

Examples for decision makers of low level violence and dishonesty

Closure at case examiner stage

Overarching principles

All cases should be considered individually on the basis of their specific circumstances. Where the concern involves violence or dishonesty, our [guidance](#) on *Making decisions at the end of the investigation stage* sets out factors which may lower or increase the risk posed by the doctor's behaviour. Case examiners should weigh the available evidence and balance these factors to reach an overall judgment on whether the realistic prospect test (RPT) is met. Although violence and dishonesty carry a presumption of impairment, this can be rebutted where the doctor's behaviour is at the lower end of the spectrum of seriousness and does not therefore pose a risk to patients, to public confidence or to proper professional standards and conduct. Where the presumption is not rebutted, allegations of violence and dishonesty should be referred to a medical practitioners tribunal unless there are exceptional circumstances which make this unnecessary.

Below are examples of when it may be appropriate to conclude an allegation of violence or dishonesty with no action, advice or a warning. The examples are illustrative only and not intended to be exhaustive or prescriptive. The outcome of a case will depend on the available evidence and its particular circumstances.

Closure with advice or no action

The following are examples of concerns involving violence and dishonesty which are unlikely to raise a question of impaired fitness to practise. As they are minor in nature and do not represent a significant breach of our standards, a warning may be unlikely to be proportionate. Closure with advice or, in some circumstances, no action is likely to be an appropriate outcome.

Possible examples depending on the circumstances

Violence

- pushing someone during an argument which took place in a non-professional context
- throwing an object at someone with no potential to cause harm eg a towel at a colleague during a difference of opinion

Dishonesty

- a single failure to pay for a ticket covering all or part of a journey on public transport with no evidence that the doctor deliberately intended to evade payment
- failing to declare when undercharged small sums
- parking in a disabled bay when not eligible to do so

Closure with a warning

If, having considered all the circumstances, case examiners are satisfied that the presumption of impairment has been rebutted and the RPT is not met, they should consider whether it is appropriate to issue a warning. This is likely to be indicated where there has been a significant departure from *Good medical practice* that is not so serious as to warrant action on the doctor's registration. However a formal response is required in the interests of maintaining good professional standards. A warning will also signify to the doctor that their behaviour was unacceptable and should not be repeated.

Case examiners should take account of the separate [guidance](#) on issuing warnings which identifies potential mitigating factors for consideration.

Possible examples depending on the circumstances

Violence

- police caution for common assault where there are no aggravating factors
- pushing past a colleague during an argument in the workplace

Dishonesty

- police caution for theft from a shop where the item stolen was of low value
- an isolated incident of a doctor working as a locum while on sick leave from their substantive post
- use of hospital postal service to post personal correspondence unless involving significant sums