

## **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 inadequately assessed and irresponsibly treated a patient in a weight-loss clinic, including injecting her with a drug which has had no place in treating obesity for more than 20 years. His records were illegible and he did not inform the patient's GP of treatment even though she had asked for this to be done.

### **Relevant paragraphs of *Good Medical Practice***

The case relates to the *Good clinical care* section of GMP, specifically paragraphs 2a, 3b, 3c and 3f on providing good clinical care. It also relates to paragraphs 50, 52, and 53 on sharing information with colleagues in the *Working with colleagues* section.

### **Determination on impaired fitness to practise**

Dr X: The Panel has considered, on the basis of the facts found proved, whether your fitness to practise is impaired by reason of your misconduct. In doing so, the Panel has taken into account all the evidence, as well as the submissions made by Ms N on behalf of the General Medical Council (GMC). Mr G has indicated that in the light of the Panel's findings of the facts, he has no submissions to make on your fitness to practise.

At all material times you were a registered medical practitioner working at XXXX Obesity Clinic, XXXX ("the Clinic"). On [date removed], you were consulted by Patient A for weight loss treatment. On [date removed], prior to her first consultation with you, Patient A had attended the clinic and completed the Clinic's health questionnaire, and provided details of the name and address of her General Practitioner.

You have told the Panel that on your first consultation with a patient you do not normally prescribe any medication. However, you accept that on the first consultation with Patient A (on [date removed]), you injected her with Human Chorionic

Gonadotrophin ("HCG"). The Panel has heard from Professor W that this drug has no place in the treatment of obesity and that this has been known for more than twenty years. You have accepted that you failed to record details of the injection in Patient A's notes. You have further accepted that the injection was inappropriate, irresponsible and not in Patient A's best interests.

In the course of the consultation on [date removed] you prescribed Reductil (sibutramine), Frusemide and Potassium supplements (Slow K). You have accepted that your prescription of Frusemide and Potassium supplements was inappropriate, irresponsible and not in Patient A's best interests.

Prior to injecting Patient A and prescribing medication on [date removed], you failed to carry out an adequate physical examination of her in that you did not yourself weigh Patient A and you did not check her urea or her electrolytes. However, the Panel accepts that Patient A was weighed by a Clinic employee and that you measured Patient A's blood pressure and her pulse, and then recorded this information in her notes. The Panel considers checking the urea and electrolytes at this stage was not essential. Although the Panel accepts that you provided Patient A with some information about the injection given and the medication prescribed, it considers that the nature of the information you gave her was inadequate.

On [date removed], you were again consulted by Patient A for weight loss treatment. You have accepted that in the course of this consultation you injected Patient A with HCG. You failed to record details of the injection in Patient A's notes. You have accepted that the injection was inappropriate, irresponsible and not in your patient's best interests.

In the course of the consultation you prescribed Phentermine, Frusemide and Potassium supplements (Slow K). You have accepted that prescribing this medication was inappropriate, irresponsible and not in your patient's best interests. You have accepted that your action in dispensing this medication in a single inadequately-labelled container was inappropriate and irresponsible.

Prior to injecting Patient A and prescribing medication on [date removed], you failed to carry out an adequate physical examination of Patient A. You have accepted that you did not yourself weigh Patient A and you did not measure her blood pressure or her pulse, even though Patient A was taking sibutramine, which can affect the blood pressure. You have further accepted that you did not arrange to check Patient A's urea or her electrolytes. The Panel has found that your failure to do so was irresponsible and not in Patient A's best interests.

As a registered doctor you have a professional responsibility to ensure that patients are given appropriate information regarding the medication you prescribe, including any side effects. The Panel considers that your prescribing and dispensing practice in respect of Patient A was unacceptable. It further considers that the dispensing of multiple drugs in a single container is dangerous and takes a serious view of your conduct in this regard. You accepted that you took professional responsibility for dispensing at the Clinic.

The Panel has heard from Professor W of the statutory requirements for practitioners when prescribing Schedule 3 drugs. This includes the requirement to record the

details of the prescription clearly. Your prescription for Phentermine did not fulfil the legal requirements for prescription of a Schedule 3 drug.

You have accepted that the standard of your note-keeping for each consultation with Patient A was inadequate and fell below the standard to be expected of a competent doctor. The Panel has heard from Dr S, Head of Healthcare Services Advice, XXXX NHS Primary Care Trust, that, in the light of your referral to the GMC in connection with your treatment of Patient A, in early [date removed] you invited him to review matters with you at the Clinic. In his letter to you dated [date removed], Dr S writes,

“When scrutinising the legibility of your records I felt obliged to pass adverse comment on this and on their content. It is important for both patient and practitioner that records are of an adequate standard.”

The Panel has further heard from Dr S that he raised similar concerns with you in [date removed, six years previously] regarding your note-keeping and that he was disappointed that this deficiency had not been rectified.

The GMC’s publication “Good Medical Practice” [2001] refers to the fact that in providing care, doctors must keep

“clear, accurate, legible and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to patients and any drugs or other treatment prescribed.”

The Panel considers that your standard of note-keeping in respect of Patient A was woefully inadequate.

Paragraph 45 of the same GMC publication states,

“If you provide treatment for a patient, but are not the patient’s general practitioner, you should tell the general practitioner.... the treatment provided and any other information necessary for the continuing care of the patient, unless the patient objects.”

The Panel notes that in response to the question “Do you want us to inform your GP that you attend this Clinic to lose weight” on the form completed prior to the first consultation, Patient A ticked “yes”. Despite this, following the consultations on [date removed] and [date removed], you failed to notify Patient A’s GP about your treatment of her. You therefore failed to follow the guidance set out in Good Medical Practice.

In considering whether your fitness to practise is impaired, the Panel has taken into account the GMC’s publication Indicative Sanctions Guidance. Paragraph 11 states as follows:

“Neither the Act nor the Rules define what is meant by impaired fitness to practise but ... it is clear that the GMC’s role in relation to fitness to practise is to consider concerns which are so serious as to raise the question whether the doctor concerned should continue to practise either with restrictions on registration or at all.”

The Panel is mindful that the facts found proved against you concern your care of one patient during the course of two consultations. Nevertheless, the Panel has also taken into account the fact that you have breached several aspects of "Good Medical Practice". This includes your failure to make an adequate assessment of the patient, your failure to keep clear legible records and your failure to keep Patient A's GP informed of the treatment proposed. The Panel also has in mind its finding that your prescribing for Patient A at both consultations was inappropriate, irresponsible and not in her best interests. Having regard to the totality of its findings, the Panel considers that you failed to provide a good standard of care for Patient A.

It is clear from your own evidence that your inadequate note keeping and the unsafe system of dispensing, for which you accept responsibility, are long standing. The Panel was not reassured by your statement that your physical examinations were usually more thorough than in the case of Patient A, nor by your statement that you do not usually prescribe drugs for a patient at the first consultation. The Panel considers that you may have fallen into the habit of prescribing unnecessarily because of the environment in which you were working. However, it is the duty of every Doctor to take personal responsibility for what he or she prescribes.

The Panel is also concerned that, even though deficiencies in your practice were brought to your attention by Dr S in [*date removed*], you did not rectify these. Indeed, some six years later, Dr S raised with you his concerns about your record keeping and considered that your use of HCG needed to be evidenced by reputable research.

In all the circumstances, the Panel has determined that your fitness to practise is impaired by reason of your misconduct.