriate and nobody had thought it was. There was clearly still an element of Dr Miller feeling that he had been in the right in the argument that had led to the index events.

52. The Tribunal noted a lack of independent evidence regarding Dr Miller's insight and bore in mind his evidence regarding the final meeting with his probation officer and that *'it will be mainly going through their observation of me on the course and where I engaged well and concepts I struggled with…whether I worked well as part of the group'.*

53. The Tribunal was not satisfied with Dr Miller's explanation when asked about what he would do if the same situation arose again. He said he thought it was unlikely that it would happen again, as if in a similar situation he would XXX. This showed a lack of insight, into how similar emotions might arise XXX that require him to behave differently.

54. The Tribunal gave very careful consideration to the context of Dr Miller's actions that led to this hearing, and the fact that he was clearly in a situation where [Ms A] was preventing him from doing something XXX and he was resentful about that. The uncontested evidence was that he had told [Ms A] XXX Dr Miller characterised his actions as trying to express his distress, but the Tribunal was concerned that Dr Miller is not yet able to adequately understand and explain the likely link between not being able to get his own way and trying to exercise control through violence.

55. The Tribunal noted that in his Rule 7 statement, dated 21 May 2024, Dr Miller said *'In addition to the group course, and the taking care and supporting my own health, I have also undertaken personal study and discussion. I have so far engaged with two pieces of personal study. The first is a book called "[XXX]" … The second piece of personal study was on a recorded lecture provided to me by a friend who is a psychologist who specialises in emotion and behaviour management'.* The Tribunal was satisfied that Dr Miller has recognised for some time that his behaviour was unacceptable, and that he is prepared to own his actions and rightly label them XXX. He has clearly been prepared to actively participate in the XXX Course, seek out further reading to help his understanding of his behaviours and he had discussed his actions with Dr B and Mr C.

56. The Tribunal was concerned that, in spite of the work that Dr Miller previously did to try and understand his abusive behaviour in 2020, rather than being effective in preventing agression, his behaviour actually escalated into physical violence causing physical harm. This raised the question of how effective his earlier learning was, given the events of 15 June 2023, and the extent to which his earlier attempts at remediation had been successful.

57. Dr Miller referred to the events leading to his conviction as an *'aberration'.* XXX

58. In the Tribunal's view Dr Miller's insight is not fully developed. Dr Miller's characterisation of the events as an *'aberration'* was of concern to the Tribunal. The Tribunal took the view that whilst on the one hand Dr Miller had spoken in strong terms about violence never being appropriate, he has nonetheless attempted to minimise the behaviour towards Ms A in characterising it as an *'aberration'*.

59. In the Tribunal's view the incident where he says that Ms A XXX was a good example of his minimising events and their impact on others. In addition, XXX. The Tribunal considered this was another example of Dr Miller attempting to minimise his actions and the impact they might have on others.

60. The Tribunal disagreed with Mr Gledhill's submission that the risk of repetition was negligible as the events in the Allegation and the background information indicated a pattern of behaviour XXX. It noted that Dr Miller's previous attempts at remediation XXX were not successful and that no objective evidence has yet been received from his probation officer following Dr Miller's criminal conviction and work on the XXX Course. Whilst Dr Miller has

undergone counselling there is no independent evidence as to whether that counselling had included work on triggers, and tools to avoid an escalation into violence in the future.

61. In considering the risk of repetition, the Tribunal noted that when Dr Miller was asked about his support networks, he stated that he is quite close to his parents, that his current partner is a great source of support and that XXX. Based on this, the Tribunal took the view that Dr Miller had limited support networks to rely on if he found himself in a similar situation again, XXX.

62. The Tribunal bore in mind that Dr Miller's behaviour XXX had escalated XXX so his previous attempts at remediation XXX had not helped him to manage his behaviour.

63. The Tribunal was satisfied that the background information to this case is significant. The events in the Allegation do not appear to be out of character XXX

64. The Tribunal recognised that Dr Miller's aggressive behaviour has been entrenched over many years. This may make it more difficult for him to remediate his conduct. Nonetheless, the Tribunal recognised and took account of his developing insight and considerable efforts towards remediation. Together, these would suggest that remediation is possible. The Tribunal could not, however, be satisfied at this point that Dr Miller would not resort to aggressive and/or violent behaviour, XXX, when presented with challenging circumstances in the future.

65. The Tribunal noted that Dr Miller's insight was developing. Although he had undertaken extensive work towards remediation, some elements of this had either not been successful or were not yet complete. Accordingly, there remains a moderate risk of repetition.

66. In line with *Grant*, the Tribunal concluded that Dr Miller's misconduct and conviction brought the medical profession into disrepute and breached a fundamental tenet of the medical profession. Given the Tribunal's findings that the risk of repetition is moderate, there remains the possibility that he may do so in the future. As such, the Tribunal concluded that a finding of impairment was necessary to maintain public confidence in the medical profession and uphold proper standards of conduct.

67. The Tribunal has therefore determined that Dr Miller's fitness to practise is impaired by reason of misconduct and his conviction for a criminal offence.

Determination on Sanction - 31/03/2025

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

69. Having determined that Dr Miller's fitness to practise is impaired by reason of misconduct and by reason of his conviction for a criminal offence, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

70. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

71. On behalf of the GMC, Ms Emsley-Smith, Counsel, submitted that the aggravating factors in this case include the escalation of Dr Miller's conduct XXX, and Dr Miller causing injury to Ms A and attempting to damage her car. She submitted that a mitigating factor in this case is that Dr Miller had taken some important steps towards reducing the risk of repetition.

72. Ms Emsley-Smith submitted that it would be inappropriate for the Tribunal to take no action in the context of this case as there were no exceptional circumstances to warrant taking no action. She also submitted that conditions would not be appropriate as no workable conditions could be formulated to meet Dr Miller's misconduct and conviction.

73. Ms Emsley-Smith went on to submit that the appropriate sanction in this case would be one of suspension as this would send a signal to Dr Miller, the medical profession and to the public about the standards of conduct that are not befitting of a doctor. She reminded the Tribunal of its finding that there is a moderate risk of repetition in this case and she submitted that, as such, a sanction of erasure would not be necessary.

74. On behalf of Dr Miller, Mr Lee Gledhill, Counsel, submitted that sanctions of conditions or suspension would both be viable in this case. He informed the Tribunal that Dr Miller has been subject to conditions in advance of this hearing and that he has abided by these, so they are clearly workable. Mr Gledhill stated that Dr Miller is currently subject to reporting conditions and that the Tribunal could impose such conditions and include a requirement for mentorship. Mr Gledhill further stated that the imposition of conditions would enable Dr Miller to continue to work and to give back to patients. He submitted that the public interest also included keeping good doctors in circulation. Mr Gledhill submitted

that a suspension would cause hardship to Dr Miller's family XXX if prevented from working as a doctor.

75. Mr Gledhill conceded that the Tribunal may see suspension as an appropriate means of marking the seriousness of Dr Miller's misconduct. Mr Gledhill submitted that a short period of suspension would send a message as to the unacceptability of Dr Miller's misconduct.He submitted that if a suspension was imposed, Dr Miller could be given recommendations as to what would assist a reviewing Tribunal, which he would endevour to work to. Mr Gledhill also submited that if a review hearing was directed, then Dr Miller would be able provide evidence of remediation and insight to a reviewing tribunal to show that the risk of repetition is low.

The Tribunal's Determination on Sanction

76. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement.

77. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (2024)(SG) and GMP. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

78. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Miller's own interests with the public interest. It has taken account of the overarching objective, which includes the protection of the public, the maintenance of public confidence in the profession, and the promoting and maintaining of proper professional standards and conduct for members of the profession.

79. The Tribunal has already given a detailed determination on impairment and has taken those matters into account during its deliberations on sanction.

Aggravating vs mitigating factors

80. With regard to aggravating factors, the Tribunal noted that Dr Miller's conduct in the Allegation took place during a series of events XXX and he continued his actions notwithstanding XXX. In her witness statement Ms A said:

> *'I asked Thabo to stop because [XXX]''.*

81. The Tribunal considered the escalation of Dr Miller's problematic conduct, XXX, to be an aggravating factor in this case. The Tribunal believed this to be compounded by the fact that XXX. XXX

82. With regard to mitigating factors, the Tribunal noted that Dr Miller had taken some important steps to reduce the risk of repetition of his misconduct and conviction. It also noted that there were no previous adverse regulatory findings against him. Dr Miller recognised that his behaviour, over many years, towards Ms A had been unacceptable. In addition, of his own volition, Dr Miller had undertaken private study and courses to attempt to manage his behavioural issues, albeit earlier course attendance was not successful in terms of remediation.

No action

83. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to conclude by taking no action.

84. XXX. The Tribunal determined that there were no exceptional circumstances to justify taking no action. It reminded itself of its reasoning for finding impairment of Dr Miller's fitness to practise. It determined that a sanction was required in order to mark the seriousness of his misconduct and conviction, and to uphold the overarching objective.

Conditions

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

86. Based on the evidence received, the Tribunal did not consider that any conditions could be formulated to address the concerns in this case or to mark the gravity of Dr Miller's misconduct and conviction. As such, it concluded that conditions would not be workable and therefore would not be appropriate in this case.

87. The Tribunal further determined that conditions would be insufficient to meet the public interest by upholding the reputation of the profession and maintaining proper professional standards of conduct for the members of the profession.

Suspension

88. The Tribunal then went on to consider whether imposing a period of suspension on Dr Miller's registration would be appropriate and proportionate. In doing so it had regard to the following paragraphs of the SG:

> *'56 Tribunals are also likely to take more serious action where certain conduct arises in a doctor's personal life, such as:*
>
> *d misconduct involving violence …'*
>
> *91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.*
>
> *92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration'*

89. The Tribunal was clear that Dr Miller's conduct as found proved was abhorrent and unbecoming of a medical professional. It was satisfied that a suspension would be required to mark the seriousness of Dr Miller's misconduct whilst sending a message to the wider medical profession and to the public, of the standards of conduct expected of a doctor. A suspension would also act as a deterrent. The Tribunal bore in mind that imposing a suspension would remove Dr Miller's services from the public domain, but it was satisfied this was proportionate due to the seriousness of his misconduct and conviction.

90. The Tribunal also had regard to the further following paragraphs of the SG:

> *93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions.*

97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

a A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.

…

e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.

f No evidence of repetition of similar behaviour since incident.

g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.

91. The Tribunal noted that Dr Miller had acknowledged fault and had apologised for his behaviour towards Ms A. It took into account the steps that Dr Miller had taken to address his behaviour. It noted that he had identified the steps he must take some time prior to June 2023, albeit those early steps had not been wholly successful as three years later Dr Miller was convicted for a violent offence. There is no evidence, however, of unsuccessful attempts to remediate since the events which have been the subject of Dr Miller's hearing, nor of an unwillingness to engage. The Tribunal was aware, however, that Dr Miller is yet to complete the XXX course and the final report on this has yet to be issued.

92. Whilst, the Tribunal found that Dr Miller had addressed some of the concerns around his behaviour and had focused in particular on his communication style, it did not consider that he had taken full ownership of his aggressive and violent behaviour. He had not demonstrated that he appreciated how that linked to him not getting his own way, XXX and him attempting to control that dynamic. Nonetheless, he has developed some insight. Whilst the Tribunal was not able to say that the conduct was unlikely to be repeated it had not found the risk of repetition to be more than moderate. There has been no evidence of repetition since 23 June 2023 and the Tribunal has identified that Dr Miller is capable of remediating further. The Tribunal did not consider that Dr Miller's misconduct and conviction were fundamentally incompatible with continued registration. In all the circumstances, the Tribunal did not consider erasure to be an appropriate sanction.

93. The Tribunal therefore determined that a period of suspension would be an appropriate and proportionate sanction which would protect public confidence in the profession and promote and maintain proper standards of conduct and behaviour.

94. In considering the appropriate period of suspension, the Tribunal was aware that the maximum period of suspension is 12 months. It considered what period of suspension would be necessary and proportionate to uphold the wider public interest and to allow Dr Miller adequate time to remediate further. It took into account the following paragraphs of the SG:

> *'99 The length of the suspension may be up to 12 months and is a matter for the tribunal's discretion, depending on the seriousness of the particular case.*
>
> *100 The following factors will be relevant when determining the length of suspension:*
>
> *a …*
>
> *b the seriousness of the findings and any mitigating or aggravating factors*
>
> *c ensuring the doctor has adequate time to remediate.'*

95. The Tribunal bore in mind its previous findings that Dr Miller's misconduct and conviction undermined a fundamental tenet of the medical profession and brought the medical profession into disrepute. It was satisfied that the public would find violent behaviour from a doctor to be abhorant but took the view that this was compounded in this case given that XXX. XXX

96. The Tribunal noted that Dr Miller has until October 2025 to comply with the requirements of his sentence, although he can complete those requirements before that date. It noted that Dr Miller's XXX Course facilitator had been unwell and so the final meeting with that person and the probation officer is outside of his control.

97. In conclusion, the Tribunal considered that a suspension for a period of seven months would allow Dr Miller time to satisfy the requirements of his sentence, allow him to develop further insight and to fully remediate his misconduct and conviction. It was mindful that suspension has a deterrent effect, and it considered that a period of seven months would send out a signal to the doctor, the profession and to the public about what is regarded as behaviour unbefitting a registered doctor. It would also achieve the desired aim of maintaining confidence in the profession.

98. The Tribunal determined to direct a review of Dr Miller's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Miller to demonstrate how he has remediated and developed insight. It therefore may assist the reviewing Tribunal if Dr Miller provided:

- A report following the final meeting between Dr Miller, the XXX Course facilitator and Dr Miller's probation officer confirming that he has satisfactorily completed the requirements of his sentence;
- A reflective statement addressing the concerns about insight that this Tribunal expressed at the impairment stage, particularly in relation to the impact of his actions on others and the link between solving disputes with violence and the exercising of control;
- Report(s) from any other objective source, for example a mentor or counsellor, with whom he has discussed the Tribunal's determinations and his attempts to develop further insight in order to remediate his misconduct and conviction and thereby reduce the risk of repetition;
- Evidence that he has kept his medical skills and knowledge up to date.

99. Dr Miller will also be able to provide any other information that he considers will assist.

Determination on Immediate Order - 31/03/2025

100. Having determined to impose to suspend Dr Miller's registration, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Miller's registration should be subject to an immediate order.

Submissions

101. On behalf of the GMC, Ms Emsley-Smith, Counsel did not make any positive assertion that an immediate order was necessary.

102. On behalf of Dr Miller, Mr Lee Gledhill, Counsel, submitted that there are no patient saftey concerns in this case and no pressing need for an immediate order to be imposed. Mr Gledhill submitted that if an immediate order is imposed Dr Miller would be suspended for an additional month and that this month would be needed to tie up his clinical work. Enabling him to work for a further month would help to reduce any financial hardship. Dr Miller

informed the Tribunal that he is currently working as an ad hoc locum across three NHS Trusts where he has forthcoming shifts booked.

The Tribunal's Determination

103. In its deliberations, the Tribunal had regard to the following paragraphs of the SG:

> *'172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.'*

104. The Tribunal considered that an immediate order would be disproportionate in this case as no patient safety concerns have been raised and no abuse of trust has been suggested. There was no evidence before the Tribunal of any financial hardship that would be caused by preventing Dr Miller from working until the substantive order takes effect. The Tribunal was not persuaded by the submission that Dr Miller needed to work up until the point where the substantive order takes effect. He will have known about this hearing and the risk of an order being imposed for some time. However, the Tribunal was satisfied that the substantive order of suspension sufficiently upholds the wider public interest.

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

106. The Tribunal therefore determined not to impose an immediate order of suspension.

107. The interim order is hereby revoked.

108. That concludes the case.

Schedule 1

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