

Fitness to Practise Panel 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 this principle. 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 convicted of 12 counts of false accounting.

The doctor engaged in false accounting which deprived the Primary Care Trust of over £46,000. The doctor asked colleagues to certify him as being sick, while continuing to work in private practice, and asked practice staff to sign documents which enabled him to commit false accounting.

Relevant paragraphs of *Good Medical Practice*

This case relates to the 'Probity' section of *Good Medical Practice*, specifically paragraphs 57 on being honest and trustworthy and paragraph 73 on financial and commercial dealings.

This case also relates to the 'Working with Colleagues' section of *Good Medical Practice*, specifically paragraph 46 on respect for colleagues.

Determination on impaired fitness to practise

"Dr X: You have admitted and the Panel has found proved that on [date removed] at XXX Crown Court you were convicted upon indictment of 12 counts of false accounting and on [date removed] at XXX Crown Court you were sentenced to 12 months imprisonment for these offences and ordered to pay compensation of £46,984.47 to the XXX Primary Health Care Trust, for which sum a confiscation order was made under the Proceeds of Crime Act 2002. You have also admitted that the fact of your conviction impairs your fitness to practise.

The Panel noted your admissions and in the light of your conviction for offences of dishonesty and the amount involved, the Panel found that your fitness to practise is impaired.

The Panel has considered the submissions made by Mr R on behalf of the GMC and those made by Mr M on your behalf as to the appropriate sanction it should impose. The Panel has also had regard to the GMC's Indicative Sanctions Guidance and the GMC's publication 'Good Medical Practice' [2001 edition]. The Panel is conscious of the fact that the purpose of sanctions is not to be punitive, but to protect patients and the public interest. Public interest includes not only the protection of patients but also the maintenance of public confidence in the profession, and declaring and upholding proper standards of conduct.

The Panel heard that over a period of approximately three years you deliberately engaged in false accounting within your general practice, for which you were subsequently convicted. In so doing you betrayed your professional colleagues by asking them to certify you as being unfit for work whilst you were continuing to practice on a private basis. You also betrayed your practice staff by asking them to complete the paperwork which allowed you to commit the acts of false accounting. The Panel has also noted that during your trial you placed the blame for the false accounting on members of your practice staff and did not admit responsibility until the end of the trial when you wrote to the Judge before sentencing.

The Panel has taken into account the character evidence, supportive testimonials and the submissions by way of mitigation made by Mr M. The Panel also took account of the fact that you immediately repaid in full all the compensation and costs as directed by the Court.

The Panel is highly concerned about any act of dishonesty by a doctor and is particularly concerned about your acts of dishonesty which were calculated and occurred over a sustained period, resulting in a criminal conviction and a custodial sentence. 'Good Medical Practice' issued in 2001 states that registered doctors must be honest and trustworthy and must avoid abusing their position as a doctor. It also states under the heading of probity, that doctors must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals. It further states that if a doctor manages finances, he or she must make sure that the funds are used for the purpose for which they are intended and are kept in a separate account from the doctor's personal finances. Your behaviour fell below the standard expected of a registered medical practitioner in the United Kingdom.