PUBLIC RECORD

Dates: 13/07/2026 - 17/07/2026

Doctor:	Dr Valentino CLIGNON
GMC reference number:	7916645
Primary medical qualification:	MD 2017 Universita degli Studi di Trieste

Type of case	Outcome on facts	Outcome on impairment
New - conviction	Facts relevant to impairment found proved	Impaired
New - misconduct	Facts relevant to impairment found proved	Not impaired

Summary of outcome

Suspension 8 months

Tribunal:

Legally Qualified Chair	Mamta Gupta
Lay Tribunal Member:	Rama Krishnan
Registrant Tribunal Member:	Dr Nigel Langford

Tribunal Clerk:	Ruby Davison

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr Charles Garside KC

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 Facts - 13/07/2026

1. As a preliminary matter, the Tribunal dealt with the matter of Dr Clignon's availability. One working day before the hearing, Dr Clignon provided his updated availability for this hearing. In light of his clinical commitments in his current hospital role in Italy, Dr Clignon is only available at restricted times during the hearing owing to staff shortages. The GMC accepted that Dr Clignon had clinical responsibilities and suggested that the Tribunal try to ensure Dr Clignon can give evidence when he is available during the hearing. The Tribunal decided to proceed on this basis. There was no application to adjourn made by either party.

Background

2. Dr Clignon qualified in 2017 at Universita degli Studi di Trieste. The start date of his registration with the Italian Ministry of Health was 7 March 2018. At the time of the incident on 14 September 2018, Dr Clignon was practising as a freelance doctor.

3. The alleged concerns that have led to Dr Clignon's hearing relate to his criminal conviction and alleged misconduct. On 20 February 2024 at Court of Udine, Italy, Dr Clignon was convicted of negligent liability for death or personal injury in a healthcare setting, and received a suspended sentence of one year's imprisonment. The nature of the offence relates to the incident on 14 September 2018. Dr Clignon was working as a doctor overseeing an ambulance staffed by volunteers at a trade fair. An asthmatic patient at the fair

complained of breathing difficulties, and was taken to the emergency department in the ambulance. A 100% oxygen mask was applied during the 10-minute transportation to the emergency department. The patient subsequently went into cardiac arrest. The patient was admitted to intensive care, before being discharged to a long-term facility with a diagnosis of hypoxic encephalopathy. The patient never regained consciousness, remained in a permanent vegetative state, and died of infectious complications on 4 April 2021. The patient's wife filed a complaint with the Italian Court to determine the exact cause of death which led to an investigation.

4. In a report from the Technical Court Consultants ('the CTU'), which was disputed, it was reported that Dr Clignon failed to implement further cardiopulmonary resuscitation manoeuvres during the ambulance journey to the emergency department. It was reported that, during this time, serious anoxic brain damage occurred which resulted in the patient's long-term condition.

5. The GMC further allege that Dr Clignon failed to notify the GMC, without delay, that he had been charged and convicted for the offences (Paragraphs 2 and 3 of the Allegation respectively).

The Allegation and the doctor's response

6. The Allegation made against Dr Clignon is as follows:

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

1. On 20 February 2024 at Court of Udine, Italy, you were:

    a. convicted of negligent liability for death or personal injury in a healthcare setting, Article 590-sexies, Italian Criminal Code; Admitted and found proved

    b. sentenced to one year's imprisonment, suspended sentence, Article 163 Italian Criminal Code. Admitted and found proved

2. You failed to notify the GMC without delay that you had been charged with the criminal offence detailed in paragraph 1. To be determined

3. You failed to notify the GMC without delay that you had been convicted of the criminal offence detailed in paragraph 1. To be determined

The offence outlined above, if committed in England and Wales, would constitute a criminal offence.

And that by reason of the matters set out above your fitness to practise is impaired because of your:

a. conviction in respect of paragraph 1; To be determined

b. misconduct in respect of paragraphs 2 and 3. To be determined

The admitted facts

7. At the outset of these proceedings, Dr Clignon made admissions in relation to Paragraphs 1a and 1b of the Allegation in their entirety, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

The facts to be determined

8. In light of Dr Clignon's denials of Paragraphs 2 and 3 of the Allegation, the Tribunal is required to determine whether Dr Clignon failed to notify the GMC without delay that he had been both charged and convicted of the criminal offence detailed in Paragraph 1 of the Allegation.

Witness evidence

9. The Tribunal received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Mr A, GMC Registration Decisions Manager. His witness statement was dated 17 December 2025.

- Ms B, GMC Voluntary Erasure Restoration and Licensing Manager. Her witness statement was dated 26 January 2026.

10. Dr Clignon provided his own witness statements dated 23 September 2025 and 19 April 2026. He made submissions at this stage but did not give oral evidence.

Submissions made on behalf of the GMC

11. Mr Garside KC submitted that a Certificate of Conviction had been presented to the GMC. He submitted that he had no evidence to present with regard to the second paragraph of the Allegation, though had not been instructed to withdraw this Paragraph. With regard to Paragraph 3 of the Allegation he submitted that despite being previously warned in the letter of 3 March 2023 citing Paragraphs 75 and 76 of Good Medical Practice ('GMP') that it was important for Dr Clignon to notify the GMC of the outcome of any proceedings he had failed to do so for a period of around 11 months. He submitted that there was nothing to suggest that Dr Clignon had deliberately tried to conceal his conviction, given that he declared this on his application to restore his licence in 2025.

12. Mr Garside KC confirmed that Dr Clignon was granted GMC registration and a licence to practise in 2023, when he disclosed the proceedings against him. Following his conviction on 20 February 2024, Dr Clignon voluntarily relinquished his licence to practise on 11 March 2024 though remained on the GMC register. On 23 January 2025 Dr Clignon applied to restore his licence. At the declaration section of Dr Clignon's application he advised that in February 2024 he had accepted a sentence for manslaughter through a plea bargain.

Dr Clignon's submissions

13. Dr Clignon did not give oral evidence but indicated that he wished to rely on his witness statements within the bundle. He submitted that as he had not worked in the UK as a doctor, he had not appreciated the requirement to notify the GMC immediately once he had been convicted. He further submitted that he had always been open and transparent with the GMC and that there was no intention to hide his conviction. He submitted that objectively there had been a delay in the reporting of his conviction.

Documentary evidence

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

- Dr Clignon's Certificate of Conviction
- Dr Clignon's application for registration with the GMC on 20 December 2022
- Email correspondence between the GMC and Dr Clignon disclosing the criminal investigation in April 2022
- Report by Dr C and Dr D regarding their analysis of the incident in September 2018.
- A statement provided by Dr Clignon's legal representatives on his behalf during the Italian criminal proceedings.
- Documents from Dr Clignon including character references and updates provided during the criminal investigation
- Dr Clignon's application to relinquish his licence to practise dated 11 March 2024
- Dr Clignon's application to restore his license to practise and relevant documents dated 23 January 2025 including his declaration for the conviction in February 2024.

The Tribunal's approach

15. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

16. The Tribunal will approach fact finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round. It will consider what conclusions and inferences can be drawn from the documentary evidence.

The Tribunal's analysis of the evidence and findings

17. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence to make its findings on the facts.

Paragraph 2

18. The Tribunal considered whether Dr Clignon informed the GMC, without delay, that he had been charged with the offence listed in Paragraph 1. The Tribunal noted that Mr Garside KC, on behalf of the GMC, provided no evidence in respect of this allegation, but did not apply for it to be withdrawn. In his submissions, Mr Garside KC said that all the information available was before the Tribunal but that those that instruct him had not been able to deduce the exact details relating to the charge. Dr Clignon made submissions denying this paragraph of the Allegation. The Tribunal was mindful that the burden of proof falls to the GMC at this stage. It was therefore satisfied that there was no evidence available to find Paragraph 2 of the Allegation proved.

19. Accordingly, the Tribunal found Paragraph 2 of the Allegation not proved.

Paragraph 3

20. The Tribunal went on to consider whether Dr Clignon had delayed informing the GMC that he had been convicted of the offence listed in Paragraph 1. The Tribunal had regard to all the documentary evidence before it, which included copies of the correspondence between Dr Clignon and the GMC.

21. The Tribunal considered the submissions of Mr Garside KC and Dr Clignon.

22. The Tribunal was mindful that the GMC advised Dr Clignon through an email on 3 March 2023 that, in accordance with Good Medical Practice, he should inform the GMC "when known" of the outcome of the proceedings against him in Italy.

23. The Tribunal noted that Dr Clignon was convicted and sentenced on 20 February 2024. It noted that Dr Clignon informed the GMC on 23 January 2025 of the outcome of the criminal proceedings, whilst in the process of applying to restore his licence to practise. The Tribunal noted that there was a period of around 11 months between Dr Clignon's conviction and him informing the GMC of this conviction. The Tribunal was satisfied that a period of 11 months is objectively a delay, during which time Dr Clignon should have notified the GMC declaring his conviction.

24. Accordingly, the Tribunal found Paragraph 3 of the Allegation proved.

The Tribunal's overall determination on the facts

25. The Tribunal has determined the facts as follows:

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

1. On 20 February 2024 at Court of Udine, Italy, you were:

    a. convicted of negligent liability for death or personal injury in a healthcare setting, Article 590-sexies, Italian Criminal Code; Admitted and found proved

    b. sentenced to one year's imprisonment, suspended sentence, Article 163 Italian Criminal Code. Admitted and found proved

2. You failed to notify the GMC without delay that you had been charged with the criminal offence detailed in paragraph 1. Determined and found not proved

3. You failed to notify the GMC without delay that you had been convicted of the criminal offence detailed in paragraph 1. Determined and found proved

The offence outlined above, if committed in England and Wales, would constitute a criminal offence.

And that by reason of the matters set out above your fitness to practise is impaired because of your:

    a. conviction in respect of paragraph 1; To be determined

    b. misconduct in respect of paragraphs 2 and 3. To be determined

Determination on Impairment - 15/07/2026

26. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Clignon's fitness to practise is impaired by reason of the conviction as outlined in Paragraph 1 of the Allegation and misconduct as outlined in Paragraph 3 of the Allegation.

The evidence

27. The Tribunal has reviewed its findings of fact, the testimonials and witness statements in the hearing bundle. In addition, the Tribunal received further evidence as follows;

- A further bundle containing a number of testimonials on behalf of Dr Clignon.

- An abbreviated and translated version of the Italian Codice Penale (Criminal Code) 2022.

Submissions

Submissions on behalf of the GMC

28. Mr Charles Garside KC submitted that the Tribunal should be assisted by the Guidance for Medical Practitioners Tribunals ('Guidance') in determining whether Dr Clignon's fitness to practise is impaired. He submitted that, when considering the overarching objective as outlined in Section 1 of the Medical Act 1983, nothing has occurred since the incident in 2018 to suggest that Dr Clignon poses a real risk to patients and the GMC does not consider him to be a direct risk to patients. However, he submitted that Dr Clignon has a serious conviction relating to a patient's death which does impact on public protection.

29. Mr Garside KC submitted that there are two legal bases for this Tribunal to consider impairment as the matters before it in this case relate to Dr Clignon's conviction, and misconduct in that Dr Clignon did not follow the GMC's requirements to report his conviction without delay.

30. Mr Garside KC referred the Tribunal to its Guidance and submitted that it must assess a starting point of seriousness in respect of these allegations. He said that this case falls to the higher end of the spectrum of seriousness as Dr Clignon was convicted and received a suspended custodial sentence. He acknowledged that there is no evidence to suggest any harm was meant to the patient, but that Dr Clignon accepts that the patient died as a result of his care.

31. In relation to the misconduct matter, Mr Garside KC submitted that the omission to report the conviction meant that Dr Clignon had failed to act appropriately.

32. Mr Garside KC referred the Tribunal to Paragraph 37 of the Impairment section of the Guidance for MPTS Tribunals which states that the Tribunal must also consider *"the impact of specific features about the allegation which may increase seriousness."* He submitted that Paragraphs 1 and 3 of the Allegation are inextricably linked, and that the seriousness of not reporting a conviction increases with the seriousness of the offence which was not reported. He said that a conviction of manslaughter resulting in a custodial sentence falls to the higher end of seriousness in relation to types of convictions, such that this is a feature which increases the seriousness of the misconduct. He also submitted that the seriousness in this case stems from the serious consequences of the behaviour which led to Dr Clignon's conviction. He outlined the impact of the death on the patient's wife and family, despite Dr Clignon intending no malice or harm in his actions.

33. Mr Garside KC said that the Tribunal must also consider the relevant context in this case when making its decision. He highlighted that, at the time of the incident, Dr Clignon was inexperienced as a doctor. He further submitted that these circumstances have now changed as Dr Clignon is a consultant with greater responsibility and likely dealing with more complex cases. He submitted that Dr Clignon has put steps in place to mitigate the conduct that led to his conviction, including working alongside other practitioners in a hospital. He highlighted that there have been no further similar incidents reported since the incident in 2018. Mr Garside KC submitted that it is a matter for the Tribunal to determine how much weight it places on this relevant context.

34. Regarding Dr Clignon's response to the Allegation, Mr Garside KC drew the Tribunal's attention to Dr Clignon's witness statements and reflections. He submitted that there is nothing to suggest that Dr Clignon's response has been anything other than entirely appropriate aside from his failure to report his conviction without delay. He directed the Tribunal to Paragraph 119 of the Guidance and said that Dr Clignon appears to have kept his knowledge, skills, training, and competence up to date since the incident. He stated that Dr Clignon has reached senior status and that there is no evidence that other doctors have noted anything adverse about his conduct. However, Mr Garside KC submitted that competence is an expected key requirement of professional standards, so it is a matter for the Tribunal to determine how much weight it places on this information.

35. Mr Garside KC referred the Tribunal to the over-arching objective found at Section 1 of the Medical Act 1983. He submitted that there is no evidence to suggest that the first limb is engaged. The GMC does not invite the Tribunal to find that Dr Clignon has done anything subsequently to harm patients. However, he submitted that the second and third limbs of the

overarching objective are engaged i.e. there is a risk to promoting and maintaining public confidence and professional standards. He reminded the Tribunal of his earlier submission that this case falls to the higher end of the spectrum of seriousness, such that a finding of impairment of Dr Clignon's fitness to practise could be made.

36. The Tribunal questioned Mr Garside KC in relation to his submission that the paragraphs of the Allegation should be considered together as they are inextricably linked. Mr Garside said that the Tribunal should make a decision about each Paragraph separately but that it cannot divorce the failure to report the conviction from the conviction itself; and that the more serious the offence, accordingly the more serious the failure to report.

Submissions on behalf of Dr Clignon

37. Dr Clignon submitted that in lieu of giving evidence, he would like the Tribunal to consider his witness statements and all testimonials including those contained in his additional testimonial bundle. He submitted that he is aware of the seriousness of the situation which occurred in 2018 and does not seek in any way to minimise its impact. He said that he wanted, through his submissions, not to excuse his behaviour but to contextualise it. He submitted that, at that time, he was a new doctor with no practical experience in emergency medicine. Dr Clignon further submitted that he has progressed in his career since 2018 and has taken measures to increase his knowledge in every aspect of the profession including attending courses that deal with acutely unwell patients (DLSD Course).

38. Dr Clignon submitted that he continues to take measures to ensure that he does not find himself in the same situation. He stated that, following the incident, he has trained in the speciality of Obstetrics and Gynaecology. Working within a hospital setting which is a supervised environment, he now uses checklists, has improved his communication with colleagues and patients, and tries to anticipate potential risks. He told the Tribunal that he has increased his experience gained partly through working in various medical settings across Italy as part of his residency. He has kept himself updated with guidelines and tries to ensure he is as prepared as he can be. He submitted that he works in collaboration with colleagues and is unafraid to request assistance as the circumstance required. He submitted that there have been no concerns raised about his practice since the incident. He said that he does not pose a risk to patients. Owing to these actions Dr Clignon submitted that the risk of repetition of further incidents to have been reduced.

39. The Tribunal asked Dr Clignon regarding the impact and his response in respect of the legal proceedings in Italy. He submitted that he has not been able to contact the family of the patient, but that he provided a statement of regret through his lawyer.

40. The Tribunal asked Dr Clignon whether he had any submissions to make regarding the perception of the profession and the public about a doctor with a conviction for manslaughter in relation to a patient. Dr Clignon submitted that unfortunate incidents happen in medicine, but that he has learnt from it and trained accordingly to avoid being unprepared in any future similar situations. He further clarified the legal proceedings in Italy, stating that once five years have passed, if he has not received any other conviction, he will not have to declare his conviction. In respect of public confidence, Dr Clignon said that he cannot erase the past, that he is regretful of his actions, and that he can only act openly and honestly with his colleagues. He submitted that he understands that a member of the public may want to be treated by a doctor without a conviction, but that he has tried his best to remediate including by undertaking specific courses.

The relevant legal principles

41. The Legally Qualified Chair provided the following advice: there is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three limbs 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; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

42. To assess whether Dr Clignon 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 Dr Clignon and/or their working environment, and
- how Dr Clignon has responded to the Allegation.

43. As the Allegation falls under more than one ground for impairment, an assessment of current and ongoing risk to public protection must be made in respect of each of them.

The Tribunal's determination on impairment

Paragraph 1 of the Allegation

44. The Tribunal familiarised itself with an excerpt of the Italian Criminal Code 2022, in particular Article 163 which deals with suspended sentences.

Is there a legal basis for considering impairment?

45. The Tribunal was satisfied that, in light of Dr Clignon taking a plea bargain and receiving a conviction for manslaughter, a serious conviction would equate to a conviction in the UK, it has a legal basis to consider impairment in respect of this Paragraph.

Where on the spectrum of seriousness does the Allegation lie?

46. The Tribunal referred to the Impairment section of the Guidance for MPTS Tribunals. It noted paragraphs 236 and 237 which state that:

> "*Very rarely, a doctor will be convicted for a criminal offence relating to their clinical practice… where this is the case, these matters will usually fall at the higher end of the spectrum of seriousness, along with cases in which the doctor received a criminal conviction or other court sanction resulting in a custodial sentence."*

47. The Tribunal also noted Paragraph 31 of the Guidance which states that:

> *"Allegations that are likely to fall at the higher end of the spectrum of seriousness include but are not limited to… a criminal conviction or other court sanction resulting in a custodial sentence (whether immediate or suspended)"*.

48. In all the circumstances, the Tribunal was satisfied that the Allegation relating to Dr Clignon's conviction falls at the higher end of the spectrum of seriousness as a starting point.

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

49. The Tribunal noted Paragraph 44 of its Guidance which states that:

> *"44. In all cases where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current and ongoing risk to public protection will be high. Evidence of relevant context known about the doctor and/or their working environment and evidence of how the doctor has responded to the concern that decrease risk, will usually have less impact and carry less weight. This is because the risk to public protection arising from allegations at the higher end of the spectrum of seriousness are generally more difficult to mitigate and address."*

50. The Tribunal took account of Paragraph 44 but determined that there were exceptional and unusual circumstances in the situation which led to Dr Clignon's conviction. As such, the Tribunal placed greater weight than usual on the relevant context in this case.

51. The Tribunal noted the report of Dr C and Dr D provided by Dr Clignon with regard to the circumstances of the incident in 2018. The Tribunal placed weight on the paragraph which contextualises the 2018 incident and states:

> *"At this point, the doctor, certainly trained, but equally certainly lacking consolidated practical experience in orotracheal intubation, was faced with the choice of stopping the ambulance and attempting to intubate the patient or proceeding rapidly to the nearby Udine Hospital, which he would reach within a few minutes".*

52. The Tribunal considered this paragraph of the report in relation to Paragraphs 22 and 23 of the Guidance which state that:

> *"22. …A less serious departure from the professional standards can sometimes result in significant harm to, or the death of, a patient or member of the public…"*
>
> *"23. …the actual consequences or outcome for an individual patient should not be considered in isolation and the MPT should attach more weight to evidence about the risk to patients and members of the public associated with the specific departure from the professional standards."*

53. The Tribunal was mindful that the incident in 2018 had a serious outcome, resulting in the death of a patient. However, it noted that the evidence from the report of Dr C and Dr D

suggested that Dr Clignon's actions were not necessarily reckless but were one of multiple possible actions he could have taken in the circumstances. The Tribunal did not seek to go behind the findings of the conviction; but was satisfied that this is important context which significantly lowers the risk profile in this case as it contextualises the isolated clinical incident which led to Dr Clignon's conviction.

54. The Tribunal was also mindful that the incident occurred in September 2018, and that in the near eight years since this incident, Dr Clignon has progressed in his career to a senior level. The Tribunal agreed with Mr Garside KC's submission that Dr Clignon should not be regarded as a direct risk to patients given the time elapsed since the incident with no further incidents reported.

55. The Tribunal also considered Mr Garside KC's submissions that the type of crime committed is important context to consider. The Tribunal noted that this was not a violent crime, nor is there any evidence to suggest it was committed with ill-intent or malice.

56. The Tribunal considered Paragraph 64 of the Guidance which states that:

> *"64. Failure to meet the professional standards expected is not acceptable simply because a doctor is newly qualified or new to UK practice. However, where they are inexperienced at the time the behaviour or poor performance occurred and can demonstrate that since then they have developed their skills or gained a better understanding of the UK healthcare system, this may decrease the level of current and ongoing risk they pose to public protection because it reduces the likelihood of repetition."*

57. In all the circumstances, the Tribunal considered the progression that Dr Clignon has made in his career since the incident. It noted that he is now a consultant and was satisfied that this is relevant context to consider in terms of his competence as a medical practitioner which lowers the risk of repetition of a similar incident or outcome.

How has Dr Clignon responded to the Allegation?

58. In considering Dr Clignon's response to his conviction, the Tribunal considered his witness statement and submissions. The Tribunal was satisfied that Dr Clignon has showed remorse through apologising to the family of the patient through his lawyer.

59. In respect of Dr Clignon's insight, the Tribunal was also satisfied that accepting the plea bargain for manslaughter demonstrates insight into the consequences of his actions during the incident. In one of his witness statements, Dr Clignon said:

> *"I wish to emphasize again that I do not in any way seek to diminish the seriousness of the criminal conviction, which I regard as extremely serious. I am fully aware of the gravity of the incident and its consequences, and this awareness has led me to reflect deeply, mature personally, and develop a medical practice grounded in responsibility, ethics, and utmost patient care. This experience, which resulted in the tragic loss of life, has profoundly affected me personally and professionally. It required me to confront the full impact of my actions and responsibilities, fostering a mature and heightened awareness of how every decision can affect patients' lives. This reflection has strengthened my sense of responsibility, consolidated my professional ethics, and reinforced the importance of attention to detail and vigilance in all clinical activities."*

60. The Tribunal noted no further similar events had occurred since 2018. It considered that Dr Clignon had been open and honest about the events that have occurred. The Tribunal noted that the various testimonials provided by colleagues spanned several years and most indicated knowledge of the proceedings and the conviction, including one from his head of service.

61. In light of the above, the Tribunal determined that Dr Clignon has shown insight and expressed remorse regarding the incident, and has admitted that he could have acted differently in the circumstances.

62. The Tribunal also considered that Dr Clignon has undertaken relevant courses on how to deal with acutely unwell patients. He has also kept up to date with guidance and adjusted his practice including lowering his threshold for seeking help, using checklists daily, and has tried to reduce clinical risks as far as possible through earlier preparation.

63. The Tribunal was satisfied that the incident resulting in Dr Clignon's conviction was remediable, steps had been taken to address clinical failings, and as such the risk of repetition was low and did not differ to the risk posed by a reasonably competent doctor of the same status and within the same field of medicine.

<u>Tribunal's decision as to whether Dr Clignon poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment</u>

64. In considering the ongoing risk by Dr Clignon to public protection in light of his conviction, the Tribunal was mindful of the evidence and submissions before it in relation to Dr Clignon's clinical competency. The Tribunal was satisfied that there is no evidence before it, nor has it been submitted by either party, that Dr Clignon poses a real and ongoing risk to patient safety.

65. However, the Tribunal considered that the fact that Dr Clignon received a conviction which resulted in a suspended custodial sentence is serious and poses a real risk to promoting and maintaining public confidence and to promoting and maintaining professional standards and conduct of doctors. Despite all the relevant context and mitigation in this case, the Tribunal was satisfied that a reasonable and properly informed member of the public, aware that Dr Clignon is still serving his suspended custodial sentence following his conviction in 2024 for manslaughter, would be concerned if restrictive action was not taken on his registration. The Tribunal was mindful of Paragraphs 36 and 38 of its Guidance:

> *"36. Doctors must ensure their actions and behaviour justify the trust placed in them and their profession. Tribunals will need to consider any risk associated with behaviour or poor performance that undermines, or is capable of undermining, the trust that a fully informed and reasonable member of the public, or a colleague, places in the profession.*
>
> *38. Doctors must follow the law, and so behaviour that leads to a criminal conviction or caution can undermine public confidence."*

66. The Tribunal therefore determined that not taking restrictive action on Dr Clignon's registration in light of his conviction would damage public confidence in the profession.

67. Whilst the Tribunal did not find Dr Clignon to pose a real risk to patients, it was mindful that holding a criminal conviction which resulted in a custodial sentence does impact professional standards. The Tribunal was mindful of the expected behaviour and criminal history of a registered medical practitioner and was satisfied that not taking restrictive action on Dr Clignon's registration would negatively impact professional standards.

68. In light of its decision that Dr Clignon poses a real and ongoing risk to two aspects of public protection (public confidence and professional standards), the Tribunal was satisfied that Dr Clignon's fitness to practise is impaired by reason of his conviction.

Paragraph 3 of the Allegation

69. In approaching the decision regarding the 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. The Tribunal must then consider whether the finding of that misconduct which was serious poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

Is there a legal basis for considering impairment?

70. The Tribunal was satisfied that it has a legal basis for considering impairment in respect of Dr Clignon failing to inform the GMC, without delay, of his conviction. It determined that the facts found proved amount to misconduct as the Tribunal found that Dr Clignon had breached Good Medical Practice.

Where on the spectrum of seriousness does the Allegation lie?

71. The Tribunal determined that the misconduct falls at the lower end of the spectrum of seriousness. It was mindful of the submissions of both parties, including Dr Clignon's witness statements, that the failure to disclose his conviction without delay was an oversight, rather than a deliberate attempt to hide his conviction. The Tribunal was also mindful that Dr Clignon did declare to the GMC that there were ongoing criminal proceedings against him for manslaughter when he applied for registration in December 2022. Further, Dr Clignon relinquished his licence to practise shortly after his conviction and that he said had no understanding of the GMC or the NHS as he had never worked in the UK and therefore did not know what he was supposed to do in respect of the disclosure process.

72. The Tribunal was mindful that Dr Clignon had been reminded through an email from the GMC in 2023 that he should report, "*when known"* the outcome of the proceedings against him in Italy. The Tribunal was satisfied that that this increased, but did not significantly increase, the seriousness of the allegation of misconduct.

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

73. The Tribunal took into consideration the personal context in respect of this aspect of the Allegation. The Tribunal noted that, at the time of the incident, Dr Clignon was in Italy, was not working in the UK, and was dealing with the criminal proceedings in Italy. The Tribunal accepted that Dr Clignon said that he intended to comply fully with the GMC when applying to work in the UK. The Tribunal was also mindful that Dr Clignon did declare his conviction when he applied to restore his licence in January 2025 of his own accord and therefore did not attempt to hide it but failed to recognise his obligation to declare it immediately.

How has Dr Clignon responded to the Allegation?

74. The Tribunal noted that Dr Clignon accepted that he failed to recognise his responsibility to declare the conviction immediately. He explained that, given the stress of the Italian criminal proceedings and not living or working in the UK or having an understanding of the GMC processes, this was an oversight rather than an attempt to hide his conviction. The Tribunal was satisfied that Dr Clignon has shown insight regarding this behaviour and he recognised that he should have acted differently.

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

75. In reaching its decision, the Tribunal was mindful that it was submitted by both parties that Dr Clignon's failure to disclose his conviction was an oversight, with no malicious intent. The Tribunal also considered that Dr Clignon did not have a license to practise for the majority of the duration of the delay in disclosing his conviction.

76. The Tribunal was satisfied that none of the three limbs of public protection are engaged in respect of this aspect of the Allegation, especially as Dr Clignon was not practising, nor had he ever practised, in the UK during this period. It found that this behaviour fell below the expected standards of a medical practitioner, but not seriously below. It did not consider that restrictive action on Dr Clignon's registration would serve to protect the public in respect of this aspect of the Allegation.

77. The Tribunal has accordingly determined that Dr Clignon's fitness to practise with regard to this aspect of the Allegation is not impaired by reason of misconduct.

Determination on Sanction - 17/07/2026

The evidence

78. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

Submissions on behalf of the GMC

79. On behalf of the GMC, Mr Charles Garside KC submitted that the Tribunal should make its decision on sanction in relation to its findings at the impairment stage, namely that Dr Clignon's fitness to practise is impaired by reason of his conviction but is not impaired by reason of misconduct.

80. In light of the Tribunal's finding of impairment, Mr Garside KC submitted that it would not be appropriate to impose a warning, in accordance with Section 35D(3) of the Medical Act 1983.

81. Mr Garside KC referred the Tribunal to the Sanction section of the Guidance for Medical Practitioners Tribunals ('Guidance'). He reminded the Tribunal of its findings that the matter found proved falls at the higher end of the spectrum of seriousness and said that this is in accordance with the Sanction Banding for convictions as set out at the table in Paragraph 62. Mr Garside KC submitted that taking into account the Tribunal's findings on impairment, the appropriate sanction in this case would be a high-end suspension.

82. Mr Garside KC referred the Tribunal to the case of *Bawa-Garba v GMC [2018] EWCA Civ 1879*. In this case, the Court of Appeal allowed the Practitioner's appeal and set aside the sanction of erasure in favour of a suspension. The Court of Appeal said that it was not a decision of fact or law and that it was for the Tribunal to exercise its discretion in determining the appropriate sanction.

83. Mr Garside KC submitted that the Tribunal should regard this case as one with unusual features, and should consider the individual facts of this case, including the extenuating circumstances and the relevant context.

84. Mr Garside KC further submitted that the Tribunal may be assisted by looking at the sanction above and below the sanction it chooses to decide if its decision is appropriate.

85. Mr Garside KC reminded the Tribunal that any sanction imposed must be proportionate, transparent, and fair. He drew the Tribunal's attention to each possible action it could take. He said that taking no action would not be appropriate in this case. He highlighted the high level of seriousness in this case and said that taking no action would not adequately reflect the seriousness and the finding of impairment.

86. Regarding a potential sanction of conditions, Mr Garside KC submitted that the Tribunal must consider if conditions would be workable, measurable, and if they could adequately mitigate the risks identified to protect the public. He said that Dr Clignon works in Italy, which is outside the remit and supervision of the GMC. He submitted that it would be impossible to devise conditions that are workable and measurable, or that would address the risks identified.

87. Mr Garside KC submitted that a period of suspension is the most appropriate and proportionate sanction in this case given the level of seriousness identified. He said that the Tribunal's findings on impairment have been taken into account by the GMC in making this submission. He referred the Tribunal to the Sanctions Banding for Convictions which states that, where a high level of risk to public protection has been identified, a sanction of 12 months suspension to erasure would be appropriate.

88. Mr Garside KC submitted that whilst the Sanctions Banding allow for the sanction of erasure, it is not appropriate and would be disproportionate in this case. Mr Garside KC referred to the Tribunal's findings in its determination of impairment. He submitted that the available evidence suggests that Dr Clignon would be a successful doctor throughout his career.

89. Mr Garside KC referred to the Guidance and said that erasure is only necessary when suspension could not adequately protect the public, when a doctor has not shown insight, or if a doctor holding continued registration would undermine public confidence. Despite the serious facts found proved, Mr Garside KC submitted that none of these features apply in this case and that suspension is therefore the most appropriate sanction.

90. Mr Garside KC submitted that a suspension for a period of 12 months with a review would be appropriate.

91. The Tribunal asked Mr Garside KC about the necessity of a review. He submitted that a review would allow the GMC to become aware of any incidents that could occur within Dr Clignon's practice during the period of suspension. He further submitted that a review is almost always directed following a substantial period of suspension to check for factors that may create risk, including de-skilling.

92. The Tribunal asked Mr Garside KC about the general principle outlined in the case of Council for the Regulation of Health Care Professionals v GDC v Fleischmann [2005] EWHC 87 ('the case of Fleischmann'). Mr Garside KC agreed that the Tribunal was not bound by the general principle and could impose another sanction taking all the circumstances of the case into account. He said that the specific facts of this case mean a suspension would be appropriate given the differing criminal processes in Italy which means that a suspended sentence remains for a maximum of five years, rather than the maximum of two years in the UK. Since Dr Clignon was convicted in 2024, following the general principle would mean that Dr Clignon would need to be suspended until 2029. This is not a sanction available to the Tribunal, which would mean the Tribunal would have to impose the sanction of erasure, which Mr Garside KC said would be disproportionate.

Submissions on behalf of Dr Clignon

93. Dr Clignon submitted that he accepts the Tribunal's findings of impairment, and that it found no risk to patients but that the matter of his conviction affects public confidence and professional standards. Dr Clignon said that he does not want to minimise the impact of his actions on the patient whom he treated in the incident or the patient's family and understands that a member of the public would expect a regulatory response.

94. Dr Clignon submitted that the Tribunal should take into account its findings outlined in the Impairment determination, including that this was an isolated incident with no similar concerns for almost eight years. He reminded the Tribunal of its findings that he has shown insight and remorse, has successfully remediated, has made changes to his daily practice, and that the risk of repetition is low.

95. Dr Clignon said he understood the purpose of a sanction and that a period of suspension would meet the need to maintain public confidence and uphold professional

standards. He however requested that the Tribunal impose the least restrictive sanction in light of its findings on impairment.

96. Dr Clignon said that he wishes to work in the UK as he has a great deal of respect for the country and its commitment to professional standards. He said he can only follow this ambition if the Tribunal is satisfied that he can meet the required professional standards. However, he was not asking the Tribunal to put his personal ambition before the protection of the public; and will respect any decision made by the Tribunal.

97. The Tribunal asked Dr Clignon regarding his timescale of moving to the UK and the area of practice he plans to work in. He said that he has no timescale at this stage but that he is not rushing to move from Italy. He said that he is looking to undertake a gynaecological robotic fellowship within the NHS.

98. The Tribunal sought clarification from Dr Clignon regarding any Italian regulatory proceedings. He said that there is a similar Italian regulatory body to the GMC and that he has reported his conviction to this regulator and has no restrictions or sanctions in place at this stage. Accordingly, he said that he will remain working in Italy without restriction until he moves to the UK.

The Legally Qualified Chair's Legal Advice

99. The Legally Qualified Chair ('LQC') advised the Tribunal that it must consult its Guidance, in particular the Sanctions Banding at Paragraph 62.

100. The LQC also drew the Tribunal's attention to the details of the case of Fleischmann, in particular the general principle set down in the case by Mr Justice Newman who said that:

> *"...as a general principle, where a practitioner has been convicted of a serious criminal offence or offences he should not be permitted to resume his practice until he has satisfactorily completed his sentence. Only circumstances which plainly justify a different course should permit otherwise...."*

The Tribunal's determination on sanction

101. In making its decision on sanction, the Tribunal has reviewed its decision on facts and impairment and has considered the level of current and ongoing risk the doctor poses to

public protection. It has referred to all parts of the Guidance including the Sanctions Banding for conviction cases as set out in Part C. It has also considered the impact of any specific sanction type, where applicable, and the testimonials provided.

Level of current and ongoing risk to public protection

102. In considering the level of risk in this case, the Tribunal received a good character direction from the LQC during its deliberations. The LQC gave a two-limbed direction in regard to Dr Clignon's character, relating to credibility and propensity. The LQC said that the evidence before the Tribunal suggests that Dr Clignon has an unblemished character, which means he is more likely to be a credible witness. She also said that in respect of the propensity limb of this direction, Dr Clignon has a history of good behaviour, and that there has been eight years since the index event. The LQC said that the Tribunal must weigh up the evidence and decide how much weight to give to the evidence of Dr Clignon's good character.

103. The Tribunal determined that, although it had found at the impairment stage, that the conviction was at the higher end of the spectrum of seriousness as a starting point, the overall risk to public protection is in the mid-range. This is in light of the relevant context, the extenuating circumstances surrounding the conviction, its decision that Dr Clignon does not pose a real risk to patient safety, and his insight, remediation, testimonials, and present employment. The Tribunal considered that Dr Clignon is of good character.

No action

104. The Tribunal reminded itself that no action is an unusual course following a finding of impairment. The Tribunal was satisfied that taking no action in this case would not adequately reflect the seriousness of the conviction and the risk identified to protect the public.

Conditions

105. In considering the sanction of conditions, the Tribunal was mindful that Dr Clignon is not working in the UK. The Tribunal considered that conditions must be appropriate, workable, and measurable. It determined that imposing conditions on a doctor working in another country would make it very difficult for the GMC to assess compliance. Further, the Tribunal did not consider it could devise conditions that would adequately address the public

protection concerns identified given the serious nature of the conviction. It was also mindful that it has not made any findings regarding Dr Clignon's clinical practice.

Suspension

106. In considering a sanction of suspension, the Tribunal considered, in particular, Paragraphs 45a and 45c of its Guidance which state that:

> *"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*
>
> *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."*

107. The Tribunal was satisfied that both of these elements are engaged. It agreed with Mr Garside KC's submissions that Dr Clignon has insight into the seriousness of his conviction, but that to not mark the seriousness of a manslaughter conviction would undermine public confidence.

108. The Tribunal determined that a sanction of suspension is appropriate to mark the seriousness of the conviction, and that it is also proportionate when considering the current and ongoing level of risk to public confidence and upholding professional standards.

109. The Tribunal went on to consider the length of time a suspension should be imposed for. The Tribunal considered the circumstances of the case, the actions that Dr Clignon had taken along with his insight, remediation, testimonials and present employment. It considered that this combination of events was exceptional and that in this case a medium level of risk was applicable.

110. The Tribunal referred to Paragraph 62 of the Guidance in relation to Sanctions Banding. It noted that, in conviction cases with a medium level of risk, a sanction of suspension for a period of 6 to 12 months may be appropriate. The Tribunal determined that a period of 8 months suspension would be appropriate and proportionate in this case. In reaching this decision, the Tribunal took account of the fact that although Dr Clignon was

sentenced two years ago, the events leading to the conviction occurred eight years earlier and, as outlined in its decision on impairment, the Tribunal found there had been a significant level of remediation and insight. It was mindful that although a sanction is not intended to be punitive, it may have a punitive effect. However, the Tribunal was satisfied that an 8-month period of suspension was not disproportional to Dr Clignon.

Erasure

111. The Tribunal considered the imposition of the sanction of erasure. The Tribunal determined that this would be a disproportionate sanction in light of the insight, remediation, and mitigation shown by Dr Clignon, in addition to the testimonials provided by current and former colleagues. The Tribunal was satisfied that, once Dr Clignon's suspended sentence has been served, there is nothing to suggest that his conduct will be incompatible with continued registration.

The Tribunal's decision on a review hearing

112. The Tribunal considered the need for a review hearing, taking into account the submissions made by Mr Garside KC. The Tribunal noted that there have been no issues with Dr Clignon's clinical practice identified since the incident in 2018, and that he is continuing to practise in Italy during his period of GMC suspension so is not at risk of de-skilling. The Tribunal was also satisfied that Dr Clignon has been open with the GMC and has learned from the misconduct allegation against him and now recognises the need to keep the GMC informed of any events which might impact on his registration as soon as they happen. The Tribunal was therefore satisfied that Dr Clignon would declare any further incidents that may arise during his period of suspension. In all the circumstances, the Tribunal determined that a review would not be necessary or beneficial to this case.

Determination on Immediate Order - 17/07/2026

113. Having determined to suspend Dr Clignon's registration for a period of 8 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

Submissions

114. On behalf of the GMC, Mr Garside KC submitted that the conditions to impose an immediate order is not made out in this case. He further submitted that the existing interim order should be revoked.

The Tribunal's determination

115. The Tribunal considered its Guidance for MPT hearings ('Guidance') in relation to immediate and interim orders.

116. The Tribunal determined that no risk to patient safety has been identified, and that it is therefore not necessary to impose an immediate order. In accordance with the Guidance, it is also appropriate to revoke the existing interim order at this stage.

117. This means that Dr Clignon's registration will be suspended 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 Clignon does lodge an appeal, he will remain free to practise unrestricted until the outcome of any appeal is known.

118. The interim order currently in place on Dr Clignon's registration is hereby revoked.

119. This concludes the case.