

Fitness to Practise Determination

The following case was heard by a Fitness to Practise Panel. It is presented here to give an example of one possible outcome of breaching a principle in *Good Medical Practice*. It is not intended to give a clear threshold between acceptable and unacceptable behaviour. Each case which comes before a Fitness to Practise Panel is judged on its own merits and assessed on the particular circumstances of the case.

Summary

The doctor behaved in a threatening and abusive manner to colleagues and patients. When patients complained about his behaviour, he did not offer an apology but sent letters in response which were worded offensively, contained false allegations and falsely refuted the complaints.

He also took part in a broadcast on a pirate radio station during which he made a number of defamatory allegations about a colleague which he knew to be untrue. He later denied any involvement in the broadcast.

The doctor also signed up to 50 blank prescription forms before going on leave, giving them to his nurses to enable them to prescribe contraceptives. He also instructed his Practice Manager to sort out the medication for his patients resident at a nursing home, giving her a copy of the British National Formulary (BNF) and instructing her to exercise her own judgment in filling out the scripts for new prescriptions. He later signed the prescriptions she had completed.

Relevant paragraphs of *Good Medical Practice*

The case relates to paragraphs 46 and 47 on respect for colleagues in the *Working with colleagues* section of GMP. It also relates to the *Relationships with patients* section, specifically paragraphs 21a and 21b on the doctor-patient partnership and paragraph 31 on being open and honest if things go wrong. Finally it relates to paragraph 3b in *Good clinical care* on prescribing and paragraph 54 in *Working with colleagues* on delegation.

Determination on impaired fitness to practise

The Panel has considered, on the basis of the facts found proved, whether your fitness to practise is impaired under Section 35C(2)(a) of the Medical Act 1983 (as amended). It has taken account of Ms G's concession that you do not resist a finding of impairment on the basis of the facts proved against you. It has also noted

Mr O's submissions as to the relevant passages in the GMC's publication *Indicative Sanctions Guidance* and confirms it has used its professional judgment in considering whether or not your fitness is impaired. It has noted that neither Counsel demurs from the fact that in the light of those submissions, it is not necessary to rehearse at length the reasons for its finding at this stage.

The Panel is concerned that the matters before it relate to several instances where your actions were found to have been intended to mislead, to be disruptive, unprofessional and likely to bring the medical profession into disrepute whilst you were working in general practice at the XXXX Medical Centre between [*date removed*] and [*date removed, a period of two years*].

[insert text from determination on sanction here]

The Panel is aware of its responsibility to protect the public interest, with particular reference to maintaining public confidence in the profession and upholding proper standards of conduct and behaviour. The Panel has determined that your actions fell seriously short of the standards of behaviour the public are entitled to expect from doctors and seriously undermines public confidence in the profession.

In all the circumstances, the Panel has determined that your fitness to practise is impaired by reason of your misconduct. The Panel will now invite further submissions as to the appropriate sanction, if any, to be imposed on your registration.]

Determination on Sanction

Having found your fitness to practise to be impaired by reason of your misconduct, the Panel has considered the appropriate sanction, if any, which should be imposed on your registration.

The Panel has taken account of all the evidence adduced in this case: Mr O's submissions on behalf of the General Medical Council (GMC) and your Counsel, Ms G's, submissions, in particular regarding the circumstances in which your conduct arose.

At all material times, you were practising as a General Practitioner at the XXXX Medical Centre, XXXX. From [*date removed*], you practised as an Assistant to the existing Practice situated there ("the Practice"), for a probationary period of six months, and the Panel heard that you were offered a partnership agreement thereafter which you did not sign. However, you continued to work in the Practice, pending the signing of the new agreement. From around [*date removed*], upon the formal termination of any 'partnership at will', you worked as a single-handed General Practitioner, until your suspension from the NHS list on [*date removed*].

The Panel heard from numerous witnesses that there were many tensions in the Practice between yourself and the other partners. The Panel was concerned to learn that people who had nothing to do with your partnership dispute were caught in the "crossfire". The Panel heard that you screamed and shouted at various members of your team and other colleagues on several occasions, at times, acting in a

threatening, abusive or oppressive manner. Your behaviour was unacceptable, unprofessional and when taking place in the presence of patients, demonstrative of your complete lack of insight as to the effect of your conduct on others.

In particular, the Panel was appalled at your behaviour in [*date removed*] when you shouted at a nurse, falsely accusing her of stealing an instrument that you needed for a procedure on a patient. When she attempted to seek refuge in another room, you pursued her, shouting and screaming, waving your finger at her and when she asked if you were going to hit her, replied that you might.

You told the Panel that the nurse was mistaken and that it was in fact your practice manager with whom she had an altercation. The Panel did not accept your evidence.

When a number of patients complained about your behaviour, you wrote to them, denying any misconduct and implied that they had lied or misinterpreted your behaviour. Your responses were worded offensively, contained false allegations and falsely refuted the complaints. Furthermore you did not, at any stage, apologise to them for your behaviour.

On many occasions between [*dates removed*], you deliberately obstructed the gates to the Centre, disregarding the fact that this would obstruct colleagues from entering or leaving as well as obstructing residents of neighbouring properties. In response to a complaint by a neighbour, Mrs A, and on another occasion by her husband, you denied this and moreover, falsely accused them of making racist remarks to you, and that Mrs A had become aggressive and threatening to you. Your version of events was wholly rejected by this Panel, and it accepted other witnesses' accounts that you had behaved in a threatening and abusive manner to her.

On [*date removed*], you appeared on a broadcast by a pirate radio station known as "XXXX", which catered for the XXXX community in XXXX, during which you made several allegations against Dr D which you knew to be untrue. These included allegations of his not being fully qualified, being a liar and a thief, his threatening to have you killed, owing you money, and that he was a racist. When subsequently asked about your involvement with the broadcast, you denied it both verbally and in writing to members of the Primary Care Trust. The Panel concluded that due to the highly specific knowledge regarding your dispute with Dr D, it could not accept that you had no involvement with the broadcast. It rejected your evidence that an unknown person or "imposter" was the interviewee.

In XXXX, you participated in the planning of a demonstration outside the Centre, which disrupted the surgery, was intimidating and distressing to patients, and was disruptive to staff. Both verbally and in writing to members of the Primary Care Trust, you falsely refuted any involvement in the planning of the demonstration. However, the detailed and specific allegations against Dr D contained on the placards led the Panel to the conclusion that you lied to senior staff in the Trust and again, to this Panel. There was a further demonstration outside the Primary Care Trust on the very day that you had organised a meeting with PCT staff and again, you denied any involvement. The Panel also rejected your evidence in this respect.

The Panel heard evidence from a number of witnesses regarding another incident, in [*date removed*], when you shouted at members of staff, falsely claiming that you had

been locked out of the Centre. The Panel heard that certain locks had been changed earlier that day but this did not affect your ability to enter the building, the doors of which were open due to the excessively hot weather. On entering the reception area, you told your staff to cancel your patients, falsely maintaining you could not access your room. The Panel rejected your evidence.

Between [*date removed*] and [*date removed*], you signed up to 50 blank prescription forms before going on annual leave and gave them to nurses in your employment, ostensibly to enable them to prescribe contraceptives. The Panel was not persuaded by your evidence that your signature had been forged by another person. It accepted the evidence of your Practice Manager that you instructed her to sort out the medication for your patients resident at XXXX nursing home. The Panel heard that you provided her with a copy of the British National Formulary (BNF) and instructed her to exercise her own judgment in filling out the scripts for new prescriptions. You thereafter signed the prescriptions she had completed. The Panel found your conduct, in attempting to dishonestly pass the blame onto your former Practice Manager, unprofessional and concluded that you intended to mislead not only those in receipt of prescriptions but also this Panel and other bodies where you have denied your involvement in this wholly unacceptable practice.