

Investigation Committee (Oral hearing)

Date of hearing: 14 October 2021

Name of Doctor	Dr Satyen Singhai
Doctor's UID	4268134
Location of Hearing	Virtual hearing via MS Teams

Determination

Dr Satyen Singhai,

- 1 At today's hearing the Investigation Committee carefully considered all the material before it including the submissions made by **William Childs** on your behalf and those made on behalf of the GMC by **Carl Hargen**. It has accepted the advice of the Legal Assessor.

Background

- 2 On 16 January 2019, Dr Motaz Sonbol, a doctor in the acute medical unit at St Helier's Hospital, London reported concerns about your ██████████ conduct. Dr Sonbol reviewed you after a hospital attendance where you told staff in A&E that you had taken cocaine, but later denied this. You also told Dr Sonbol that you had taken cannabis.
- 3 Following the conclusion of the investigation process, the GMC wrote to you on 3 June 2021 to inform you that the case examiners were minded to issue you with a warning.
- 4 Your legal representative replied on your behalf to say that if the Case Examiners maintained the decision to conclude your case with a warning, then you wished to exercise your right to an oral hearing at the Investigation Committee.

- 5 On 26 August 2021, the GMC responded to acknowledge you were not prepared to accept the warning and that the Case Examiners have considered your comments and decided to refer the matter to the Investigation Committee.

Preliminary Matters

Defence Submissions

- 6 Mr Childs made a preliminary application for today's hearing to be held in private. Mr Childs was aware that the allegation being considered by the Committee today didn't relate to your health, however references to such are noted throughout the bundle before it.
- 7 Mr Childs submitted that it is difficult to extract these health and personal matters from the pure misconduct case being heard today. Referencing Rule 41(3), Mr Childs further submitted that, in fairness to you, this hearing should be held in private, though the Committee determination could be published.

GMC Submissions

- 8 Mr Hargen submitted that this case does not engage Rule 41(3) as it is a misconduct case and therefore should be conducted in public.

Committee Determination

- 9 The Committee accepted the advice of the Legal Assessor that under Rule 41(2), the Committee may decide that the public may be excluded from the hearing when circumstances, such as discussions about health would outweigh the public interest in this case being held in public.
- 10 The Committee determined that this hearing does not engage Rule 41(3). Taking into consideration of the sensitive issues and the fact that the Committee could use Rule 41(2) as advised by the Legal Assessor, the Committee determined that when matters concerning your health were discussed, the hearing can go into private session.

GMC Opening Submissions

- 11 Mr Hargen, on behalf of the GMC, took the Committee through the history of the case as outlined above. In brief, on 9 January 2019, your neighbour heard noises at your [REDACTED] house and called the police where they found you [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
- 12 Mr Hargen stated that Dr Sonbol, who reviewed your case on 10 January 2019, reported that [REDACTED]

[REDACTED]

13 Mr Hargen stated that your response to the GMC was that this episode was an isolated incident. You had found your [REDACTED] in poor health and became distressed, following which you met with an old acquaintance, who left you the cocaine and cannabis. You consumed whisky, some of your [REDACTED] diazepam tablets, one of your [REDACTED] mirtazapine tablets, cannabis and cocaine. You then fell down the stairs and injured yourself where upon the police attended and you were taken to hospital for treatment. You were discharged on 11 January 2019 and returned to work on 23 January 2019.

14 Mr Hargen stated that on 19 March 2019, you received an interim order of conditions, which has now been revoked. [REDACTED]

[REDACTED]

15 [REDACTED]

16 Mr Hargen drew the Committee's attention to your 'statement regarding recent events', in which you state that, since [REDACTED] 2017, you sought advice from your GP and that this event happened when your [REDACTED] was also in ill health. You had also taken time off due to the bereavement of [REDACTED]. Mr Hargen stated that you said that *'at the time of events, you were contacted by someone who had found your [REDACTED] in poor health. You stated that you foolishly accepted the drugs given to you by an old acquaintance, but you did not pay for these. You went on to take these drugs with some of your [REDACTED] medication and felt dizzy thereafter. You stated you fell down the stairs and then a neighbour called the police.'*

17 Mr Hargen summarised the positive testimonials from colleagues and practice managers before the Investigation Committee hearing went into private session to discuss the results of your health assessments.

Defence Submissions

18 Mr Childs referred to your statement to the GMC which he submitted documents a painfully honest account of the exceptional circumstances, grieving the loss of [REDACTED] and then needing to provide care for your father. Mr Childs submitted that

you have been genuinely remorseful from the start of these events and whilst you accept that no one forced you to take these drugs, you also did not seek these out. These very difficult circumstances led to a gross misjudgement on your part. Mr Childs submitted that this assisted the Committee to understand why you acted in such a seemingly reckless manner on that single occasion. He invited the Committee to note that you were not out with friends having a good time, you were at a dark point in your life.

- 19** Mr Childs submitted that your conduct arose at a time when you were experiencing a period of extreme stress. [REDACTED]
[REDACTED]
[REDACTED], Mr Childs submitted that you became very distressed and at this point an old acquaintance offered you the cocaine and cannabis.
- 20** Mr Childs submitted that you have worked hard to ensure your own wellbeing and happiness since that time and are now much more robust as a result of this experience. To your credit, the interim orders on your licence to practice have been lifted and there is no need for any ongoing restrictions.
- 21** Mr Childs submitted that you have shown genuine remorse, both contemporaneously and recently. Mr Childs highlighted your more recent reflections that underline [REDACTED]
[REDACTED] and importantly, that show you have developed coping strategies to avoid any repeat scenario.
- 22** Mr Childs drew the Committee's attention to the positive testimonials provided by your colleagues. Mr Childs submitted that these recent reflections indicate that when you are well and in a supportive environment, you provide excellent care to your patients which should be taken into account when deciding on the impact of a warning.
- 23** Mr Childs submitted that you will never forget this period of your life, but you are now able to use your experience positively to assist your patients having to deal with similar pressures. Mr Childs requested that the Committee take into account the salutary effect that the investigation process has had on you when assessing any future risk. Further, Mr Childs submitted that in circumstances [REDACTED]
[REDACTED], it would be inappropriate and punitive for a warning to be imposed; this of course is not the function of a warning.
- 24** Mr Childs submitted that GP practice is competitive and drew the Committee's attention to your future career aspirations. Mr Childs stated that you are currently seeking to embark on future courses and as the warning today will be disclosable, indefinitely to employers, has the potential to permanently disadvantage your career prospects. Mr Childs submitted it is in the public interest to allow your career to progress due to your excellent reputation as a good clinician.

- 25** Mr Childs submitted that a warning would be a disproportionate response given the isolated nature of your drug use, your insight into your response to stress and how you now manage this appropriately. To give you a warning would be a punitive measure as there was no risk of repetition and the public would not be concerned given your full remediation as per the paragraph 32 (a-f) in the GMC's Guidance on Warnings.
- 26** Mr Childs stated that the proposed warning does not account for these circumstances [REDACTED] and the pressures upon you at that time were central to your actions. He submitted that this is not a case where a doctor has engaged in illicit behaviour for enjoyment or as a form of recreational activity. In such circumstances, a warning might well be justified.
- 27** Mr Childs accepted that public confidence in the profession and the reputation of the profession are inevitably linked in a matter such as this. He argued that informed members of the public, aware of the history of this case, would not consider your actions and subsequent behaviour to significantly undermine the reputation of the profession, nor warrant action by the GMC.
- 28** Mr Childs submitted that you should be able to move on from this period of your life, given the length of the GMC investigation. In summary and in all the circumstances of the case, Mr Childs concluded that a formal response, such as a warning, by the GMC would be a disproportionate response and not required today. It would act as an 'anchor to your future career prospects' thus disadvantaging your patients and the junior clinicians you support.
- 29** Mr Childs submitted that should the Committee still wish to dispose of this case with a warning, an amendment should be made to refer to 'an occasion in 2019' not as it is worded now, which could lead the public to think these matters happened on numerous occasions throughout 2019.

GMC Closing Submissions

- 30** Mr Hargen directed the Committee's attention to the test for issuing a warning at paragraph 16 of the GMC's Guidance on Warnings and submitted that a warning is appropriate when there has been a significant departure from GMP and that a formal response by way of a warning would declare and uphold the high standards of behaviour expected from doctors.
- 31** Mr Hargen submitted that this was a '*deliberate act by you, you did not accidentally take cocaine and cannabis.*' He argued that this is not a case of criminal conviction, though the Committee would be aware of the illegality of the possession of such substances.
- 32** Mr Hargen submitted that your drug use is a serious failure to practise in accordance with our guidance, particularly, a clear and specific breach of Good Medical Practice

(GMP) paragraph 65. Mr Hargen submitted that the concerns raised in this case are sufficiently serious and if repeated would lead to there being a realistic prospect of a finding of impairment. Your drug use does not fit with the high standards expected of a doctor and that it would be in the public interest for a warning to be given to you today.

- 33** Mr Hargen submitted that the warning should be used as a deterrent, not just to others but also to you. Even though you have done well in your career since this episode, a warning would deter you from such behaviour in future.
- 34** Mr Hargen submitted that in all of the circumstances of this case and notwithstanding any mitigation present, a Warning was necessary and proportionate. Your conduct did not meet the standards expected and a warning would serve to maintain the public's confidence in the profession, promote the standards expected of a doctor and send a message to the wider profession that such conduct is not acceptable.

Defence Closing Submissions

- 35** Mr Child made no further submissions on your behalf.

Committee Determination

- 36** At the outset, the Committee are mindful that your use of drugs happened at a time when [REDACTED]. [REDACTED] The Committee wish to extend their condolences for what must have been a difficult time for you.
- 37** The Committee is aware that it must have in mind the GMC's role of protecting the public, which includes:
- a. Protecting, promoting and maintaining the health, safety and well-being of the public
 - b. Promoting and maintaining public confidence in the medical profession, and
 - c. Promoting and maintaining proper professional standards and conduct for members of that profession.
- 38** The Committee has concluded that in this case your actions breach Paragraph 65 of GMP. The Committee accepts, although there is no definition of 'significant' in the Medical Act or in the Fitness to Practice Rules, however, your admission that you used illegal drugs and took prescription medications that were not prescribed for you represents a significant departure from GMP Paragraph 65 as it does not meet the standards expected of a doctor and could serve to damage the public's trust and confidence in the profession. The Committee determined that your obtaining, possessing and ingesting of a Class A drug, namely cocaine, and Class B drug, namely cannabis amongst other substances, renders your conduct all the more significant.

- 39** The Committee must be satisfied that the particular conduct, behaviour or performance approaches, but falls just short of, the threshold for the realistic prospect test. The realistic prospect test requires a genuine possibility of a finding of impaired fitness to practise, justifying action on the doctor's registration. The Committee is satisfied that the realistic prospect test in this case is not met, there is no evidence before it today that you are currently impaired by way of your misconduct.
- 40** The Committee are aware that though this is not a conviction case, the illegality of the substances used does approach the realistic prospect test however falls just short of reaching it in this case. The Committee has determined that the concerns displayed are sufficiently serious that if there were repetition, they would likely result in a finding of impairment. Repetition of your behaviour could affect patient and public confidence in the profession and the reputation of the profession. Therefore, for the reasons above, the test for issuing a warning is met and indeed appropriate in this case.
- 41** In deciding whether to issue a warning the Committee must apply the principle of proportionality, and balance the interests of the public with those of the practitioner.
- 42** The Committee sympathised with the stress you were under due to the events leading up to the conduct which has brought you toward the Committee today. The Committee considered that another person in your position may not necessarily choose to deal with this stress by going on to possess and consume illegal drugs. Whilst the Committee understood the very human error in this case, it determined that your professional standing in the community is an aggravating factor, especially since your behaviour warranted a police response resulting in your needing to be restrained.
- 43** The Committee accepts the personal mitigation present in this case. Your conduct has been presented by your defence as a single isolated episode and on the basis of what the Committee has seen today, the Committee has no evidence that this is not the case.
- 44** The Committee noted your candour in health examinations, showing genuine remorse and regret at an early stage. In regard to remediation, the Committee noted you meaningfully engaged with the GMC and determines that your conduct since these events have shown many corrective and rehabilitative actions to your credit. It also had regard to the exemplary testimonials provided by your colleagues which attest to your good character and professionalism.
- 45** The Committee noted that there has not been any repetition of your conduct at this point, however this is set against the background of an improving situation in all aspects of your life. This being the case, the Committee does not have evidence of how you would handle difficult circumstances in the future, accepting that during this period you have suffered the loss of your father. Whilst the Committee considers that

there is a reduced risk of repetition in this case, they cannot be satisfied that there is no risk that something similar may happen again.

- 46** The Committee determined that a warning is unlikely to affect your career prospects as put forward by Mr Childs. Certainly, the glowing testimonials seen today attest to your current healthy work relationships with your colleagues. The Committee sees no detriment to your career by issuing you with a warning today.
- 47** Despite the wealth of mitigation provided and the sad circumstances that led to your conduct, the Committee must balance the interest and safety of the public with proportionality in this case. On the specific facts seen before it today, the Committee has determined that your conduct did not justify your patients' trust in you and the public's trust in the profession. The Committee did not find your actions acceptable, especially for a registered doctor to conduct yourself in this way.
- 48** The Committee cannot be satisfied that your conduct would definitely not be repeated. The misuse of illegal and prescription drugs runs the risk of damaging public confidence in the profession and does not meet with the standards required of a doctor. The Committee has determined that a warning would be appropriate in this case to maintain the public's confidence in the profession, promote the standards expected of a doctor and send a message to the wider profession that this conduct is not acceptable.
- 49** The Committee took into account Mr Childs submission on the wording of the warning and agreed to the following amendment in order to better reflect the isolated nature of your conduct.
- 50** The warning will be documented as follows:

'On one occasion in 2019, you used illegal drugs and prescription medication that was not prescribed for you.'

This conduct does not meet with the standards required of a doctor. It risks bringing the profession into disrepute and it must not be repeated. The required standards are set out in Good medical practice and associated guidance. In this case, paragraph 65 of Good medical practice is particularly relevant:

'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.'

Whilst this failing in itself is not so serious as to require any restriction on your registration, it is necessary in response to issue this formal warning.

This warning will be published on the List of Registered Medical Practitioners (LRMP) in line with our publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy.'

51 You will be notified of this decision in writing within the next two working days.

That concludes the determination of the Investigation Committee in this case.