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General Medical Council

Minutes of the Investigation Committee

Oral hearing on 10 July 2025

This hearing has been conducted in accordance with the General Medical Council (Fitness to Practise) Rules 2004 (*'The Rules'*). These public minutes will be published on the GMC IC Decision webpage.

Name of Doctor	**Dr Sebastian Johns**
Doctor's UID	**6156791**

Outcome	Warning given
Hearing location:	Held virtually via MS Teams

Committee Members	John Anderson (Chair – Lay)
	Mohammed Rahman (Medical)
	Antoinette Foers (Lay)

Legal Assessor	Robin Hay
Panel Secretary	Rebecca Jordan/Romy Salt

GMC Representative	Emma Gilsenan, Counsel
Doctor's attendance	Dr Johns attended
Doctor's representative	No representative

The GMC is a charity registered in
England and Wales (1089278)
and Scotland (SC037750).

Background

1 Dr Johns was referred to the GMC in May 2023 by the Responsible Officer for NHS Dumfries and Galloway (the Board). The GMC informed him of this referral and that an investigation had been opened on 16 June 2023. The referral alleged that he had failed to inform his responsible officer that interim conditions had been imposed on his registration by the GMC and that he was awaiting a 'hearing' in June 2023.

2 Dr Johns worked at the Galloway Community Hospital, Stranraer (the Hospital) as a locum emergency department doctor between December 2022 and April 2023. He was employed through a locum agency.

3 Interim conditions ('IOT' conditions) had been imposed on his GMC registration on 1 July 2021 at an Interim Orders Tribunal hearing. These hearings are conducted by the Medical Practitioners Tribunal Service (MPTS). The IOT conditions were reviewed on 9 December 2021, 30 May 2022, 22 November 2022 and 14 February 2022 and were effective throughout the time that Dr Johns was working at the Hospital.

4 The interim order included that he 'must personally ensure' that the following persons were notified of the interim conditions:

- the responsible officer at his place of work
- the responsible officer at any locum agency he was registered with
- his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

Although the order had been reviewed several times, this condition remained in place throughout the life of the order. For the purposes of this determination, this requirement will be referred to as 'condition 5'.

5 The interim order was imposed while the GMC undertook a fitness to practise investigation into concerns that had been referred to the GMC on 2 June 2021. That investigation resulted in an MPT hearing in June 2023, at which Dr Johns was issued with a warning by the Tribunal. At this point that case was concluded and the interim order was automatically revoked.

6 On 30 January 2025, once their investigation into the concerns raised by the Board was complete, the GMC wrote to Dr Johns under rule 7 and 11 of The Rules. Their letter stated that the GMC case examiners had opined that his case could be concluded by issuing a warning. The letter gave Dr Johns the opportunity to accept the warning proposed by the case examiners and to submit representations for the GMC's consideration before they made a final decision on the outcome of the case.

7 Dr Johns declined to accept the proposed warning and chose to exercise his right to have the outcome of the case determined by the Investigation Committee.

Evidence adduced

8 The Committee considered all the documentary material and evidence before it. The documentary evidence provided by the parties included, but was not limited to:

Two redacted witness statements obtained as part of the GMC investigation: one dated 25 October 2023 and one dated 28 February 2024

- Emails between the locum agency and the Hospital
- Emails between the GMC and locum agency
- Redacted copies of Dr Johns' response to the GMC's allegation and its supporting evidence. This response was provided in two separate letters, dated 13 and 21 March 2025
- Summary details of Dr Johns' relevant fitness to practise history with the GMC

Statement from Witness A

9 Witness A stated that they were Dr Johns' manager. They became aware of the interim conditions when the locum agency mentioned that Dr Johns had a hearing coming up; they did not recall the date of this contact. The agency said it was 'nothing to worry about', but that Dr John's was under a lot of stress. This prompted Witness A to check the GMC conditions and read his GMC history, which they stated had, to their knowledge, not been declared when Dr Johns started working at the Hospital. When his interim conditions were imposed, Witness A stated, he did not inform the Board directly, nor did he instruct the agency to inform them.

10 Exhibited with Witness A's statement was an email to a colleague dated 23 April 2023. In this Witness A says that, when Dr Johns was approached about his GMC conditions, he said they related to an ongoing investigation from a couple of years ago and the accusations were false. He also said that a senior clinician at Dumfries and Galloway Royal Infirmary was aware of the conditions. However, when challenged Dr Johns said that the agency had informed a senior clinician, but that he didn't know who. Witness A stated that Dr Johns later changed his story and said that he had a GMC hearing coming up and was very stressed about it.

Statement from Witness B

11 Witness B stated that they were not aware of either Dr Johns' GMC history, or interim order conditions, until 21 April 2023. They stated that Dr Johns' interim conditions came to light on this date because Witness B had asked Witness A to check his GMC record. To Witness B's knowledge management already knew about Dr Johns fitness to practise history, but not the interim conditions. Witness B had requested the check after having a conversation with Dr Johns about his welfare in a meeting room. During that conversation, Dr Johns had not mentioned his GMC history, or his interim conditions, which Witness B said that they would have expected him to share.

12 They said it was difficult to know whether 'Dr Johns should have been expected to communicate this information to us directly' but they was not aware of the details of what the conditions required. Witness B explained that their role in recruitment was focussed around the candidates' experience and that they would expect checks to be carried out by the organisation.

13 Witness B stated that prior to the concerns being raised, they had been impressed by Dr Johns and thought he could be employed to run a larger department.

Evidence from the locum agency

14 The locum agency provided a copy of the form that Dr Johns completed when registering with them. It shows he had answered '*yes*' when asked '*Have you ever been the subject of any professional misconduct proceedings or suspensions for an employer, or are such pending or threating against you either in the UK or abroad?'* The registration form does not include the IOT conditions.

15 In response to enquiries from the GMC, the locum agency stated that that it held no records that could confirm that he had disclosed his IOT conditions.

Fitness to practise history

16 The GMC have disclosed that, following an MPT hearing in October 2019, Dr Johns was suspended for a period of 4 months. He appeared before an MPT again in June 2023 which resulted in a warning.

Dr Johns' oral evidence

17 Dr Johns confirmed that Witness A was his line manager at his place of work. He accepted that he did not personally inform either them, or the Responsible Officer of the Board, who was based at the larger Royal Infirmary site, of his interim conditions. This was because he had been told by the agency that Witness A had already been made aware of them. He said that the conditions stipulate that the disclosure should occur before a job starts, and that his communication with the Hospital prior to commencing his placement was via the agency. He said that the agency led him to believe that they had informed all relevant parties.

18 Dr Johns stated that the agency was not acting as an agent for him, but rather as an agency for the Board – all locum doctors were employed and paid by the agency which was contracted by the Hospital to recruit and manage all agency staff. He said the agency confirmed that his IOT conditions were declared in his application forms. Dr Johns said they assured him that Witness A was in charge of approving any doctors provided by the agency and that they had been correctly informed.

19 When asked in cross examination whether he had enquired as to who his responsible officer was, Dr Johns said that he did ask the agency, and was told that it was the agency's responsible

officer. Further that he did not have a supervisor, or a responsible officer, at the hospital. He explained that the unit was staffed by registrars (middle-grade doctors) and there were no doctors senior to him based there. Dr Johns did not enquire as to whether there was a responsible officer at the larger Royal Infirmary site which was some 90 miles away; this did not occur to him.

20 Dr Johns said that he had been under GMC conditions for years, and his place of work had always been notified of this by the recruiting agency; he had no reason to doubt that it would work like that again. He referred to evidence in the bundle showing that he had been rejected for a different locum job for which he had applied at about the same time because of his IOT conditions.

GMC Submissions

21 The GMC alleged that Dr Johns did not personally ensure that his place of work was notified of his IOT conditions.

22 Miss Gilsenen submitted that there was good evidence that Dr Johns failed personally to disclose his IOT Conditions to the Hospital which was his place of work. It is not disputed that he informed the agency, which he believed to be sufficient. However, this did not comply with the relevant condition.

23 Ms Gilsenen's submission was that this behaviour does not meet the standards required of a doctor. It risked bringing the profession into disrepute and it must not be repeated. The required standards are set out in '*Good medical practice' and associated guidance. Paragraph 81 of Good medical practice (2024) is particularly relevant, 'you must make sure that your conduct justifies your patients' trust in you and the public's trust in your profession.'* Furthermore, a failure to disclose IOT conditions is serious because it undermines the regulatory system.

24 Miss Gilsenen further submitted that although these failings are in themselves not so serious as to require any restriction on Dr Johns' registration, it is necessary in response to issue a formal warning.

25 A failure to disclose IOT conditions is serious because it undermines the regulatory system designed to protect patients, maintain public trust and confidence in the profession and uphold professional standards.

26 There is no suggestion that Dr Johns was dishonest, but his failure to disclose his conditions represents a significant departure from the GMC guidance. A warning is a formal response to draw attention to specific concerns and highlight that any repetition is likely to result in a finding of impaired fitness to practise.

27 Ms Gilsenan referred to GMC *Guidance on warnings* relating to mitigating circumstances or aggravating factors and submitted that Dr Johns has not shown any insight, has not expressed regret, and has previous fitness to practise history. There is no indication that rehabilitative or

corrective steps have been taken and there have been no references or testimonials provided. However, the matter is an isolated incident and there has been no repetition. Therefore issuing a warning is appropriate and proportionate.

Dr Johns' Submissions

28 Dr Johns submitted that he has already paid a significant price for the scrutiny of the GMC since 2021, which has impacted his career and personal life. The case in which the conditions arose resulted in an outcome of no impairment, and yet he struggled for 4 years to find work due to his diligence in declaring the IOT conditions. He said that a hospital which previously offered him a substantive role, later turned him down for a locum role because of the IOT conditions. He said that the IOT conditions made it so difficult to find work that he travelled over 400 miles to work in Scotland and spent Christmas without his family. He did so because he considered that it was clear that this hospital was happy to employ him despite the IOT conditions.

29 Dr Johns contests that he should have personally informed the responsible officer at the Board by email or in person. Further, he submitted that his employer was the agency. The responsible officer of the Board was based in the Royal Infirmary some 90 miles away. He had no knowledge him, his role, or the expectation that he should disclose his conditions to him. Additionally, he did inform the GMC investigation officer where he would be working and his start date.

30 Dr Johns states that he was told in writing that the Hospital, and everyone there who needed to know, had been informed. There was an element of naivety on his part, but he had acted in good faith. He said allegations stem from an administrative error on the part of the agency, that CM has not been honest in her recollection of events. She had approved and signed off the recruitment in her capacity as manager despite her statement contesting this.

31 He said that he was not interviewed by the Hospital. Had he been, it was likely that the conditions would have been mentioned. Once in position, and in the belief that the necessary people had been informed, the IOT conditions were not something he would 'wear like a banner'.

32 The agency told him that the Hospital was desperate for competent and experienced staff and he assumed this is why they were willing to accept him, despite knowing of his IOT conditions.

33 At the time of the referral, he was experiencing stressful personal and professional circumstances due to the imminent MPT hearing in June 2023. Dr Johns submitted that these difficult circumstances are relevant to the allegations being considered by this panel.

34 He does not believe that that a reasonable member of the public, or fellow medical professional, would lose trust in the regulatory process because he had not known that a man in a hospital 90 miles away was the responsible officer he should have contacted. He stated he had not concealed the conditions on his registration - rather it was naivety on his part.

Legal advice

35 Mr Hay reminded the Committee of its powers under rule 11(6), and the purpose of issuing a warning. He stressed the importance of proportionality in the Committee's decision making. The Committee accepted the advice of the legal assessor.

Committee Determination

The Committee's approach to considering a warning

36 The Committee is aware that the GMC has a legal duty to protect the public. The Medical Act 1983 splits this duty into three distinct parts and requires the GMC to act in a way that:

- protects, promotes and maintains the health, safety and wellbeing of the public ('patient safety')
- promotes and maintains public confidence in the profession
- promotes and maintains proper professional standards and conduct for members of the profession.

37 In addition to the part warnings play in maintaining public confidence and upholding standards for the profession, they also serve to formally indicate to a doctor the behaviour or performance that has significantly departed from the professional standards expected and should not be repeated. The GMC *Guidance on warnings* states that they should be viewed as a deterrent. They are intended to remind the doctor that repetition of the given conduct is likely to result in a finding of impaired fitness to practise, which may lead to restrictions being placed on their registration.

38 In accordance with paragraph 4 of the GMC *Guidance on Warnings*, the Committee first satisfied itself that there is no realistic prospect of establishing that Dr Johns fitness to practise is impaired to a degree requiring action on his registration. The Committee agrees with the GMC position that his fitness to practise is not impaired and it is not necessary to restrict his practice. This is a case where it is open to the Committee to issue a warning.

39 The Committee considered whether the concerns are sufficiently serious to warrant a formal response, in the form of a warning, in the interests of upholding the second and third limbs of the GMCs legal duty. In determining this, and in line with the GMC *Guidance on warnings*, the Committee considered whether:

a) there has been a clear and specific breach of the professional standards

b) if his conduct, behaviour or performance approached, but just fell short of, that which would pose a risk to public protection

c) a repetition of the given conduct is likely to elevate the seriousness to a degree where you would pose a risk to public protection and restrictive action by the GMC would be necessary.

40 The Committee's role is not to review the case examiners' decision on whether a warning is appropriate, but to consider the matter afresh.

Committee's decision on a warning

41 Dr Johns has accepted that he did not personally inform his place of work or his direct line manager of his IOT conditions. The matter for the Committee to determine is whether he did enough to *personally ensure* that they were notified, as was required by the conditions. And, if not, whether it is appropriate and proportionate to mark this failure with a warning.

42 The Committee is satisfied that the evidence before it is sufficient to conclude that Dr Johns did not *personally ensure* that the relevant parties, including his place of work, was notified of the IOT conditions. While he was employed by the agency, his place of work was the Hospital, and there is no evidence that any senior clinician working there was aware of his conditions.

43 Dr Johns had previous experience of working for locum agencies which led him to believe that his conditions would be disclosed to the relevant parties and he contends that the agency had told him that this had happened. However, the Committee finds the responsibility ultimately lay with Dr Johns to personally ensure that the conditions were complied with and communicated to relevant parties. He failed to comply with these conditions despite having been subject to them over a period of years. This constitutes a significant departure from the expected standards.

44 The Committee finds that Dr Johns' conduct constitutes a clear and specific breach of the professional standards, most notably paragraph 76 of *Good medical practice* 2013 (the standards in force at the time of the incident), which states:

> *If you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must, without delay, inform any other organisations you carry out medical work for and any patients you see independently.*

45 Although his conduct is serious, it falls just short of that which would be considered serious enough to pose a risk to public protection. The Committee concluded that, if there were to be a repetition, the threshold for restrictive action on his registration would likely be met.

46 In considering whether a warning would be an appropriate response, the Committee gave weight to the fact that the duty of the medical regulator is ultimately to protect patients, and conditions were put in place on his registration for this reason while his case was investigated. While no clinical concerns were raised while he was working at the Hospital, he did not personally ensure that anyone with oversight of his day-to-day work was aware of his IOT conditions. The committee has determined that failing to mark his conduct with a warning could reduce or compromise the effectiveness of the mechanics of regulation and in turn the protection of the public. It could also impact the reputation and, therefore the effectiveness, of the regulator and the Public's trust.

47 The Committee was mindful that it must apply the principle of proportionality and balance the interests of the public with your interests. The Committee therefore also considered whether there were mitigating factors weighing against the seriousness and which indicated that a warning may not be a proportionate response. This was an isolated incident which took place some time ago, relating to an investigation which was subsequently closed with no action. The committee understands that Dr Johns involvement with fitness to practise processes over the last few years has impacted on his ability to find work and caused him to look for work some distance from his family and support network, which has been stressful. He suggests that the concerns have arisen through his naivety rather than malicious intent.

48 However, there has been a history of fitness to practise concerns, which suggest that he should have been alert to the serious nature of his IOT conditions. There has been no evidence of insight; he has not acknowledged the potential impact of his actions on public confidence in the profession instead focussing on his personal interests.

49 In the above circumstances the Committee finds that a warning is appropriate in order to mark the importance of complying with the regulator.

50 In reaching this decision, the Committee has had in mind the principle of proportionality, weighing the public interest against Dr Johns' interests. In doing so, it has taken into account matters which he has raised. Having balanced the public interest against his interest, it has concluded that a warning is a proportionate response.

51 The Committee therefore issues Dr Johns with the following warning:

> In or around December 2022 until April 2023 Dr Johns worked as a locum emergency medicine doctor, and he did not personally ensure that his place of work was notified of the conditions imposed on his registration by an interim orders tribunal that were active at that time, as the interim conditions required you to.
>
> This conduct does not meet with the standards required of a doctor. It risks bringing the profession into disrepute. The required standards are set out in *Good medical practice* and associated guidance. In this case, paragraphs 81 and 100 of *Good medical practice* (2024) are particularly relevant:
>
> *81. You must make sure that your conduct justifies patients' trust in you and the public's trust in your profession.*
>
> *100. If you are suspended by an organisation from a healthcare role or post requiring professional registration, or have restrictions placed on your practice, you must, without delay, inform any organisations for which you carry out medical work, and any patients you see independently of these organisations.*
>
> Whilst this failure in itself is not so serious as to require any restriction on his registration, it is necessary in response to issue this formal warning.

This warning will be published on the medical register in line with our publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy .

That concludes the determination of the Investigation Committee in this case.

John Anderson
Investigation Committee Chair