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 was consulted by a patient on a number of occasions and failed to refer the patient for further investigation, and did not make adequate records of the patient's symptoms. When he did refer the patient, his letter did not describe the need for urgency and did not contain all relevant information about the patient's condition.

Relevant paragraphs of *Good Medical Practice*

The case relates to the *Good clinical care* section of GMP, specifically paragraphs 2a, 2b, 2c, 3f, 3g, 3i on providing good clinical care. It also relates to the *Relationships with patients* section, specifically paragraphs 21b, 21d, 21e on the doctor-patient partnership and paragraph 22b on good communication. It also relates to paragraph 51 in the *Working with colleagues* section on sharing information.

Determination on impaired fitness to practise

"Dr X: The Panel has heard that since [date removed] you have practised as a sole general practitioner at XXXX Surgery, XXXX ("the surgery").

Patient AH was registered with your Practice and on [date removed] consulted you at the surgery and described symptoms of constipation and a dull ache in her left lower abdomen. You diagnosed constipation and prescribed Loratidine, Co-Proxamol, Lactulose and Isphagula Husk sachets. The Panel has heard that you did not record the frequency of bowel movement, changes in the motions or any history of rectal bleeding, whether you carried out a rectal examination and whether you arranged a blood test. In addition, you did not record that you advised patient AH of your reason for prescribing co-proxamol or loratidine nor did you record whether you provided advice to the patient in respect of diet or follow-up. You admitted that your failure to record the frequency of bowel movement, changes in the motions, history of rectal bleeding, advice to Patient AH in respect of diet follow up and your reasons for

prescribing co-proxamol and loratidine was unprofessional, not in the best interests of your patient and unacceptable.

On [date removed] patient AH consulted you again at the surgery and described symptoms of back pain after lifting a slab. You did not carry out or record a review of the previous problem of constipation on this visit and you have admitted that your conduct in this respect was unprofessional, not in the best interests of your patient and unacceptable.

On [date removed] patient AH consulted you for a further time at the surgery and described loss of appetite and stomach problems. You did not record a rectal examination or arrange or record a blood test. The Panel found that your conduct in this respect was unprofessional, not in your patient's best interests and unacceptable. Further, you did not record the history in respect of rectal bleeding, neither did you record the patient's weight or your advice in respect of follow-up. You prescribed Cyproheptadine Hydrochloride 4mgs. You admitted that your conduct in this regard was unprofessional, not in the best interests of your patient and unacceptable.

On [date removed] patient AH again consulted you at the surgery and described loss of appetite, constipation and no blood or mucous in motion. You recorded "Referral for further care, XXXX". You did not carry out a rectal examination or measure the patient's weight. You did not arrange for AH to have blood tests, an abdominal ultrasound scan or a flexible sigmoidoscopy. You admitted that your failure to carry out a rectal examination, weigh patient AH or arrange blood tests was unprofessional, not in the best interests of your patient and unacceptable. You did not record the advice given to AH in respect of the urgency of the referral nor did you record the advice given to AH in respect of follow-up. You admitted that your conduct in this regard was unprofessional, not in the best interests of your patient and unacceptable.

On [date removed] you visited patient AH at her home. Patient AH described epigastric pain and lack of appetite. On examination you recorded "tender epigastrically" and you prescribed Pantoprazole. The Panel found that you did not record the continuing abdominal pain.

You admitted that you did not carry out or record a review of the previous problem of constipation, loss of appetite and you did not measure or record the weight loss of AH. In addition, you did not carry out a rectal examination or refer patient AH for urgent investigation. You have admitted that your actions in this regard were unprofessional, not in the best interests of your patient and unacceptable.

You referred patient AH by letter dated [date removed]. This letter did not make reference to your notes dated [date removed], inaccurately stated the patient's weight loss as between lbs 5 and 7 and did not describe the need for the urgency of the referral. You admitted that your conduct in this respect was unprofessional, not in the best interests of your patient and unacceptable.

On [date removed] patient AH consulted you at the surgery. Patient AH had developed jaundice and described poor appetite and being unable to keep food down. You advised an emergency admission to hospital.

The Panel found that on [date removed], you examined AH within the view of workmen. It found that your conduct in this regard was unprofessional, not in the best interests of your patient and unacceptable.

The Panel has heard that on about [date removed] patient AH was diagnosed as suffering from adenocarcinoma of unknown origin with spread to the liver; obstructive jaundice and hyponatraemia.

AH died on [date removed].

In deciding whether your fitness to practise is impaired, the Panel has had regard to the fact 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 has to determine whether, on the basis of facts found proved, your fitness to practise is impaired because of your misconduct. In doing so it has taken into account all the evidence before it and the submissions of Mr A on behalf of the GMC, and those of Mr H on your behalf.

The Panel has determined that the aspects of your conduct found proved in relation to the treatment and care provided to Patient AH on [date removed], [date removed], [date removed], [date removed], [date removed] and [date removed] were unacceptable, not in the best interests of the patient and not of the standard to be expected of a reasonably competent medical practitioner.

The Privy Council in the case of Roylance v GMC (Appeal No 49 of 1998) stated:

> "*Misconduct is…some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances."*

The Panel has been referred by Mr A to the Royal College of General Practitioners guidance 'Good Medical Practice for General Practitioners' (November 2001) and the GMC guidance 'Good Medical Practice' (May 2001) in particular in relation to keeping records, writing reports and keeping your colleagues informed. 'Good Medical Practice' states:

> *"In providing care you must:*

- *Keep clear, accurate, 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;*
- *Keep colleagues well informed when sharing the care of patients*;
- *Be competent when making diagnoses and when giving or arranging treatment"*

‘Good Medical Practice’ also states that good clinical care must include:

- *An adequate assessment of the patient’s conditions, based on the history and symptoms and, if necessary, an appropriate examination*
- *Providing or arranging investigations or treatment where necessary*
- *Taking suitable and prompt action when necessary*
- *Referring the patient to another practitioner, when indicated*
- *When you refer a patient, you should provide all relevant information about the patient’s history and current condition”*

‘Good Medical Practice’ also states:

> *“Successful relationships between doctors and patients depend on trust. To establish and maintain that trust you must (among other things) respect patients’ privacy and dignity.”*

The Panel notes that although this case relates to one clinical episode, the facts found proved illustrate that this was not a single lapse. Your misconduct consists of an accumulation of failings in respect of record keeping, clinical care, referral and examination in six consultations over a period of more than five months and your acts and omissions in the management of patient AH were unprofessional, not in the best interests of the patient and unacceptable.

The Panel has also considered the infringement of patient AH’s privacy in relation to the examination carried out within the view of workmen was particularly serious and breached the principles contained within ‘Good Medical Practice.’

In all of the circumstances, the Panel has, pursuant to Section 35C (2) (a) of The Medical Act 1983 as amended, concluded that your fitness to practise is impaired, by reason of your misconduct.”