PUBLIC RECORD

Date: 27/08/2026

Doctor:	Dr Trevor MILLIGAN
GMC reference number:	4431589
Primary medical qualification:	MB ChB 1997 University of Leeds

Type of case	Outcome on impairment
Review - Misconduct	Not impaired
Review - Conviction	Not impaired
XXX	XXX

Summary of outcome

Conditions, 6 months

Review hearing directed

Tribunal:

Legally Qualified Chair	Ms Melissa Coutino
Registrant Tribunal Member:	Dr Alison Calver
Registrant Tribunal Member:	Dr Richard Whiteside

Tribunal Clerk:	Ms Angela Carney

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Chris Gillespie, Counsel instructed by the MPS.
GMC Representative:	Ms Lucy Chapman, Counsel.

Attendance of Press / Public

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

Protecting the Public

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

Determination on Impairment - 27/08/2026

1. Following an application on behalf of Dr Milligan, the Tribunal announced that the entirety of the hearing should be heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules) XXX. However, as this case concerns Dr Milligan's misconduct and conviction a redacted version will be published at the close of the hearing.

2. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the Rules whether Dr Milligan's fitness to practise is impaired by reason of misconduct, XXX and a conviction or caution for a criminal offence.

The Outcome of Applications Made during the Impairment Stage

3. The Tribunal granted Dr Milligan's application, made pursuant to Rule 41 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that, the hearing should be held in private. The Tribunal's full decision on the application is included at Annex A.

Background

4. Dr Milligan qualified as a doctor in 1997 from the University of Leeds. He initially trained in paediatrics and obtained Membership of the Royal College of Paediatrics and Child Health in 2000 and a Diploma in Child Health in 2005. He subsequently completed his General Practitioner (GP) training in 2007. He had practised as a GP since that time save for two periods.

The 2025 Tribunal

5. A Medical Practitioners Tribunal (MPT) to consider Dr Milligan's case took place in February 2025 ('the 2025 Tribunal'). At the outset of the 2025 hearing, Dr Milligan admitted the entirety of the Allegation which can be summarised as follows.

Conviction

6. On 13 December 2023 at Leeds Magistrates Court, Dr Milligan was convicted of an offence that on 13 June 2023 at Leeds he drove a motor vehicle, on a road, namely Ingram Road Distributor, after consuming so much alcohol that the proportion of it in his blood, namely not less than 238 milligrammes of alcohol in 100 millilitres of blood, exceeded the prescribed limit, contrary to section 5(1)(a) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988. Dr Milligan pleaded guilty to the offence.

7. On the 28 February 2024, Dr Milligan was sentenced to a disqualification from driving for 23 months and a fine of £307.00.

Misconduct

8. On 26 August 2022 whilst conducting an afternoon clinic, Dr Milligan was under the influence of alcohol and had been drinking alcohol at the GP surgery.

XXX

9. XXX

10. XXX

11. XXX

12. XXX

13. XXX

The 2025 Tribunal's Determination on Impairment

Conviction

14. In regard to his conviction, Dr Milligan admitted through his counsel, that his fitness to practise was impaired. However, the 2025 Tribunal applied its own judgment.

15. The 2025 Tribunal acknowledged that driving a motor vehicle having substantially exceeded the prescribed legal alcohol limit risked serious harm to other road users and Dr Milligan himself. It accepted that there was a causal link between Dr Milligan's conviction, and XXX. However, the 2025 Tribunal considered that a conviction for being in charge of a motor vehicle while over the prescribed limit was a serious matter and indicated poor decision making on Dr Milligan's part.

16. In terms of remediation and insight, the 2025 Tribunal bore in mind that Dr Milligan pleaded guilty to the offence, and it considered that he had developed good insight into the XXX matters that had led to the conviction. However, the 2025 Tribunal noted that he was still serving his sentence and remained disqualified from driving until 3 June 2025.

17. The 2025 Tribunal acknowledged that Dr Milligan had made positive progress with XXX.

18. The 2025 Tribunal considered that a conviction of a doctor for a drink driving offence would seriously undermine public confidence in both Dr Milligan and the medical profession. Therefore, the 2025 Tribunal determined that Dr Milligan's fitness to practise was impaired by reason of his criminal conviction.

Misconduct

19. The 2025 Tribunal noted that it was a conscious decision on Dr Milligan's part to take alcohol into the Practice, consume that alcohol and to continue to consult patients, albeit by telephone. It considered this to be very serious and to fall way below the standards expected of doctors. It therefore determined that Dr Milligan's conduct fell so far short of the standards expected as to amount to serious misconduct.

20. The 2025 Tribunal determined that Dr Milligan's actions in drinking alcohol at work and being under the influence of alcohol at work put patients at unwarranted risk of harm,

brought the profession into disrepute and breached fundamental tenets of the medical profession. The 2025 Tribunal considered that there was also a future risk. Whilst it considered the misconduct to be remediable and that Dr Milligan had worked very hard to develop a good level of insight into his misconduct, it was mindful of how XXX. As such, the 2025 Tribunal considered that there was a risk that Dr Milligan could repeat such misconduct in the future.

21. The 2025 Tribunal therefore found that Dr Milligan's fitness to practise was impaired by reason of misconduct. It considered that such a finding was necessary 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.

XXX

22. XXX

23. XXX

24. XXX

25. XXX

26. XXX

27. In conclusion, the 2025 Tribunal found that Dr Milligan's fitness to practise was impaired by reason of his misconduct, criminal conviction XXX. It considered that a finding of impairment on all XXX grounds was necessary to protect the public, maintain confidence in the medical profession and uphold professional standards.

The 2025 Tribunal's Determination on Sanction

28. The 2025 Tribunal considered that there were conditions which could be formulated which would be appropriate, proportionate, workable and measurable. It considered that Dr Milligan had insight and would respond positively to conditions. It was also encouraged by his progress to date. In his evidence he impressed upon the 2025 Tribunal his passion for medicine and his resolve not to compromise XXX in the future.

29. The 2025 Tribunal noted that Dr Milligan accepted the gravity of his misconduct and conviction, showed genuine remorse on numerous occasions and had an understanding of how his actions could impact his patients' and colleagues' trust and confidence in him as a doctor. He also stated that he appreciated that he would have to work to regain the public's trust.

30. The 2025 Tribunal therefore determined that a sanction of conditions would protect the public, maintain confidence in the medical profession and uphold professional standards. In determining the duration of the period of conditions, the 2025 Tribunal determined that a period of 18 months would be a reasonable period of time for Dr Milligan to secure appropriate work and for XXX to be tested in a supportive working environment, so that he would be able to provide an update of his continued progress to a Tribunal at a future hearing.

31. The Tribunal considered that a reviewing Tribunal would be assisted by:

- XXX;
- Any other relevant information which Dr Milligan considers will assist a reviewing tribunal, for example supervisors' reports and evidence of continuing professional development and/or appraisal documentation;
- XXX.

The Evidence before the Tribunal today

32. The Tribunal has taken into account all of the evidence received, both oral and documentary.

Documentary Evidence

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

- Record of Determination February 2025
- XXX
- XXX
- XXX

- Workplace and clinical supervision reports written by Dr A, dated 22 September 2025, 25 March 2026, 11 May 2026 and 7 July 2026
- Covering email and letter from the GMC to Dr Milligan dated 5 August 2026, enclosing Dr XXX
- Dr Milligan's written response to XXX of 30 July, dated 6 August 2026.

XXX

34. XXX

35. XXX

Oral Evidence

36. Dr Milligan gave oral evidence at the hearing. He told the Tribunal that he is currently working at the Sheffan Medical Practice and he works six sessions per week. He said that he has been working under the GMC conditions mirrored by NHS England and carries out general practice consultations, usually face to face with occasional telephone consultations. He said that he also supervises the general practice registrars, supports other members of staff and undertakes administrative work as required by the practice.

37. Dr Milligan said it was very difficult to gain employment after the events outlined, but he started back at the practice as part of the NHS Return to Work scheme a year ago and at the end of the placement, he was initially offered a three-month locum position which was then extended to a further period of 12 months, until the end of December 2026. He said that had received favourable feedback and the practice is hoping to make his position permanent as a salaried General Practitioner.

38. Dr Milligan said that he was very happy with the amount of work he is doing and in the past he had very great difficulty in saying no and took on more and more work at levels that were not safe for him and not safe for others. He said that now he is much more confident in himself knowing what the right level for him is. He said that he has expanded other activities outside of work, such as 'walking-football', playing the saxophone and going to the gym. Dr Milligan said that he realised that exercise is really good XXX.

39. Dr Milligan said that he has improved a great deal with support from XXX. He said that, on reflection, he is much more open to communicating and talking about XXX and

perceived failures and what they mean. He said that he has a very supportive mentor within the practice with whom he has been very open about what happened in the past. He said that the practice is supportive and he has integrated into the team. He said that working at the practice has allowed him to rediscover his love for general practice and for being a doctor again, which he had unfortunately lost. He said that this expression of vulnerability would have been way beyond his scope in the past but reflects on how he has moved on.

40. Dr Milligan said that he was pleased that the review was to be in person as he wanted to demonstrate to the Tribunal everything he has done.

41. XXX

42. Dr Milligan said that he stopped drinking after the drink driving incident. Drink driving was something which is abhorrent to him and that he is still very ashamed for having done it. He said that he was horrified with himself and realised how far he had 'lost himself' at that point and that is when he sought to address all his problems.

43. XXX

44. XXX

45. In response to Tribunal questions about how he copes with stress at work, Dr Milligan said that in the morning there is a natural break where everyone meets for coffee so the schedule is broken down into more manageable breaks and there is the capacity to de-stress in those times. He said that he also has a break in the middle of the afternoon as well which is to prevent the build-up of stress, improve time management and avoid running behind.

46. Dr Milligan said that he takes take a step back if he is starting to feel stressed and looks at potential reasons why, whether he is tired or had a particularly difficult case. He said that he now has a much greater acceptance that he cannot fix everything in the moment and has developed a safer way of doing things. He said that within the practice his colleagues meet regularly to debrief and talk about things, and he is open to asking for help if he think he need it or is unsure about something.

47. Dr Milligan said that it was hugely shameful listening to Ms Chapman's presentation on how far he had lost himself at that time. He said that it was partly shame and upset to think about those things again, but it was more a determination to make sure that it does not

ever happen again. He said that he will continue to do all the things that he is doing and will also look to find other ways of resilience in the future.

48. Ms Chapman had no questions for Dr Milligan.

Submissions

49. Ms Lucy Chapman, Counsel on behalf of the GMC, provided the background to the case. Ms Chapman referred the Tribunal to the documentary evidence as listed above. Ms Chapman stated that the information provided is all relevant and there are a number of very positive developments within that material.

50. Ms Chapman submitted that the GMC's view is that it is neutral. She stated that impairment is a forward-facing exercise considering any current or ongoing risk to the public and public interest matters in light of the seriousness of past conduct as identified in the overriding objective to protect and promote the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain that professional standard and conduct for members of the profession.

51. Ms Chapman reminded the Tribunal that the 2025 Tribunal found there was a risk of repetition and that all three limbs of the overriding objective were engaged. She said that the original determination made it clear that the facts of the conviction and misconduct were serious, as they involved a risk of harm to members of the public and brought the profession into disrepute.

52. Ms Chapman submitted that the Tribunal would need to consider whether the risk identified by the previous Tribunal has been mitigated to such a degree that the doctor's fitness to practice is no longer impaired or whether it remains so. She submitted that will involve looking at the evidence of progress, particularly XXX and evidence the doctor has provided of reflection, insight and maintenance of his skills and knowledge. She said that the Tribunal will need to consider whether Dr Milligan has developed insight to such a degree as to satisfy those limbs, that the risk of repetition is lowered such that he no longer requires restriction on his practice.

53. Ms Chapman submitted that, given the positives in relation to the doctor's progress since the last hearing, the level of risk has reduced to low, but it is for Dr Milligan to satisfy the Tribunal about his current fitness to practice without restriction. She said that the burden

is on the practitioner at review hearings to demonstrate they fully acknowledge why past professional performance was deficient and that they have sufficiently addressed the past impairments.

54. Mr Chris Gillespie, Counsel, on behalf of Dr Milligan submitted that the risk of repetition has reduced sufficiently and that it is appropriate to revoke the order today. Mr Gillespie submitted that the XXX is entirely out of kilter with the general picture that has been present since the time of the imposition of the original order.

55. Mr Gillespie submitted that conditions are such now that the order can be safely revoked. He submitted that there is an extremely powerful body of evidence which shows complete compliance with his conditions. He referred the Tribunal to the documentary evidence and in particular Dr Milligan's own evidence of his insight, thoughtfulness and his desire to remain a good doctor which are all crucial protective factors which serve to protect all aspects of the public interest.

56. Mr Gillespie submitted that the XXX overlaps both the conviction and the misconduct and therefore, if the XXX matter is resolved then the other aspects of impairment fall away. Mr Gillespie reminded the Tribunal that Dr Milligan has served his sentence for the conviction in full and this is no longer an issue.

57. XXX

58. Mr Gillespie submitted that the Tribunal may wish to remind itself of Dr Milligan's evidence that it was the drink driving matter in particular, which brought him to his lowest point, when he realised what he could have done and how far he had fallen. He submitted that Dr Milligan's evidence was utterly genuine and transparent and that he is exceptionally motivated to ensure that he is the best doctor that he can be, maintaining the trust of his patients and indeed of the public and the profession more widely.

59. Mr Gillespie referred the Tribunal to the positive comments in the clinical supervisor report from Dr A.

60. Mr Gillespie submitted that on all the evidence the Tribunal can safely conclude that the risk that Dr Milligan presents has been reduced to such a low level that it is now safe to revoke the conditions and allow him to practice unrestricted.

The Relevant Legal Principles

61. The Tribunal had regard to the Guidance for MPTS Tribunals > Section three: MPT hearings – review hearings (22 June 2026).

62. 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. It noted that it was for the doctor to satisfy it that he would be safe to return to unrestricted practise.

63. This Tribunal must determine whether Dr Milligan'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.

64. Throughout the decision-making process, the Tribunal will bear in mind 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 in three distinct parts. It means that a Tribunal must act in 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').

The Tribunal's Determination on Impairment

65. The Tribunal considered whether Dr Milligan's fitness to practise is currently impaired by reason of his misconduct, conviction XXX. The Tribunal followed step 1a of the guidance, which states:

> *Step 1a: consider what has happened since the previous MPT's decision*
>
> - *What was the previous MPT's assessment of risk and reasons given for it?*
> - *What new evidence has been received since the previous MPT's assessment of risk and what impact does it have?*
> - *What evidence is there of insight and is the doctor's insight genuine?*
> - *What evidence is there relating to remediation, has the allegation now been remedied or is it still likely to be repeated?*

- *Has the doctor kept their knowledge and skills up to date?*
- *Has the risk to public protection that previously required restrictive action in response changed and if so, how?*

66. The Tribunal has to decide whether, on the basis of the information before it, the doctor's fitness to practise is impaired by reason of a conviction for a criminal offence, misconduct XXX.

The Tribunal's approach

67. The Tribunal will consider whether the doctor remains impaired. It will consider whether the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public (patient safety); to promote and maintain public confidence in the profession (public confidence); and to promote and maintain proper professional standards and conduct for members of the profession (uphold professional standards).

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

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

The Tribunal's Determination on Impairment

Conviction

69. The Tribunal began by considering whether Dr Milligan's fitness to practise was still impaired by reason of his conviction.

Is there a legal basis for considering impairment?

70. The Tribunal had regard to the Allegation including the admissions made by the doctor at the first opportunity in respect of his conviction. The sanction imposed by the criminal

courts has come to an end. The doctor is no longer disqualified from driving as of July 2025, but took his time to return to driving, which he does for work.

71. While the Tribunal had regard to the Guidance, which sets out that a conviction or caution is a legal basis for impairment. The Tribunal was satisfied that as a result of the sanction for the conviction being complied with and being completed, there did not need to be impairment on this basis.

Where on the spectrum of seriousness does the allegation lie?

72. The Tribunal considered where on the spectrum of seriousness the allegation lies. In considering the spectrum of seriousness, the Tribunal had regard to the Guidance, and that this *criminal conviction had not resulted in a custodial sentence.*

73. The Tribunal considered whether there were any features which increased or reduced the seriousness of the conviction and the extent of the doctor's departure from professional standards. The Tribunal accepted that the aggravating feature found by the last Tribunal was that alcohol misuse contributed to the conviction, but that mitigating features outweighed them, given that the doctor had previously been of good character and had no previous fitness to practice history.

74. The Tribunal considered the risk to all three limbs of public protection. The Tribunal noted that the doctor's behaviour had shown a disregard for the law, and that he had not behaved with integrity, both of which are required by GMP.

75. Taking all of these matters into account, the Tribunal concluded that the conviction represented a serious departure from the standards falling within the high range of seriousness. However, there had been no repetition of criminal conduct or suspected criminal conduct and the doctor has served his criminal sentence.

What is the impact of any relevant context known about the doctor and/or his working environment?

76. The Tribunal also took into account that the doctor was working in a difficult and pressurised environment at times and would have been under stress. However, the Tribunal did not consider that this was an excuse for XXX. The Tribunal noted that the doctor had given

evidence that he dealt with stress XXX, by turning down work that would lead to unsustainable pressure, using exercise and a better work:life balance to manage challenges.

77. Taking these matters into account, the Tribunal concluded that whilst the doctor's work had placed him under pressure, which may provide context for the events, this did not materially reduce the seriousness of the conduct.

78. However, the doctor had made admissions and not repeated his behaviour.

How has the doctor responded to the allegation?

79. The Tribunal considered the question of insight and remediation and whether the doctor had demonstrated any insight into the concerns in this case. The Tribunal had regard to the Guidance and accepted that the doctor had shown "a. *insight into their own practice, behaviour b. taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation, and c. kept their knowledge and skills up to date.*"

80. The Tribunal considered how the doctor had responded to the allegation. It noted that he had admitted the fact of his conviction. It noted that he had demonstrated remorse, shame and embarrassment regarding his conduct, acknowledging the harm he could have caused from his own emergency department experience of road traffic trauma to victims of accidents.

81. The Tribunal accepted that these matters demonstrated insight.

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

82. The Tribunal accepted that there had been no repetition of any criminal concerns.

83. Accordingly, the Tribunal concluded that the current and ongoing risk to public protection did not remain significant.

Protecting, promoting and maintaining the health, safety and wellbeing of the public (patient safety)

Promoting and maintaining public confidence in the profession (public confidence) Promoting and maintaining professional standards and conduct (upholding professional standards)

84. The Tribunal considered each of the three limbs of public protection. It determined that limb one, protecting, promoting and maintaining the health, safety and wellbeing of the public, limb two, maintaining public confidence in the medical profession, and limb three, promoting and maintaining proper professional standards and conduct, were not engaged in respect of the conviction.

85. The Tribunal considered that members of the public would be satisfied that a doctor who had complied with his criminal sentence, could work without restriction at this time. Given the doctor's insight, a continued finding of impairment for conviction was not necessary.

86. Taking all of the circumstances into account, the Tribunal determined that the level of current and ongoing risk to public protection was not high.

87. The Tribunal has therefore determined that the doctor's fitness to practise is not impaired by reason of his conviction.

Misconduct

88. The same assessment was carried out in relation to misconduct. The doctor has complied with the condition to be supervised. He has received outstanding supervision reports and his work is scrutinised three times a week. The doctor is clear about the standards that he needs to achieve, and there was no reason to find that he was impaired by reason of misconduct, given his insight and performance.

XXX

89. XXX

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XXX

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XXX

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XXX

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100. XXX

101. XXX

XXX

X

ANNEX A – 27/08/2026

Application for the hearing to be heard in private under Rule 41

XXX