

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 used the identity of a patient in order to obtain drugs for herself. In doing so she falsely implicated another medical practitioner.

Relevant paragraphs of *Good Medical Practice*

The case relates to the *Probity* section of GMP, specifically paragraphs 56 and 57 on being honest and trustworthy and paragraph 63 on writing reports and signing documents. It also relates to the *Health* section, specifically paragraph 77.

Determination on impaired fitness to practise

Dr X is neither present nor represented here today. The Panel has received submissions from you on the requirements of the Rules with regard to service of the Notice of Inquiry. It notes that the GMC had contacted Dr X in [date removed] on the matter of service and that she has waived her right to 28 days notice. The Panel has determined that it is satisfied that the GMC has acted in accordance with Rule 40 of the General Medical Council (Fitness to Practise) Rules 2004 in serving notice of today's hearing upon Dr X.

The Panel has been provided with a copy of the certificate of conviction dated [date removed] which is conclusive evidence of the offences therein. The factual allegations in the charge are therefore found proved.

The Panel has found that on [date removed] at XXXX Magistrates Court, following guilty pleas, Dr X was convicted of 5 counts of making a false instrument, namely a prescription for a scheduled drug with the intention that she or another should use the same to induce (on two occasions), (on two occasions) and (on one occasion) to accept it as genuine and by reason of so accepting it to do or not to do some act to her own or another persons prejudice contrary to Sections 1 and 6 of the Forgery and Counterfeiting Act 1981, and;

a. Dishonestly obtaining from, an employee of property, namely Lansoprazole and Warfarin tablets to the value of £84.57 with the intention of permanently depriving thereof by deception, namely by falsely representing that had prescribed the drugs contrary to Section 15 (1) of the Theft Act 1968,

b. Dishonestly obtaining from, an employee of property, namely Orlistat tablets to the value of £115.59 with the intention of permanently depriving thereof by deception, namely by falsely representing that had prescribed the drugs contrary to Section 15 (1) of the Theft Act 1968,

c. Attempting to dishonestly obtain from, an employee of property, namely Orlistat and Perindopril tablets to the value of £140.95 with the intention of permanently depriving thereof by deception, namely by falsely representing that had prescribed the drugs contrary to Section 1 (1) of the Criminal Attempts Act 1981,

d. Attempting to dishonestly obtain from, an employee of property, namely Metolazone and Lansoprazole tablets to the value of £50.63, with the intention of permanently depriving thereof by reason of deception, namely by falsely representing that had prescribed the drugs contrary to Section 1 (1) of the Criminal Attempts Act 1981,

e. Attempting to dishonestly obtain from property, namely Perindopril and Lansoprazole and Co-Codamol to the value of £91.96 with the intention of permanently depriving thereof by deception, namely by falsely representing that had prescribed the drugs contrary to Section 1 (1) of the Criminal Attempts Act 1981;

The Panel has heard that in relation to these offences Dr X was sentenced to a Community Order for 12 months requiring her to perform unpaid work for 150 hours. Further she was ordered to pay the sum of £200.16 as compensation to and was ordered to pay costs of £100.00.

Dr X's convictions, on her pleas of guilty, are for offences of dishonesty and, by their very nature, serve to undermine the confidence which the public places in the medical profession and to bring the medical profession into disrepute. In addition, Health Authorities must be able to place complete reliance on the integrity of practitioners.

The Panel is particularly concerned that this doctor's actions were premeditated and carried out over a period of time and that she used the identity of another patient in order to obtain drugs for herself. They are also concerned that her actions falsely implicated another medical practitioner who had no knowledge of what was happening.

Dr X's behaviour has fallen below the proper standards of conduct and behaviour expected of a medical practitioner. The Panel has therefore determined that her fitness to practise is impaired by reason of her convictions.