PUBLIC RECORD

Dates: 31/03/2025 - 08/04/2025

Doctor:	Dr Adele RITCHIE
GMC reference number:	3587757
Primary medical qualification:	MB ChB 1992 University of Aberdeen

Type of case	Outcome on facts	Outcome on impairment
New - Deficient professional performance	Facts relevant to impairment found proved	Impaired

Summary of outcome

Conditions, 12 months
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Gul Nawaz Hussain
Lay Tribunal Member:	Mrs Valerie Paterson
Registrant Tribunal Member:	Dr Ronan Brennan

Tribunal Clerk:	Miss Racheal Gill

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Ceri Widdett, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 01/04/2025

Background

1. Dr Ritchie graduated with MB ChB from Aberdeen University in 1992. Prior to the events which are the subject of the hearing Dr Ritchie undertook various Junior House Officer and Senior House Officer roles between 1992 and 2000. Dr Ritchie has been a General Practitioner ('GP') since 2001. Between July 2003 and January 2008 Dr Ritchie worked as a GP partner. She then worked as a locum both in and out of hours until 2011. From 2011 to 2015, Dr Ritchie worked as a Salaried GP.

2. At the time of the Performance Assessment, which forms the basis for the present Allegation, Dr Ritchie was working as a locum GP in Edinburgh.

3. The GMC received a referral on 10 July 2023 by Dr Ritchie's Responsible Officer ('RO') at NHS Lothian, where Dr Ritchie had been working as a locum GP for 8 years. In that referral the RO reported concerns relating to Dr Ritchie's performance in providing care to patients.

4. Due to that concern, Dr Ritchie underwent a GMC-arranged performance assessment regarding the standard of her practice. The assessment team ('the Team') comprised of Dr B (Team Leader) and Dr A (Medical Assessor). Dr Ritchie was assessed under eight categories and with reference to the professional standards described in the GMC publication Good Medical Practice. The assessment occurred between 27-28 November 2023 and the resulting Performance Assessment report ('the Report') was produced on 10 January 2024. The Team found Dr Ritchie's performance to be unacceptable in four areas: maintaining professional performance, assessment of patients' condition, clinical management and record-keeping (Of the remaining four categories, two categories could not be assessed and in the remaining two categories, her performance was found to be acceptable).

5. It is those findings which form the subject of the present Allegation.

The Outcome of Applications Made during the Facts Stage

6. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that the notices of hearing had been properly served and to proceed in the absence of Dr Ritchie. The Tribunal's full decision on the application is included at Annex A.

The Allegation and the Doctor's Response

7. The Allegation made against Dr Ritchie is as follows:

That being registered under the Medical Act 1983 (as amended):

1 Between 27-28 November 2023 you underwent a General Medical Council assessment of the standard of your professional performance.
To be determined

2 Your professional performance was unacceptable in the following areas:

a. maintaining professional performance;
To be determined

b. assessment of patients' condition;
To be determined

c. clinical management;
To be determined

d. record keeping.
To be determined

And that by reason of the matters set out above your fitness to practise is impaired because of your deficient professional performance. To be determined

Witness Evidence

8. The Tribunal received evidence on behalf of the GMC from the following witnesses:

- Dr A, GP and Medical examiner on the Performance Assessment, by videolink.
- Dr B, GP and Team Leader of the Performance Assessment team, by videolink.

9. No written statement or oral evidence was provided by Dr Ritchie.

Documentary Evidence

10. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:

- GMC referral form completed by NHS Lothian, dated 10 July 2023.
- Performance Assessment Report, dated 10 January 2024 ('the Report).
- GMC's Rule 7 letter, dated 7 February 2024 and Dr Ritchie's response letter and supporting bundle, dated 11 June 2024.

The Tribunal's Approach

11. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Ritchie does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.

12. The Tribunal has borne in mind that Dr Ritchie is not present and not represented at this hearing, which it did not hold against her. However, the Tribunal must take into consideration that there has not been any challenge to the evidence that has been presented. Dr Ritchie has not provided a written witness statement, nor has she provided oral evidence to the Tribunal that could be tested by way of cross examination.

13. Dr Ritchie has no previous regulatory findings against her and is, therefore, entitled to a good character direction.

The Tribunal's Analysis of the Evidence and Findings

14. The Tribunal's evaluation of the GMC's case centred upon its consideration of the contents of the 184-page Performance Assessment Report produced by the Team. The Report was produced following an assessment of Dr Ritchie conducted at the GMC Clinical Skills Centre in Manchester.

15. The Tribunal considered the specific findings made by Dr B and Dr A in relation to each category. In each category the Team have cited examples of the acceptable and unacceptable practice they've found and, where sufficient evidence exists, given an overall

assessment of the doctor's performance. It considered that the assessors compiled a detailed report, summarising their conclusions in relation to each category and set out their methodology in reaching the overall assessment of unacceptable.

16. The documentary evidence was also supplemented by the oral evidence of the two members of the assessment team. The Tribunal considered that their evidence was clear, cogent and consistent with the documentary evidence.

17. According to the Report, Dr Ritchie was assessed as a general practitioner working as a fully qualified locum GP and was expected to demonstrate competence for this role.

18. The assessment tools used by the Team involved the following components:

- First interview.
- Medical record review of 50 patients.
- Third party evidence such as evidence of Dr E who is Dr Ritchie's Clinical supervisor and 4 colleague feedback questionnaires.
- Case based discussions.
- Knowledge test.
- Simulated surgical consultations.
- Simulated patient survey.
- An assessed interview.

19. The overall assessment for each category has been given according to the following scale:

'Unacceptable indicates that there is evidence of repeated or persistent failure to comply with the professional standards appropriate to the work being done by the doctor, particularly where this places patients or members of the public in jeopardy (i.e. deficient professional performance). This grade should be entered if:

- *you have evidence that the criteria for an acceptable level of performance are regularly not being met or*
- *negative criteria are being met.*

Acceptable means that the evidence demonstrates that the doctor's performance is consistently above the standard described above. This grade should only be entered if:

- *all, or almost all, of the criteria are satisfied in all, or almost all, of the examples gathered.*

Cause for concern *means that there is evidence that the doctor's performance may not be acceptable but there is not sufficient evidence to suggest deficient professional performance. The reasons for this grade, rather than 'unacceptable', should be described. This grade should be entered if:*

- *there is evidence of some instances of unacceptable performance but which, in the view of the assessing team, do not amount overall to unacceptable performance.'*

20. The Tribunal bore in mind the Team's overall assessment for each category:

Category	Overall assessment
Maintaining Professional Performance	Unacceptable
Assessment of Patients' Condition	Unacceptable
Clinical Management	Unacceptable
Operative/Technical skills	Not assessed
Record Keeping	Unacceptable
Safety and Quality	Not assessed
Relationships with Patients	Acceptable
Working with Colleagues	Acceptable

21. Accordingly, set against this background, the Tribunal now turns to the evidence in relation to the paragraphs and sub-paragraphs of the Allegation in order to make its findings on the facts.

Paragraph 1

22. The Tribunal considered whether between 27-28 November Dr Ritchie underwent a General Medical Council assessment of the standard of her professional performance.

23. These were factual allegations that were not disputed relating to the timing of the performance assessment. There was no evidence to challenge this provided by, or on behalf of Dr Ritchie. Dr A and Dr B each confirmed in oral evidence to the Tribunal that the contents of the Report were accurate and true.

24. Accordingly, the Tribunal found paragraph 1 proved.

Paragraph 2a

25. The Tribunal considered whether Dr Ritchie's professional performance was unacceptable in maintaining professional performance.

26. The Tribunal had regard to the Report in relation to Maintaining Professional Performance. This included keeping up-to-date; knowledge of guidelines and regulations; CPD; audit and review; reflection and responding to feedback. It considered the entirety of evidence of unacceptable or acceptable practice of Dr Ritchie's performance in this category. It bore in mind the following conclusion:

'Overall assessment

Dr Ritchie's performance in the category of Maintaining Professional Performance is found to be unacceptable.

The Team found that Dr Ritchie performed acceptably in the knowledge test, showed some evidence of knowledge about guidelines and regulations and was taking part in continuing professional education. The Team noted that there was some evidence of Dr Ritchie having benefited from her clinical supervision.

However, Dr Ritchie's performance in the category of Maintaining Professional Performance is found to unacceptable because there is evidence of repeated failure to comply with the professional standards appropriate to the work of a GP in relation to her knowledge of and performance in the area of safeguarding. The Team found instances where Dr Ritchie's performance in this area could put vulnerable patients at serious risk of harm. The Team judged that Dr Ritchie's limited assessment of safeguarding risks was congruent with her limited suicide risk assessment of patients, as discussed at Section 4.2 Assessment of Patients' condition.

Additionally, Dr Ritchie's performance in the areas of continuing professional development and reflection and responding to feedback were a cause for concern. There is evidence of some instances of unacceptable performance but these, in the view of the team, do not amount overall to unacceptable performance. The Team was concerned about the lack of structured updating undertaken by Dr Ritchie.

The Team were particularly concerned that Dr Ritchie's clinical supervisor stated that she lacked insight into the standard of her performance, although commented that this was improving. In the comments on third party evidence submitted by the MDDUS on Dr Ritchie's behalf, she refuted her clinical supervisor's comments on her insight, and the Team took this into consideration when reaching their conclusion in this area.'

27. The Tribunal also considered the body of the assessment and concluded that the overall assessment reached in this category had been balanced and fair. For example, the assessors gave multiple examples of acceptable practice. Furthermore, the Tribunal considered that both assessors provided oral evidence consistent to their report.

28. In light of the evidence as set out in the Assessors' evaluations and the conclusions they reached; the Tribunal was satisfied that Dr Ritchie's performance in the category of Maintaining Professional Performance was unacceptable. It therefore found paragraph 2a of the Allegation proved.

Paragraph 2b

29. The Tribunal considered whether Dr Ritchie's professional performance was unacceptable in assessment of patients' condition.

30. The Tribunal had regard to the Performance Assessment report in relation to Assessment of Patients' Condition. This included History taking; examination; diagnostic investigations and reaching a diagnosis. It considered the entirety of evidence of unacceptable or acceptable practice of Dr Ritchie's performance in this category. It bore in mind the following conclusion:

> *'Overall assessment*
>
> *Dr Ritchie's performance in the category of Assessment of Patients' Condition is found to be* ***unacceptable.***
>
> *The Team noted instances of Dr Ritchie taking acceptable histories and undertaking acceptable examinations of her patients.*
>
> *However, Dr Ritchie's performance in the category of Assessment of Patients' Condition is found to be unacceptable. There is evidence of persistent failure to comply with the professional standards appropriate to the work of a GP in relation to her assessment of mental health conditions, in particular through not undertaking suicide risk assessments when they should be undertaken. The Team was particularly concerned at the lack of a suicide risk assessment being undertaken at the time of initiating an antidepressant to a 19-year-old woman where ensuring there is no suicide risk is particularly important to ensure the safety of the patient. The Team found other example of suicide risk assessment not being assessed at the time of the dose of antidepressants being changed due to deterioration in patient's depression and*

anxiety. The team concluded that Dr Ritchie's unacceptable assessment of suicide risk placed patients repeatedly at risk of harm because of the risk that a patient harbouring suicidal intentions might not be identified when they should have been. The Team judged that Dr Ritchie's limited assessment of suicide risk was congruent with her limited assessment safeguarding risk, as discussed at Section 4.1 Maintaining Professional Performance. The failure of Dr Ritchie to provide safety netting advice was particularly concerning when associated with her limited assessment of patients with mental health problems, including when not assessing suicide risk when she should have done. This is discussed in Section 4.3 Clinical Management.

The Team note that multiple instances of absent assessment have been considered as instances of Dr Ritchie's unacceptable standard of record keeping and this is discussed in Section 4.5 Record Keeping.'

31. The Tribunal considered the body of the assessment and concluded that the overall assessment reached in this category had been balanced and fair. For example, the assessors gave multiple examples of acceptable practice. Furthermore, the Tribunal considered that both assessors provided oral evidence consistent to their report.

32. In light of the evidence as set out in the Assessors' evaluations and the conclusions they reached; the Tribunal was satisfied that Dr Ritchie's performance in the category of Assessment of Patients' Condition was unacceptable. It therefore found paragraph 2b of the Allegation proved.

Paragraph 2c

33. The Tribunal considered whether Dr Ritchie's professional performance was unacceptable in clinical management.

34. The Tribunal had regard to the Performance Assessment report in relation to Clinical Management. This included providing treatment, advice to patients or a referral; safety netting; follow-up; timeliness; working within the limits of competence. It considered the entirety of evidence of unacceptable or acceptable practice of Dr Ritchie's performance in this category. It bore in mind the following conclusion:

'Dr Ritchie's performance in the category of Clinical Management is found to be unacceptable.

The Team found evidence of Dr Ritchie providing acceptable treatments to her patients, including prescribing. Dr Ritchie generally referred patients acceptably and provided the with follow up.

However, Dr Ritchie's performance in the category of Clinical Management is found to be unacceptable. There is evidence of repeated and persistent failure to comply with the professional standards appropriate to the work of a general practitioner. The Team found unacceptable prescribing practices, particularly relating to the prescription of antidepressant and other psychiatric medications, and to the prescribing of analgesics. The Team was particularly concerned about Dr Ritchie's prescribing of Tramadol to a 43-year old woman with fibromyalgia when this was not justified by Dr Ritchie's assessment of the patient. The team found that Dr Ritchie repeatedly failed to given safety netting advice when she should have done so, including for patients who were potentially seriously unwell. The failure of Dr Ritchie to provide safety netting advice was particularly concerning when associated with her limited assessment of patients with mental health problems, including not assessing suicide risk when she should have done. This is discussed in Section 4.2 Assessment of patients' conditions. The Team found that Dr Ritchie sometimes worked outside her competence in relation to undertaking telephone consultations without arranging a face-to face assessment when this was indicated. This was sometimes associated with a failure to provide safety netting advice, which is particularly important when not seeing patients face to face. The Team was particularly concerned about Dr Ritchie's failure to offer a face-to-face consultation and give safety netting advice to a 75-year-old woman with back pain whose complex presentation was managed at a telephone consultation and was not advised about the symptoms of complications from her condition, and thus put at risk of harm.

The Team noted that multiple instances of absent provision of advice relevant to management of the patient's condition have been considered as instances of Dr Ritchie's unacceptable standard of record keeping as discussed in Section 4.5 Record Keeping.'

35. The Tribunal considered the body of the assessment and concluded that the overall assessment reached in this category had been balanced and fair. For example, the assessors gave multiple examples of acceptable practice. Furthermore, the Tribunal considered that both assessors provided oral evidence consistent to their report.

36. In light of the evidence as set out in the Assessors' evaluations and the conclusions they reached; the Tribunal was satisfied that Dr Ritchie's performance in the category of

Clinical Management was unacceptable. It therefore found paragraph 2c of the Allegation proved.

Paragraph 2d

37. The Tribunal considered whether Dr Ritchie's professional performance was unacceptable in record keeping.

38. The Tribunal had regard to the Performance Assessment report in relation to Record Keeping. This included clarity, accuracy and legibility of records, recording of findings, decisions, information given to patients and actions taken. It considered the entirety of evidence of unacceptable or acceptable practice of Dr Ritchie's performance in this category. It bore in mind the following conclusion:

> *'Overall assessment*
>
> *Dr Ritchie's performance in the category of Record Keeping is found to be unacceptable.*
>
> *The Team found that Dr Ritchie made records which were generally legible and coherent, and sometimes included useful information for her colleagues.*
>
> *However, Dr Ritchie's performance in the category of Record Keeping is found to be unacceptable. There is evidence of repeated and persistent failure to comply with the professional standards appropriate to the work of a general practitioner. The Team found multiple instances of Dr Ritchie's records being extremely brief such that they did not convey the clinical content of consultations and would not assist other colleagues following up on the patients care, and thus put patients at risk of coming to harm. Dr Ritchie's records repeatedly did not describe the assessment's she undertook, the advice she gave to patients, or the actions undertaken. This included repeated failure to record that patients were offered a chaperone when an intimate examination took place. The Team was particularly concerned by Dr Ritchie's record keeping in the case of a 34-year-old man with back pain and urinary symptoms whose urinary symptoms were described in total as 'PU++' with no clear management recorded other than a direction to provide a urine sample. The Team concluded Dr Ritchie's record keeping placed patients at risk.*
>
> *The Team also concluded that Dr Ritchie's unacceptable record keeping was an important factor to be considered in relation to their recommendations on her future*

supervision. This is discussed at Section 2: Recommendations. The Team's opinion is that the criteria for an acceptable level of performance in relation to record keeping are regularly not being met. The Team was concerned that Dr Ritchie's record keeping would impair communication between her and her colleagues who relied upon her records, and this is discussed at Section 4.8 Working with colleagues.'

39. The Tribunal also considered the body of the assessment and concluded that the overall assessment reached in this category had been balanced and fair. For example, the assessors gave multiple examples of acceptable practice. Furthermore, the Tribunal considered that both assessors provided oral evidence consistent to their report.

40. In light of the evidence as set out in the Assessors' evaluations and the conclusions they reached; the Tribunal was satisfied that Dr Ritchie's performance in the category of Record Keeping was unacceptable. It therefore found paragraph 2d of the Allegation proved.

The Tribunal's Overall Determination on the Facts

41. The Tribunal has determined the facts as follows:

That being registered under the Medical Act 1983 (as amended):

1 Between 27-28 November 2023 you underwent a General Medical Council assessment of the standard of your professional performance.
Determined and found proved

2 Your professional performance was unacceptable in the following areas:

a. maintaining professional performance;
Determined and found proved

b. assessment of patients' condition;
Determined and found proved

c. clinical management;
Determined and found proved

d. record keeping.
Determined and found proved

And that by reason of the matters set out above your fitness to practise is impaired because of your deficient professional performance.

To be determined

Determination on Impairment - 03/04/2025

42. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Ritchie's fitness to practise is impaired by reason of deficient professional performance.

The Evidence

43. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary.

44. No further evidence was received at the impairment stage.

Submissions

45. On behalf of the GMC, Ms Ceri Widdett, Counsel submitted that Dr Ritchie's fitness to practise is impaired by reason of her deficient professional performance. Ms Widdett submitted that the assessment team ('the Team') unanimously found that Dr Ritchie's professional performance has been deficient, this was after sampling a fair sample of Dr Ritchie's work. The Team found numerous instances of repeated or persistent failure to comply with the professional standards which included maintaining professional performance, assessment of patients' condition, clinical management, and record keeping.

46. Ms Widdett submitted that Dr Ritchie had brought the profession into disrepute: given the risks to patients safety in all four areas identified; the persistent nature and number of breaches of GMP; the difficulties faced by her colleagues who had to rely upon her consultation notes; and she had breached all three limbs of the overarching objective.

47. Ms Widdett submitted that Dr Ritchie had breached numerous fundamental tenets of the medical profession and gave examples to the Tribunal how paragraphs 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 21 a to d, and 22 of GMP had been engaged.

48. Ms Widdett submitted that the Team was particularly concerned that Dr Ritchie's clinical supervisor stated that Dr Ritchie lacked insight into the standard of her performance.

Furthermore, the Team found instances where Dr Ritchie did not demonstrate a reflective approach. She submitted that there was no evidence that insight is developing or has developed. There was no evidence of remediation. Dr Ritchie had disengaged from this process. Dr Ritchie currently presented a risk of significant harm to vulnerable patients, and a risk of harm to patients' generally. She also poses a significant risk of further undermining confidence and standards in the profession if a finding of impairment were not made. She submitted that Dr Ritchie's fitness to practice was impaired by reason of her deficient professional performance.

49. No submissions were received by, or on behalf of Dr Ritchie.

The Relevant Legal Principles

50. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.

51. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to deficient professional performance and then whether the finding of that deficient professional performance could lead to a finding of impairment.

52. Whilst there was no statutory definition of 'deficient professional performance' guidance can be found in the case of *Calhaem v GMC [2007] EWHC 2606 (Admin)*:

> *'"Deficient professional performance" within the meaning of 35C(2)(b) is conceptually separate both from negligence and from misconduct. It connotes a standard of professional performance which is unacceptably low and which (save in exceptional circumstances has been demonstrated by reference to a fair sample of the doctor's work.'*

53. The Tribunal must determine whether Dr Ritchie's fitness to practise is impaired today, taking into account Dr Ritchie's performance at the time of the assessment and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

54. The Tribunal referred to the first three questions put forward by Dame Janet Smith in her 5th Shipman report, in respect of impairment, which Mrs Justice Cox endorsed in the case of *CHRE* v *NMC and Grant* [2011] EWHC 927 (Admin) (*'Grant'*):

'a) Whether the registrant has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute; and/or

c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession…'

55. The case of *Cohen v General Medical Council* [2008] *EWHC 581 (Admin)* established that evidence that a failing is remediable, and has been remedied by a doctor, is relevant to consideration of impairment.

The Tribunal's Determination on Impairment

Deficient Professional Performance

56. When considering whether Dr Ritchie's conduct at the assessment amounted to deficient professional performance, the Tribunal first turned to the Assessment Report ('the Report'), which concluded that Dr Ritchie's performance was 'unacceptable' in four categories out of eight: maintaining professional performance, assessment of patients' condition, clinical management and record-keeping. Of the remaining four categories, two categories could not be assessed and in the remaining two categories, her performance was found to be acceptable.

57. The Tribunal considered that the four categories in which Dr Ritchie was evaluated encompassed a fair sample of Dr Ritchie's work which had been considered by the Team. The Tribunal was of the view that the Report was robust and covered different domains and different techniques. The Tribunal determined that the overall assessment reached in the four categories had been balanced and fair.

58. The Tribunal bore in mind that the Team concluded that Dr Ritchie's failings had placed patients repeatedly at risk of harm. It considered that the Team concluded that Dr Ritchie's performance was deficient.

59. The Tribunal acknowledged that Dr Ritchie having to go through a performance assessment after a long-standing career was a difficult situation for any doctor. However, Dr Ritchie was a professional and even after the Tribunal had made the allowance for pressures

faced whilst undertaking a performance assessment, it would not explain the performance deficiencies identified by the Team who carried out the performance assessment.

60. Taking into account all the above matters, in tandem with those in its Facts determination, the Tribunal then considered the GMP which covers the fundamental aspects of a doctor's role and identifies the standards a doctor is expected to meet. The Tribunal has determined that, by her performance, Dr Ritchie was in breach of the following requirements within GMP, paragraphs 8, 10, 11, 12, 13, 14, 15, 16, 18, 19, 21 a to d, and 22:

> *'8 You must keep your professional knowledge and skills up to date.*
>
> *10 You should be willing to find and take part in structured support opportunities offered by your employer or contracting body (for example, mentoring). You should do this when you join an organisation and whenever your role changes significantly throughout your career.*
>
> *11 You must be familiar with guidelines and developments that affect your work.*
>
> *12 You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.*
>
> *13 You must take steps to monitor and improve the quality of your work.*
>
> *14 You must recognise and work within the limits of your competence.*
>
> *15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:*
>
> > *a adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient*
> >
> > *b promptly provide or arrange suitable advice, investigations or treatment where necessary*
> >
> > *c refer a patient to another practitioner when this serves the patient's needs.*
>
> *16 In providing clinical care you must:*
>
> > *a prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs*

b provide effective treatments based on the best available evidence

c take all possible steps to alleviate pain and distress whether or not a cure may be possible

d consult colleagues where appropriate

e respect the patient's right to seek a second opinion

f check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications

g wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.

17 You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.

18 You must make good use of the resources available to you.

19 Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.

20 You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection law requirements.

21 Clinical records should include:

a relevant clinical findings

b the decisions made and actions agreed, and who is making the decisions and agreeing the actions

c the information given to patients

d any drugs prescribed or other investigation or treatment

22 You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:

a taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary

b regularly reflecting on your standards of practice and the care you provide

c reviewing patient feedback where it is available.'

61. The Tribunal concluded that Dr Ritchie's performance fell so far short of the standards of performance reasonably to be expected of a doctor as to amount to deficient professional performance.

Impairment

62. The Tribunal having found that the facts found proved amounted to deficient professional performance, went on to consider whether, as a result of that deficient professional performance, Dr Ritchie's fitness to practise is currently impaired. The Tribunal bore in mind its Facts determination.

63. The Tribunal was of the view that the deficient professional performance could be remediated. It bore in mind that Dr Ritchie had not attended or given evidence at these proceedings. Dr Ritchie did accept through her legal representative, during the initial stages of these proceedings, her deficient professional performance. In her representative's letter dated 11 June 2024 it stated:

'Dr Ritchie was initially upset by the conclusions made in the performance assessment report, but she accepts the conclusions and has taken on board the criticisms made of her practice.
…
has worked hard to improve on the areas where it has been identified that her practice is below the standard expected.

She notes the restrictions suggested in the Performance Assessment Report, in particular, that she would benefit from ongoing supervision and to only work in a GP Practice where there are a minimum of 2 GP partners/employed GPs. Dr Ritchie would be content to work with these restrictions in place as she feels that she has greatly benefited from having a supervisor. I therefore respectfully submit that rather than proceeding to a full fitness to practice hearing, that Dr Ritchie would be willing to agree to appropriate undertakings.'

64. Following receipt of the letter from Dr Ritchie's representative, the GMC offered Dr Ritchie undertakings. This demonstrated to the Tribunal a willingness with those whom she was working with, to deal with her performance concerns in a productive and less formal way.

65. The Tribunal was of the view that the letter from Dr Ritchie's legal representative was not an objective assessment, but representations on her behalf. However, there had been little evidence put forward (due to her non-attendance and not being represented at the hearing) to support what her representative had written in the letter on her behalf.

25. Dr B had stated in his oral evidence that Dr Ritchie could respond to issues that had been highlighted. Both Dr A and Dr B had confirmed in oral evidence that Dr Ritchie had been receptive to some of the Team's observations. This was to her credit. Unfortunately, Dr Ritchie had failed to engage with the process. Accepting the offer of undertakings would not only have prevented the matter proceeding to a hearing such as this but would have demonstrated insight and remediation in the most meaningful and productive way. It would have allowed her to continue doing a job that she clearly enjoyed.

66. There was evidence before the Tribunal that Dr Ritchie had engaged with the doctor supervising her, which was a positive step. However, it was still limited engagement with the process on Dr Ritchie's part.

67. The Tribunal bore in mind that a referral was made to the GMC on 10 July 2023 regarding Dr Ritchie's performance concerns, the performance assessment was conducted in November 2023 and the Report was dated 10 January 2024.

68. The GMC had submitted that there was no evidence of Dr Ritchie having completed and/or brought to the attention of those she worked with, any continued professional development ('CPD'). This was not accurate. Dr Ritchie had completed three CPD courses: Good practice in record keeping for GP; Avoiding missed or delayed diagnosis in primary care (30 minutes); and Reflection in practice (one hour). All three courses were completed online on 13 May 2023. The length of the first course was not indicated on the certificate. Dr Ritchie had only evidenced to the Tribunal less than one day's worth of remediation.

69. The Tribunal considered that the CPD was completed (following concerns expressed to Dr Ritchie by the NHS Lothian investigation) before a GMC referral was made and before a performance assessment was carried out in November 2023. Dr Ritchie had taken steps towards completing relevant CPD online, however there were no reflections upon these provided nor any further evidence of remediation. The Tribunal determined that Dr Ritchie

had taken steps to remediate in the immediate aftermath of the NHS Lothian investigation, however that was just the first step. The Tribunal would have expected significantly more remediation. Dr Ritchie had failed to engage with the process following receipt of the letter dated 11 June 2024. The Tribunal was of the view that Dr Ritchie had deprived herself of the opportunity to reflect, remediate and build upon the other aspects of her performance which were found to be acceptable. This was unfortunate given the clear positive aspects of her professional abilities and performance.

70. Whilst the Tribunal was satisfied that there was some evidence of remediation and insight, this was wholly insufficient to deal with the concerns identified in her performance assessment.

71. Due to the failings identified in the Report and in the absence of significant meaningful remediation there was a clear risk of repetition.

72. The Tribunal was of the view that Dr Ritchie's deficient professional performance had brought the profession into disrepute and had put patients at unwarranted risk of harm. There were repeated breaches. For example, Dr Ritchie's deficient professional performance in multiple instances of failing to acceptably record medical records had caused her colleagues difficulties when having to rely upon her consultation notes. The risks and dangers this presents to patients is obvious.

73. Given the aforementioned, the Tribunal determined that Dr Ritchie was liable in the future: to put patients at risk of harm; to bring the profession into disrepute and breach one or more of the fundamental tenets of the medical professional. The Tribunal determined that limbs (a), (b) and (c) from *Grant* (as set out in paragraph 13 above) were all engaged and present in this case.

74. The Tribunal concluded that Dr Ritchie's deficient professional performance engaged all three limbs of the overarching objective; to protect and promote public safety, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession.

75. The Tribunal has therefore determined that Dr Ritchie's fitness to practise is impaired by reason of deficient professional performance.

Determination on Sanction - 08/04/2025

76. Having determined that Dr Ritchie's fitness to practise is impaired by reason of deficient professional performance, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

77. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

78. The Tribunal received further evidence on behalf of the GMC including testimonials emails in support of Dr Ritchie from professional colleagues, dated 15 August 2023, 30 May 2024 and 5 June 2024.

Submissions

79. On behalf of the GMC, Ms Widdett submitted that the appropriate and proportionate sanction in this case was one of suspension. She referred to the relevant paragraphs of the Sanctions Guidance (2024)('SG').

80. Ms Widdett reminded the Tribunal that Dr Ritchie bore the evidential burden of proving that she has adequately addressed past concerns and that she would be safe to return to unrestricted practice.

81. Ms Widdett invited the Tribunal to consider Dr Ritchie's Rule 7 Response letter dated 10 June 2024 and the Rule 7 bundle as relevant evidence. In that letter, Dr Ritchie accepts the Allegation and assured the GMC that she would seek to improve her practice. The letter further says that Dr Ritchie had been working hard at improving the areas highlighted in the Performance Assessment Report. Ms Widdett submitted that evidence of remediation was produced in the form of three CPD courses: Good Practice in Record Keeping for GPs dated 13 May 2023; Avoiding missed or delayed diagnosis in primary care dated 13 May 2023; and Reflection in Practice dated 13 May 2023. Furthermore, she submitted that during 2023 and 2024, Dr Ritchie's locum colleague, Dr C, noted an improvement in Dr Ritchie's performance and her patient feedback was good. Ms Widdett also referred to Dr Ritchie's most recent emails to the GMC/MPTS in which she stated she has not practised medicine since August 2024, and she was *"quite happy"* to have her name erased from the GMC register.

82. Ms Widdett reminded the Tribunal of the relevant paragraphs in the SG when considering the aggravating and mitigating features of the case. With examples of aggravating and mitigating features in mind, she submitted the following:

- The Tribunal have little evidence that Dr Ritchie currently understands the problem or has insight. Dr Ritchie accepted the allegation in June 2024 but shortly after withdrew from the regulatory process, asking to be erased from the medical register. The Team was particularly concerned that Dr Ritchie's clinical supervisor stated that Dr Ritchie lacked insight into the standard of her performance. Furthermore, the Team found instances where Dr Ritchie did not demonstrate a reflective approach.
- Dr Ritchie's attempts to remediate are limited to three CPD courses in May 2023.
- There is no evidence that Dr Ritchie is currently adhering to important principles of good practice.
- Dr Ritchie is an experienced GP.
- The Tribunal have no evidence of expression of regret nor apology.
- Dr Ritchie has provided no evidence of insight into the impact of her deficient performance upon patient safety, public confidence and/or professional standards. There is no evidence that she has considered the impact of her poor record keeping upon her colleagues.
- Dr Ritchie's remediation is extremely limited and has been stagnant since August 2024. Notably, there is no evidence of reflection in the area of safeguarding.

83. Ms Widdett then took the Tribunal through the sanctions available commencing with the least restrictive. She submitted that there are no exceptional circumstances present in this case, justifying taking no action by way of sanction. She submitted that Dr Ritchie failed to agree undertakings. She submitted the following reasons why conditions would not be workable: Dr Ritchie has produced no evidence of insight into her deficient performance and the potential risks to patient safety; the Tribunal cannot be satisfied that Dr Ritchie will comply with conditions given her disengagement from the regulatory process and expressed future intentions. On the contrary, it is highly likely that Dr Ritchie will not comply with conditions; Conditions are likely to require constant 1:1 supervision given the risk to patient safety. This is not workable.

84. Therefore, Ms Widdett submitted that a period of suspension was necessary in this case: to protect members of the public, protect patient safety and maintain public

confidence and standards in the profession. She submitted that there has been a serious departure from numerous principles set out in good medical practice.

85. Ms Widdett submitted that the GMC do not seek erasure at this stage because: Dr Ritchie currently has the potential to develop insight; Dr Ritchie's deficient professional performance is remediable; there has been no deliberate or reckless disregard for the principles of GMP; there has been no serious harm proved, and no abuse of trust.

86. No submissions were received by, or on behalf of Dr Ritchie.

The Relevant Legal Principles

87. The Tribunal is aware that the decision as to the appropriate sanction, if any, to impose on Dr Ritchie's registration is a matter for this Tribunal alone, exercising its independent judgement. In reaching its decision, the Tribunal has taken account of and applied the SG.

88. It has borne in mind that the purpose of sanctions is not to punish or discipline doctors, but they may have a punitive effect.

89. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Ritchie's interest with the public interest. It has also taken into account the statutory overarching objective.

90. In deciding what sanction, if any, to direct, the Tribunal reminded itself that it must consider each of the sanctions available, starting with the least restrictive, to establish which sanction is appropriate and proportionate.

The Tribunal's Determination on Sanction

Aggravating and Mitigating Factors

91. Before considering what action, if any, was appropriate in this case, the Tribunal considered and balanced the aggravating and mitigating factors.

92. The Tribunal considered the following to be aggravating factors in this case:

- Dr Ritchie has not engaged with the process since June 2024, other than that she has emailed the GMC and MPTS that she has no intention to return to medical practice and wishes to be erased.

- Lack of sufficient insight. Whilst Dr Ritchie had some signs of insight and reflection earlier in the GMC proceedings (and the NHS Lothian investigation), she has since stopped engaging and there is no recent evidence of insight such as written reflections.
- No recent evidence of CPD or remediation.

93. Having identified the aggravating factors in the case, the Tribunal identified the following mitigating factors:

- The Tribunal was of the view that the GMC had not been entirely accurate in their submission of identifying mitigating factors, specifically regarding her insight. The Tribunal considered that there was evidence of instances of insight and reflection. She undertook CPD activity relevant to the concerns raised by the NHS Lothian investigation at an early stage, prior to the GMC referral and assessment. She engaged with supervision introduced prior to the performance assessment and was noted to benefit from this by the Team. She had accepted that she should have acted differently and responded to feedback positively. She made acknowledgements in the NHS Lothian investigation and to her colleagues which were reflective in nature.
- Dr Ritchie has a long standing, unblemished work history prior to the GMC proceedings.
- There was evidence in the performance assessment report of Dr Ritchie's good clinical abilities such as patient engagement.
- The Tribunal accepted the testimonial emails in support of Dr Ritchie that demonstrated she is a valued member of the team and she provided a significant contribution during an unprecedented busy time in the practice:
    - Dr C stated in a testimonial email dated 5 June 2024 *"If we did not have her [Dr Ritchie] assistance to cover sessions following a partner's departure in 2021 and transitional cover when we had to absorb patients due to the closure of a neighbouring practice we would have struggled to survive. She was able to step in at those points at what was a difficult time of extraordinary pressure for all primary care staff due to the pandemic. I can confirm she continues to have several of our patients who as for her specifically and are grateful for her help."*
- The Tribunal considered it reasonable that the stress and pressure of the performance assessment may have an effect on her performance. This of course does not excuse nor explain the concerns identified.
- Dr Ritchie's colleagues, Dr C and Dr D stated that there had been improvements including in: the quality of record making since she has been under supervision; management plans; better prescribing and adherence to prescribing guidelines.

94. The Tribunal also considered the GMC's submission that Dr Ritchie has not provided an apology. It considered that apologies may be relevant in misconduct cases, but this was a case of deficient professional performance. It noted there was no evidence of direct harm caused to patients due to her practice however it was mindful that there was a potential risk of patient harm.

No action

95. The Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances. The Tribunal determined that there are no such exceptional circumstances in this case and that it would not be sufficient, proportionate, or in the public interest to conclude this case by taking no action.

Undertakings

96. The Tribunal noted that this was a case where undertakings were deemed appropriate previously, however Dr Ritchie refused them.

Conditions

97. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Ritchie's registration. It considered that any order of conditions would need to be appropriate, proportionate, workable and measurable.

98. The Tribunal acknowledged that conditions may, in some circumstances, be an appropriate sanction to support a doctor with deficient professional performance to remain in clinical practice while protecting the public. In such circumstances, conditions might include requirements to work under supervision. It had regard to paragraphs 81(b-c) and 82(a-d) of the SG that states:

> ***81*** *Conditions might be most appropriate in cases:*
>
> *a …*
>
> *b involving issues around the doctor's performance*
>
> *c where there is evidence of shortcomings in a specific area or areas of the doctor's practice*
>
> *d …*
>
> ***82*** *Conditions are likely to be workable where:*

a the doctor has insight
b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings
c the tribunal is satisfied the doctor will comply with them
d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.

99. The Tribunal considered that while Dr Ritchie lacked sufficient insight, there was evidence that she was capable of further developing her insight, she did understand that she needed supervision, and she could and had responded to issues that had been highlighted in the performance assessment. The Tribunal bore in mind the comments made by the Team that Dr Ritchie had responded positively to the feedback given by them and the Tribunal was of the view that she subsequently learnt from that feedback and had made attempts to remediate her deficient performance. The Team also noted that Dr Ritchie has shown evidence of benefitting from supervision and consider that Dr Ritchie would benefit from further supervision. The Team concluded that the potential risks to patients could be managed by appropriate ongoing supervision. The Tribunal considered that this demonstrated that Dr Ritchie has some level of insight, and she had potential for remediation or retraining.

100. At sanction stage, the Tribunal also received evidence provided by the GMC in the form of testimonial emails in support of Dr Ritchie. While the Tribunal were of the view that it should have received this documentation at an earlier stage (and certainly by the Impairment stage), it was of the firm view that it would not have altered its decision on impairment. Nonetheless it considered that the testimonials speak highly of Dr Ritchie's contribution to the GP surgery, contain positive patient feedback and accounts from colleagues of improved performance following concerns being raised and supervision being introduced.

101. The Tribunal took account of the Performance Assessment Team's conclusion that Dr Ritchie is fit to practise on a *"limited"* basis and had complied with the supervision that had been introduced by that stage. The Team concluded that Dr Ritchie could continue to work as a locum general practitioner at one surgery with the appropriate supervision. In the Report, the Team also made the following recommendations:

"The Team recommends that Dr Ritchie be supervised with the following restrictions, in addition to the standard GMC undertakings:
• To only work in a group practice setting where there is a minimum of two GP partners or employed GPs (excluding yourself). The GPs must be partners or permanently employed GPs who are on the GP register (this excludes locum staff).

• To be supervised in all her posts by a clinical supervisor, as defined in the Glossary for undertakings and conditions. Her clinical supervisor must be appointed by her responsible officer (or their nominated deputy).

• Not to work until:

I. Dr Ritchie's responsible officer (or their nominated deputy) has appointed a clinical supervisor and approved my supervision arrangements.

II. Dr Ritchie has personally ensured that the GMC has been notified of the name and contact details of her clinical supervisor and her approved supervision arrangements."

102. In terms of supervision, the Tribunal also took into account Dr B's oral evidence in which he stated Dr Ritchie did not present such a risk that she would require direct supervision.

103. The Tribunal took into account Dr B's opinion that Dr Ritchie's main deficiency was her record keeping. In that respect, the testimonials from her colleagues commented that Dr Ritchie had since improved her record keeping and that was viewed by the Tribunal as evidence that Dr Ritchie was capable of engaging in the supervision process.

104. The Tribunal was aware of the emails from Dr Ritchie stating that she wished to be erased. Dr Ritchie's view on this is not one the Tribunal is bound to accept. Additionally, the Tribunal reiterate that any sanction must be proportionate. The GMC do not invite erasure and in any event the Tribunal view erasure at this stage as wholly disproportionate. Given the mitigation in this case the Tribunal considered it worthwhile to grant Dr Ritchie a further opportunity to engage with the GMC in order to remediate her deficient professional performance and gain sufficient insight. It considered that conditions would be appropriate if at some point she changed her mind and wished to return to clinical practice.

105. Given all the matters already outlined, the Tribunal determined an order of conditions to be the most appropriate way to address Dr Ritchie's deficient professional performance and would satisfy the overarching objective. The Tribunal considered that patient safety would be sufficiently protected by an order of conditions. An order of conditions would also serve to uphold public confidence in the profession and maintain proper professional standards.

106. The Tribunal recognised the seriousness of Dr Ritchie's deficient professional performance. However, it determined that suspension would be disproportionate as the concerns relating to Dr Ritchie's practice could be managed with the imposition of a period of conditional registration. In accordance with the performance

assessment report, the Tribunal was satisfied that supervision and review of Dr Ritchie's clinical practice is sufficient to protect patients.

107. The Tribunal concluded that the following conditions set out below are to be imposed on Dr Ritchie's registration. The following conditions are public and will be published:

1 She must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:

a the details of her current post, including:

i her job title

ii her job location

iii her responsible officer (or their nominated deputy)

b the contact details of her employer and any contracting body, including her direct line manager

c any organisation where she has practising privileges and/or admitting rights

d any training programmes she is in

e for GPs only: of the organisation on whose medical performers list she is included

f of the contact details of any locum agency or out of hours service she is registered with.

2 She must personally ensure the GMC is notified:

a of any post she accepts, before starting it

b that all relevant people have been notified of her conditions, in accordance with condition 12

c if any formal disciplinary proceedings against her are started by her employer and/or contracting body, within seven calendar days of being formally notified of such proceedings

d if any of her posts, practising privileges or admitting rights have been suspended or terminated by her employer before the agreed date within seven calendar days of being notified of the termination

e if she applies for a post outside the UK

3 She must allow the GMC to exchange information with any person involved in monitoring her compliance with her conditions.

4 a She must have a workplace reporter appointed by her responsible officer (or their nominated deputy).

b She must not work until:

i her responsible officer (or their nominated deputy) has appointed her workplace reporter

ii She has personally ensured that the GMC has been notified of the name and contact details of her workplace reporter.

5 a She must design a personal development plan (PDP), with specific aims to address the deficiencies in the following areas of her practice.

- maintaining professional performance
- assessment of patients' condition
- clinical management
- record keeping

b Her PDP must be approved by her responsible officer (or their nominated deputy)

c She must give the GMC a copy of her approved PDP within three months of these substantive conditions becoming effective.

d She must give the GMC a copy of her approved PDP on request.

e She must meet with her responsible officer (or their nominated deputy), as required, to discuss her achievements against the aims of her PDP.

6 a She must have an educational supervisor appointed by her responsible officer (or their nominated deputy)

b She must not work until:

i her responsible officer (or their nominated deputy) has appointed her educational supervisor

ii She has personally ensured that the GMC has been notified of the name and contact details of her educational supervisor.

7 She must undertake an assessment of her performance, if requested by the GMC.

8 She must personally ensure her performance assessment report 10 January 2024 is shared with:

a her responsible officer (or their nominated deputy)

b the responsible officer of the following organisations:

i her place(s) of work, and any prospective place of work (at the time of application)

ii all her contracting bodies, and any prospective contracting body (prior to entering a contract)

iii any organisation where she has, or has applied for, practising privileges and/or admitting rights (at the time of application)

iv any locum agency or out of hours service she is registered with

v If any organisation listed at i) – iv) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify the correct person, she must contact the GMC for advice before working for that organisation.

c for GPs only: the responsible officer for the medical performers list on which she is included or seeking inclusion (at the time of application)

d the approval lead of her regional Section 12 approval tribunal (if applicable) - or Scottish equivalent

e her immediate line manager and senior clinician (where there is one) at her place of work, at least 24 hours before starting work (for current and new posts, including locum posts)

f her workplace reporter and educational supervisor and clinical supervisor.

9 She must get the approval of the GMC before working in a non-NHS post or setting.

10 She must only work in a group practice setting where there is a minimum of two GP partners or employed GPs (excluding herself). The GPs must be partners or permanently employed GPs who are on the GP register (this excludes locum staff).

11 a She must be supervised in all of her posts by a clinical supervisor, as defined in the *Glossary for undertakings and conditions*. Her clinical supervisor must be approved by her responsible officer (or their nominated deputy).

b She must not work until:

i her responsible officer (or their nominated deputy) has appointed her clinical supervisor and approved her supervision arrangements

ii She has personally ensured that the GMC has been notified of the name and contact details of her clinical supervisor and her supervision arrangements.

12 She must personally ensure the following persons are notified of the conditions listed at 1 to 11:

a her responsible officer (or their nominated deputy)

b the responsible officer of the following organisations:

i her place(s) of work, and any prospective place of work (at the time of application)

ii all her contracting bodies and any prospective contracting body (prior to entering a contract)

iii any organisation where she has, or has applied for, practising privileges and/or admitting rights (at the time of application)

iv any locum agency or out of hours service she is registered with.

v If any of the organisations listed at (i to iv) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify this person, she must contact the GMC for advice before working for that organisation.

c for GPs only: the responsible officer for the medical performers list on which she is included or seeking inclusion (at the time of application)

d the approval lead of her regional Section 12 approval tribunal (if applicable) - or Scottish equivalent

e her immediate line manager and senior clinician (where there is one) at her place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

Length of order

108. Having determined to impose a further order of conditions, the Tribunal considered the length of the order of conditional registration. The Tribunal determined to impose conditions for a period of 12 months to allow Dr Ritchie sufficient time to engage with the GMC and remediate her deficient professional performance. The Tribunal considered that this length of conditional registration struck a fair balance between the wider public interest and Dr Ritchie's interests.

Review hearing directed

109. The Tribunal determined to direct a review of Dr Ritchie's case. A review hearing will convene shortly before the end of the period of conditional registration. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Ritchie to demonstrate how she has remediated her deficient professional performance. It therefore may assist the reviewing Tribunal if Dr Ritchie provided:

- An up-to-date statement reflecting upon the findings of the performance assessment and of this Tribunal.
- Evidence of targeted CPD, remediation and training which is relevant to the four areas of Dr Ritchie's performance that have been identified by the Team as unacceptable, in particular remediation of her clinical record keeping, safeguarding, provision of safety netting advice and triage of when patients assessed remotely should be seen face to face.

Dr Ritchie will also be able to provide any other information that she considers will assist.

Determination on Immediate Order - 08/04/2025

110. Having determined to impose an order of conditions on Dr Ritchie's registration, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Ritchie's registration should be subject to an immediate order.

Submissions

111. On behalf of the GMC, Ms Widdett submitted that an immediate order was necessary in this case and referred the Tribunal to paragraphs 88, 172, 173 and 178 of the SG. She submitted that it would be appropriate to impose an immediate order for public safety and to uphold public confidence and standards in the profession. She informed the Tribunal that it should revoke the interim order.

112. No submissions were received by, or on behalf of Dr Ritchie.

The Tribunal's Determination

113. The Tribunal considered the relevant paragraphs of the Sanctions Guidance which deal with immediate orders, in particular paragraph 172, 173 and 178 which states:

> *172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.*
>
> *173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.*

> ***178*** *Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.*

114. In light of all the circumstances of the case, the Tribunal determined that it was necessary to impose an immediate order on Dr Ritchie's registration in order to protect members of the public. It also determined an immediate order was necessary in the public interest and is in the best interests of Dr Ritchie.

115. This means that Dr Ritchie's registration will be made subject to the immediate conditions from the date on which notification of this decision is deemed to have been served upon her. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

116. The interim order will be revoked when the immediate order takes effect.

ANNEX A – 01/04/2025
Service and proceeding in absence

Service

117. Dr Ritchie was neither present nor represented at this hearing. The Tribunal therefore considered whether notice of this hearing had been properly served upon Dr Ritchie in accordance with Rule 40 of the General Medical Council ('GMC') Fitness to Practise Rules 2004 ('the Rules').

118. The Tribunal considered the submissions of Ms Ceri Widdett, Counsel, on behalf of the GMC, that notification of the hearing had been properly served upon Dr Ritchie.

119. The Tribunal was provided with a copy of a service bundle which included a screenshot of Dr Ritchie's registered home address, registered email address and telephone number history.

120. The Tribunal had regard to the GMC's Notice of Allegation letter served under Rule 15, dated 27 January 2025, which was sent to Dr Ritchie's registered email. The Tribunal noted that Dr Ritchie responded to that email on 4 February 2025 stating: *"Thanks but I have not worked as a GP or other medical role since August 2024-I did not repay GMC yearly payment on 13/9/24, as I have no intention to continue that role & would wish to be erased from the GMC register-kind regards-Adele".*

121. The Tribunal also had regard to the Medical Practitioners Tribunal Service ('MPTS') Notice of hearing ('NOH') letter, dated 24 February 2025, which was sent to Dr Ritchie's registered email. The NOH letter provided the necessary information to Dr Ritchie which she needed to participate in the hearing, such as the start date and time, that the hearing would be held virtually via Microsoft Teams, and also advice on representation, presenting evidence and non-attendance. A chaser email was also sent to Dr Ritchie's registered address.

122. The Tribunal noted that Dr Ritchie replied to the chaser email on 25 February 2025 stating *"Have received it-have not practiced medicine since August 2014-quite happy to have my name erased from the GMC register-thanks.*

123. Having considered the documentary evidence, the Tribunal determined that notice of this hearing had been served on Dr Ritchie's address in accordance with Rules 15 and 40 of the Rules and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

Proceeding in Absence

124. Having been satisfied that notice of this hearing had been properly served, the Tribunal went on to consider whether to exercise its discretion to proceed with the case in Dr Ritchie's absence, under Rule 31 of the Rules, as Ms Widdett had submitted that it should.

125. The Tribunal borne in mind that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution. It also bore in mind the need to balance Dr Ritchie's interests against the public interest.

126. The Tribunal took into account Ms Widdett's submissions that Dr Ritchie had voluntarily absented herself from these proceedings. Ms Widdett submitted that adjourning the hearing today would not resolve matters and the Tribunal cannot be confident that Dr Ritchie would attend even if it was adjourned for a further period of time. Ms Widdett submitted that it was in the interest of the public and justice to proceed with the hearing in Dr Ritchie's absence.

127. The Tribunal has balanced Dr Ritchie's interests with the public interest in deciding whether to proceed in her absence. The Tribunal was satisfied that Dr Ritchie had voluntarily absented herself from these proceedings and that it was in the public interest that the hearing proceeded in a timely manner. The Tribunal noted that no application was made for an adjournment, nor is there any indication that Dr Ritchie would attend a hearing at a later date if this hearing were to be postponed.

128. Having considered all the circumstances, the Tribunal determined that it was fair and reasonable to proceed in Dr Ritchie's absence in accordance with Rule 31 of the Rules.