PUBLIC RECORD

Dates: 02/06/2025 - 20/06/2025

Doctor:	Dr Andrew FOSTER
GMC reference number:	6145357
Primary medical qualification:	MB ChB 2006 University of Manchester

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Impaired
XXX	XXX	XXX
New - Caution	Facts relevant to impairment found proved	Impaired

Summary of outcome

Suspension, 9 months
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Ruth Curtis
Lay Tribunal Member:	Ms Catherine Pease
Registrant Tribunal Member:	Dr Ann Wolton

Tribunal Clerk:	Mr Matt O'Reilly

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Catherine Rabaiotti, Counsel, instructed by DAC Beachcroft
GMC Representative:	Mr Alan Taylor, 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 private.

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 and Impairment - 13/06/2025

Background

1. Dr Foster obtained his MB ChB in 2006 from the University of Manchester and has held full registration with the GMC since August 2007. He undertook his GP registrar training at the Coastal Medical Group Practice between 2010 and 2011. He obtained his MRCGP qualification in August 2011 and subsequently became a partner at the Practice. Coastal Medical Group Practice merged with Bay Medical Group where Dr Foster remained as a partner, until he was removed from the partnership in December 2022. Dr Foster commenced his current role as a salaried position at the Bentham Medical Practice in April 2023.

2. The matters before this Tribunal relate to allegations regarding XXX grounds of impairment: misconduct, caution XXX.

Misconduct

3. Dr Foster was referred to the GMC by Dr A, one of his GP partners at Bay Medical Group, on 20 June 2022, who wrote *"I'm writing to raise concerns regarding Dr Andrew Foster… I was asked to see him as a patient on 17/6/22* [XXX] *He has prescribed this to himself and has prescribed it to [Patient C] to use himself…"*. Dr Foster on the same day made a self-referral to the GMC.

4. Following a request by the GMC, Dr A provided information from the practice computer system (EMIS), which suggested Dr Foster prescribed XXX on 2 April 2019, for himself, when he failed to see another medical practitioner who could prescribe this

medication to him; and it was not emergency treatment immediately necessary to avoid serious deterioration in health or serious harm.

Patient C

5. Patient C was someone with whom Dr Foster had a close personal relationship. Dr A was also able to provide information which suggested that between 22 September 2015 and 28 January 2020, Dr Foster had written 27 prescriptions for XXX issued to Patient C. XXX.

6. It is alleged that Dr Foster's actions were dishonest in prescribing Patient C XXX between August 2015 and February 2020 and making an inaccurate entry or entries in Patient C's medical record when the medication as set out in respect of schedule 4 was intended for Dr Foster's own use.

Patient D

7. Patient D was introduced to Dr Foster by a mutual friend. Patient D was a XXX and became a friend of Dr Foster and someone with whom an arrangement had come about whereby, it is alleged, Dr Foster would prescribe XXX in Patient D's name, but that the medication was in fact for himself. Patient D would also make requests of Dr Foster to prescribe him medication he would like such as Diazepam and Zopiclone.

8. Upon further inspection of the medical records it is alleged that in total Dr Foster wrote 37 prescriptions for Patient D, between 24 September 2019 and 6 June 2022, XXX.

9. It is further alleged that Dr Foster had issued 3 prescriptions of 28 x 5mg of Diazepam for Patient D on 24 July, 1 September 2019 and 4 October 2019 (schedule 6). It is also alleged that Dr Foster did this without adequately assessing the patient, where there was no clinical indication for prescribing the medication, and without making appropriate records.

10. It is also alleged that Dr Foster prescribed 14 x 7.5mgs of Zopiclone for Patient D on 6 September 2019 (schedule 7) also between 17 September 2019 to 17 July 2022, Dr Foster issued prescription of Zopiclone for Patient D in the amounts; 22 prescriptions of 14 x 7.5mgs, 1 prescription of 7 x 7.5mgs, 27 prescriptions on 28 x 7.35mgs. This totalled 1071 tablets (schedule 8). It is alleged that Dr Foster issued these prescriptions without ever adequately assessing Patient D or establishing a clinical indication, and that he issued them upon the request of Patient D.

11. It is further alleged that Dr Foster repeated the same actions in respect of having issued 6 prescriptions for Finasteride between 15 August 2019 to 24 October 2021 to Patient D, all the prescriptions were for 84 x 5mgs (schedule 9), it is alleged that he did this when it was not clinically indicated and that it was outside of licensed indications.

12. It is alleged that Dr Foster's actions were dishonest in prescribing Patient D XXX between August 2019 and August 2022 and making an inaccurate entry or entries in Patient D's medical record when the medication as set out in respect of schedule 5 was intended for Dr Foster's own use.

Patient E

13. It is alleged that between 16 December 2019 and 16 May 2022, Dr Foster issued Patient E, a friend, 27 prescriptions for XXX It is also alleged that Dr Foster issued Patient E 2 prescriptions on 16 December 2019, 28 x 5mgs Diazepam, and 28 x 7.5mgs Zopiclone, respectively (schedule 11). It is also alleged that Dr Foster issued the prescriptions without assessing the patient, where there was no clinical indication for prescribing the medication, and that it was inappropriate to prescribe the latter two prescriptions (schedule 11) in combination with each other.

14. It is alleged that Dr Foster's actions were dishonest in prescribing Patient E XXX between November 2019 and June 2022 and making an inaccurate entry or entries in Patient E's medical record when the medication as set out in respect of schedule 10 was intended for Dr Foster's own use.

Patient F

15. It is also alleged that between February 2021 and July 2022, Dr Foster issued Patient F, a friend, 15 prescriptions for XXX (1 of which was cancelled). XXX. It is also alleged that Dr Foster issued Patient F with prescriptions for 28 x 5mgs of Diazepam on 30 March 2021, and 28 x 7.5mgs of Zopiclone on 19 April 2022 (schedule 13). It is alleged that Dr Foster issued the prescriptions without assessing the patient, establishing the safety of prescribing the medication, ensuring that he had such information that was sufficient and reliable to enable him to prescribe safely, and did so when it was not clinically indicated.

16. It is alleged that Dr Foster's actions were dishonest in prescribing Patient F XXX between February 2021 and July 2022 and making an inaccurate entry or entries in Patient F's medical record when the medication as set out in respect of schedule 12 was intended for Dr Foster's own use.

Patient G

17. Patient G, XXX and close family member of Dr Foster, had, at the time in June 2022, recently undergone an operation. It was Dr Foster's case that he had bumped into the local pharmacist in the car park when he had finished work and following a conversation with the pharmacist, Dr Foster was given Oramorph for Patient G should it be needed. Dr Foster said that it was his intention to return the Oramorph should it not be required.

18. It is alleged that, on a date in 2022, Dr Foster obtained the Oramorph (schedule 14), a controlled drug, for Patient G without a prescription when this was a prescription only drug, and when he had a close personal relationship with Patient G and knew that Patient G was vulnerable XXX (schedule 15). It is further alleged that when Dr Foster obtained the medication he failed to arrange for Patient G to be assessed by another doctor who did not have a close personal relationship with Patient G, and failed to record at the same time or as soon as possible after obtaining the medication his; relationship to Patient G; the reason why it was necessary for him to obtain the medication in the circumstances he did; his intention to supply Patient G with the medication; or any treatment plan. It is also alleged that this was not an emergency treatment.

Caution

19. Dr Foster's case was referred to the police by NHS England Northwest on 14 September 2023. Following an investigation by Lancashire Police, Dr Foster accepted a caution at Lancaster Police Station in that he unlawfully possessed XXX for a period of over three years, between 29 March 2019 and 15 November 2022.

20. The Certificate of Caution, dated 14 September 2023, issued by the Lancashire Police Constabulary stated that:

"OFFENCE(S)

1: 29/03/2019 00:00 – MD71225 – Possess a controlled drug of class B – other Between 29/03/2019 and 15/11/2022 at MORECAMBE in the county of Lancashire had in your possession a quantity of [XXX]*, a controlled drug of class B in contravention of section 5(1) of the Misuse of Drugs Act 1971.*

Contrary to Section (5)2 of and Schedule 4 to the Misuse of Drugs Act 1971."

XXX

21. XXX

22. XXX

23. XXX

24. XXX

The Outcome of Applications Made during the Facts / Impairment Stage

25. At the outset of the hearing Ms Catherine Rabaiotti, counsel on behalf of Dr Foster, made an application for the entirety of this hearing to be held in private pursuant to Rule 41XXX of the Rules as XXX was a common thread throughout the Allegation, which inextricably links to his caution and misconduct. Mr Alan Taylor, counsel on behalf of the GMC, made no objection. The Tribunal granted the application as they accepted that XXX was inextricably linked to the Allegation.

26. Mr Taylor also made an application at the outset of the hearing to amend the allegation pursuant to Rule 17(6) of the Rules. He invited the Tribunal to amend paragraphs 1 and 2 of the Allegation XXX. The Tribunal determined that the amendment could be made without any injustice and determined to grant the application.

27. On day 6 of the hearing, Mr Taylor made an application to amend paragraph 3 of the allegation pursuant to Rule 17(6), as the date upon which Dr Foster received a caution from the police was incorrect. He submitted that the date should be 29 March 2019, and not 29 September 2023. Ms Rabaiotti made no objection to the application. The Tribunal determined that the amendment could be made without any injustice and determined to grant the application.

The Allegation and the Doctor's Response

28. The Allegation made against Dr Foster is as follows:

XXX

1. XXX

2. XXX

Caution

3. On 14 September 2023 at Lancaster Police Station you accepted a caution that between 29 March 2019 and 15 November 2022 at Morecambe in the County of Lancashire you had in your possession a quantity of [XXX], a controlled drug of class B, contrary to section 5(2) and Schedule 4 to the Misuse of Drugs Act 1971. Admitted and found proved

Misconduct

Self Prescribing

4. On 02 April 2019 you prescribed the medication as identified in Schedule 3, a controlled drug, to yourself and:

a. you failed to see another medical practitioner who could prescribe this medication to you; Admitted and found proved

b. it was not emergency treatment immediately necessary to avoid serious deterioration in health or serious harm. Admitted and found proved

Patient C

5. On one or more occasion between August 2015 and February 2020 you:

   a. prescribed the medication as identified in Schedule 4, a controlled drug, to Patient C, with whom you had a close personal relationship; Admitted and found proved

   b. made an inaccurate entry or entries in Patient C's medical records that the medication as identified in Schedule 4 had been prescribed to Patient C, when it was intended for your own use. Admitted and found proved

6. When you acted in the manner as outlined in paragraph 5.a and/or paragraph 5.b, you knew that the medication at Schedule 4 was:

   a. not intended for or to be used by Patient C; Admitted and found proved

   b. intended for your own use. Admitted and found proved

7. Your conduct at paragraph 5.a and/or 5.b was dishonest by reason of paragraphs 6.a and/or 6.b. Admitted and found proved

8. When you acted in the manner described at paragraph 5.a:

    a. you failed to arrange for Patient C to be assessed by another doctor who did not have a close personal relationship with Patient C; Admitted and found proved

    b. you failed to record at the same time or as soon as possible after prescribing the medications identified at Schedule 4:

        i. your relationship to Patient C; and Admitted and found proved

        ii. the reason why it was necessary for you to prescribe the medications identified in Schedule 4 and not a colleague; Admitted and found proved

    c. it was not emergency treatment. Admitted and found proved

Patient D

9. On one or more occasion between August 2019 and August 2022 you:

    a. prescribed the medication as identified in Schedule 5, a controlled drug, to Patient D; Admitted and found proved

    b. made an inaccurate entry or entries in Patient D's medical records that the medication as identified in Schedule 5 had been prescribed to Patient D, when it was intended for your own use; Admitted and found proved

    c. made arrangements for Patient D to:

        i. obtain the medication prescribed to him by you intended for your own use; Admitted and found proved

        ii. provide you with the medication prescribed to him by you intended for your own use. Admitted and found proved

10. When you acted in the manner as outlined in paragraph 9.a and/or paragraph 9.b, you knew that the medication was:

    a. not intended for or to be used by Patient D; Admitted and found proved

b. intended for your own use. **Admitted and found proved**

11. Your conduct at paragraph 9.a and/or 9.b was dishonest by reason of paragraph 10.a. and/or 10.b. **Admitted and found proved**

12. When you prescribed such of the medication as identified in Schedule 5 that was intended for Patient D you:

    a. failed adequately to:

        i. assess Patient D; **Admitted and found proved**

        ii. establish the safety of prescribing the medication over an extended period; **Admitted and found proved**

        iii. keep records of your assessment and treatment plan; **Admitted and found proved**

    b. did so when this was not clinically indicated. **Admitted and found proved**

13. On a date or dates in 2019 you prescribed the medication as identified in Schedule 6, a controlled drug, to Patient D. **Admitted and found proved**

14. When you prescribed the medication as identified in Schedule 6 you:

    a. failed adequately to:

        i. assess Patient D; **Admitted and found proved**

        ii. establish the safety of prescribing the medication; **Admitted and found proved**

        iii. ensure that you had such information that was sufficient and reliable to enable you to prescribe safely; **Admitted and found proved**

    b. did so when this was not clinically indicated. **Admitted and found proved**

15. On 06 September 2019 you prescribed the medication as identified in Schedule 7, a controlled drug, to Patient D. Admitted and found proved

16. When you prescribed the medication as identified in Schedule 7 you:

    a. failed adequately to:

        i. assess Patient D; Admitted and found proved

        ii. establish the safety of prescribing the medication; Admitted and found proved

        iii. ensure that you had such information that was sufficient and reliable to enable you to prescribe safely; Admitted and found proved

    b. did so when this was not clinically indicated; Admitted and found proved

    c. inappropriately prescribed the medication as identified in Schedule 7 in combination with the medication as identified in Schedule 6. Admitted and found proved

17. On a date or dates between August 2019 and August 2022 you prescribed the medication as identified in Schedule 8, a controlled drug, to Patient D. Admitted and found proved

18. When you prescribed the medication as identified in Schedule 8 you:

    a. failed adequately to:

        i. assess Patient D; Admitted and found proved

        ii. establish the safety of prescribing the medication; Admitted and found proved

        iii. ensure that you had such information that was sufficient and reliable to enable you to prescribe safely; Admitted and found proved

    b. did so when this was not clinically indicated. Admitted and found proved

19. On one or more occasion between July 2019 and November 2021 you prescribed the medication as identified in Schedule 9 to Patient D.
Admitted and found proved

20. When you prescribed the medication as identified in Schedule 9 you did so:

    a. When this was not clinically indicated; Admitted and found proved

    b. outside of licensed indications. Admitted and found proved

Patient E

21. On one or more occasion between November 2019 and June 2022 you:

    a. prescribed the medication as identified in Schedule 10, a controlled drug, to Patient E; Admitted and found proved

    b. made an inaccurate entry or entries in Patient E's medical records that the medication as identified in Schedule 10 had been prescribed to Patient E, when it was intended for your own use; Admitted and found proved

    c. made arrangements for Patient E to:

        i. obtain the medication prescribed to him intended for your own use; Admitted and found proved

        ii. provide you with the medication prescribed to him intended for your own use. Admitted and found proved

22. When you acted in the manner as outlined in paragraph 21.a and/or paragraph 21.b you knew that the medication was:

    a. not intended for or to be used by Patient E;
    Admitted and found proved

    b. intended for your own use. Admitted and found proved

23. Your conduct at paragraph 21.a and/or 21.b was dishonest by reason of paragraph 22.a. and/or 22.b. Admitted and found proved

24. When you prescribed such of the medication as identified in Schedule 10 that was intended for Patient E you:

a. failed adequately to:

   i. assess Patient E; Admitted and found proved

   ii. establish the safety of prescribing the medication over an extended period; Admitted and found proved

   iii. keep records of your assessment and treatment plan; Admitted and found proved

b. did so when this was not clinically indicated.
Admitted and found proved

25. On 16 December 2019 you prescribed two different medications as identified in Schedule 11, controlled drugs, to Patient E. Admitted and found proved

26. When you prescribed the medication as identified in Schedule 11 you:

a. failed adequately to:

   i. assess Patient E; Admitted and found proved

   ii. establish the safety of prescribing the medication;
   Admitted and found proved

   iii. ensure that you had such information that was sufficient and reliable to enable you to prescribe safely; Admitted and found proved

b. did so when this was not clinically indicated; Admitted and found proved

c. inappropriately prescribed the two different medications as identified in Schedule 11 in combination with each other. Admitted and found proved

Patient F

27. On one or more occasion between February 2021 and July 2022 you:

a. prescribed the medication as identified in Schedule 12, a controlled drug, to Patient F; Admitted and found proved

b. made an inaccurate entry or entries in Patient F's medical records that the medication as identified in Schedule 12 had been prescribed to Patient F, when it was intended for your own use; Admitted and found proved

c. made arrangements for Patient F to:

i. obtain the medication prescribed to him intended for your own use; Admitted and found proved

ii. provide you with the medication prescribed to him intended for your own use. Admitted and found proved

28. When you acted in the manner as outlined in paragraph 27.a and/or paragraph 27.b you knew that the medication was:

a. not intended for or to be used by Patient F; Admitted and found proved

b. intended for your own use. Admitted and found proved

29. Your conduct at paragraph 27.a and/or 27.b was dishonest by reason of paragraph 28.a and/or 28.b. Admitted and found proved

30. When you prescribed such of the medication as identified in Schedule 12 that was intended for Patient F you:

a. failed adequately to:

i. assess Patient F; Admitted and found proved

ii. establish the safety of prescribing the medication over an extended period; Admitted and found proved

iii. keep records of your assessment and treatment plan; Admitted and found proved

b. did so when prescribing the medication as identified in Schedule 12 was not clinically indicated. Admitted and found proved

31. On a date or dates between February 2021 and May 2022 you prescribed the medication as identified in Schedule 13, controlled drugs, to Patient F. Admitted and found proved

32. When you prescribed the medication as identified in Schedule 13 to Patient F you:

    a. failed adequately to:

        i. assess Patient F; Admitted and found proved

        ii. establish the safety of prescribing the medication;
        Admitted and found proved

        iii. ensure that you had such information that was sufficient and reliable to enable you to prescribe safely; Admitted and found proved

    b. did so when this was not clinically indicated.
    Admitted and found proved

Patient G

33. On a date in 2022 you obtained the medication as identified in Schedule 14, a controlled drug, for Patient G:

    a. without a prescription when this was a prescription only drug;
    Admitted and found proved

    b. when you:

        i. had a close personal relationship with Patient G;
        Admitted and found proved

        ii. knew that Patient G was vulnerable by reason of the matters set out in Schedule 15. Admitted and found proved

34. When you obtained the medication as identified in Schedule 14:

    a. you failed to arrange for Patient G to be assessed by another doctor who did not have a close personal relationship with Patient G;
    Admitted and found proved

    b. you failed to record at the same time or as soon as possible after obtaining the medication:

i. your relationship to Patient G; Admitted and found proved

ii. the reason why it was necessary for you to obtain the medication in the circumstances outlined in paragraph 33; Admitted and found proved

iii. your intention to supply Patient G with the medication; Admitted and found proved

iv. any treatment plan; Admitted and found proved

c. it was not emergency treatment. Admitted and found proved

And that by reason of the matters set out above your fitness to practise is impaired because of your:

a. XXX

b. caution in respect of paragraph 3; To be determined

c. misconduct in respect of paragraphs 4 to 34. To be determined

29. At the outset of these proceedings, through his counsel, Ms Catherine Rabaiotti, Dr Foster made admissions to the entirety of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

Impairment

30. 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 Foster's fitness to practise is impaired by reason of misconduct, caution, XXX.

Witness Evidence

31. The Tribunal had before it a witness statement on behalf of the GMC from Dr A, GP Partner at Bay Medical Group (at the time of events), dated 22 December 2023. Dr A was not called to provide oral evidence during the hearing.

32. Dr Foster provided a witness statement, dated 7 May 2025, with exhibits. He also provided oral evidence the hearings.

XXX Expert Evidence

33. XXX

34. XXX

35. XXX

36. Dr J, General Practitioner, provided an expert report, dated 4 March 2024. Dr J also provided supplemental expert reports dated, 25 April 2024, 8 July 2024 and 27 January 2025, respectively. Dr J was not called to provide expert evidence during the hearing.

Testimonial Evidence

37. The Tribunal received testimonial evidence from Dr K, GP Partner at Bentham Medical Practice, dated 13 May 2025. It also received testimonial evidence from Ms L, Clinical Lead Practice Nurse at Bentham Medical Practice, dated 9 May 2025. Both Dr K and Ms L provided oral testimonial evidence in person during the hearing.

38. The Tribunal also received a letter of support from Mr M, a current patient, dated 29 May 2025.

Documentary Evidence

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

On behalf of the GMC

- Dr Foster's self-referral to the GMC, dated 20 June 2022;
- Certificate of caution, dated 14 September 2023;
- Police report (MG5) and interview notes, dated 14 September 2023;
- XXX;
- XXX;

On behalf of Dr Foster:

- reflective statement, dated May 2025;
- XXX
- appraisal Summaries, 2022-2025;
- XXX.

Submissions on behalf of the GMC

40. Mr Taylor reminded the Tribunal of the need to meet the statutory overarching objective which should be at the forefront of its consideration when determining current impairment. He submitted that all three limbs of the overarching objective were engaged in this case. Mr Taylor reminded the Tribunal of the relevant legal principles to consider at the impairment stage, he referred the Tribunal to the legal authority of *Cheatle V GMC [2009] EWHC 645 (Admin).* He submitted that the Tribunal must ask itself whether there has been misconduct, and whether the circumstances relating to a caution XXX are present. If so, it must determine whether Dr Foster's fitness to practise is, firstly, impaired because of his misconduct; secondly, impaired because of his caution; XXX.

41. In relation to misconduct, Mr Taylor submitted that the Tribunal must determine whether the facts found proved amounted to misconduct and that it was a matter for the Tribunal's judgment.

42. Mr Taylor submitted that Dr Foster's conduct was dishonourable, bringing disgrace upon himself and thereby prejudicing the reputation of the profession. Mr Taylor said that he was splitting the misconduct into two different limbs, dishonesty, and clinical misconduct.

43. Mr Taylor said that in respect of dishonesty, Dr Foster acted dishonestly over a period of almost seven years, prescribing medication for others, when he knew they were for himself. He said that Dr Foster's dishonesty was repeated and sustained in nature, that the schedules detailed the sheer regularity of the prescriptions and quantities of the drugs involved, and that his dishonest venture involved issuing prescriptions for XXX to Patients C, D, E and F. Mr Taylor submitted that the patients allowed their names to be used, although it did not appear that they always knew when the prescriptions were being issued in their names.

44. Mr Taylor submitted that in return, Patients D, E and F regularly received dangerous controlled drugs for 3 years. He said that there was an element of sophistication in Dr

Foster's deception, that he deliberately widened the net of patients to whom he issued the XXX prescriptions as a means of averting suspicion, using several pharmacies to dispense the XXX so that no concerns would be raised. Mr Taylor said that these matters only came to light because XXX contacted Dr A and that subsequently Dr Foster received a caution for unlawful possession of XXX, a controlled Class B drug.

45. Mr Taylor submitted that this was a pattern of repeated and sustained dishonest conduct over a very long period, in which Dr Foster's actions fell significantly short of what would be expected of a registered medical practitioner. He submitted that each one of these acts of dishonesty on its own amounted to serious professional misconduct, taken together cumulatively, they clearly amount to serious professional conduct. Mr Taylor submitted that such conduct would undoubtedly be regarded as deplorable by fellow practitioners.

46. In respect of clinical misconduct, Mr Taylor submitted that, during this period, Dr Foster prescribed dangerous drugs for patients, namely XXX (class B), Zopiclone (class C), Diazepam (class C) and Finasteride. He said that Dr Foster prescribed these drugs without assessing the patients, without establishing the safety of prescribing the medication over an extended period, and without keeping records of his assessment and treatment plan. He submitted that these medications were prescribed when not clinically indicated, and that the XXX '*by and large'*, was for Dr Foster's own use. Mr Taylor referred the Tribunal to the Dr J's expert reports and his expert opinion therein. He said that Dr J's opinion was that the prescribing of Zopiclone, Diazepam and Finasteride was nothing short of reckless and placed Patients D, E and F at risk of coming to harm.

47. Mr Taylor submitted that Dr Foster had shown a deliberate or reckless disregard towards his clinical obligations and a complete disregard of any safety concerns. Mr Taylor invited the Tribunal to make a finding of Dr Foster's actions to be seriously below the standard expected of a reasonably competent General practitioner in respect of all the allegations relating to prescribing. He submitted that each one of the acts of self-prescribing, treating close family members and inappropriate prescribing to Patients D, E & F amounts to serious professional misconduct, and taken together cumulatively, plainly amounts to serious professional misconduct. He submitted that these acts cover a period spanning almost seven years and would undoubtedly be regarded as deplorable by fellow medical practitioners.

48. Mr Taylor referred the Tribunal to application to *R (on the application of Harry) v GMC 2006*, and by Mr Justice Mitting in *Nicholas-Pillai v GMC (2009)*, he submitted that although remedial action may be highly relevant in relation to impairment arising from clinical errors, there are some forms of misconduct which are so serious that the need to uphold public confidence in the profession would be undermined if a finding of impairment were not made.

49. Mr Taylor submitted that dishonesty of this type and gravity did not lend itself to easy remediation, and so such efforts as have been made by the doctor to address his behaviour for the future, carry very much less weight.

50. Mr Taylor submitted that in *Yeong v GMC (2009)*, Mr Justice Sales upheld the submission of the GMC stating a finding of impaired fitness to practise may be justified on the grounds that it is necessary to reaffirm clear standards of professional conduct, which serves to maintain public confidence in the practitioner and in the profession. In such a case, the efforts made by the medical practitioner in question to address his behaviour for the future carry very much less weight than in a case where the misconduct consists of clinical errors or incompetence.

51. Mr Taylor submitted that a reasonable and properly informed member of the public, would be shocked and appalled by Dr Foster's actions, by the scope of the deception, the regularity of the prescription-writing which went on for years, and the involvement of patients who received dangerous drugs because they were Dr Foster's friends and asked for them.

52. In terms of insight, Mr Taylor submitted that it was accepted that Dr Foster made full admissions at the outset of the hearing and has insight by reason of his admissions, which has been developing and improving since June 2022. He said that Dr Foster's insight has continued to develop. Mr Taylor said however that Dr Foster has perhaps inevitably, focused on XXX, the effects of his actions on him on his family and on his career. He reminded the Tribunal however that there is a need to focus on the 3 limbs of the overarching objective and submitted that Dr Foster has given limited consideration in his reflections to the impact of his actions on public confidence.

53. Mr Taylor referred the Tribunal to the relevant paragraphs of Good Medical Practice (2013) ('GMP') which he said were engaged in this case. He also referred the Tribunal to the relevant paragraphs of the GMC Guidance on prescribing (2013 and 2021) which he said were engaged in this case. Mr Taylor submitted that Dr Foster's actions in terms of his caution and his misconduct represents very serious departures from the standards of conduct and behaviour expected of registered medical practitioners and require a finding of impairment.

54. In respect of impairment XXX. He said that all 4 limbs of the test set out in the case of *Grant* were engaged in respect of impairment.

55. Mr Taylor submitted that in all the circumstances, the Tribunal should find that Dr Foster's fitness practise is impaired because of his misconduct, impaired because of his caution, XXX.

Submissions on behalf of Dr Foster

56. Ms Rabaiotti submitted that it was not within the gift of the defence to concede misconduct or impairment as that was a matter for the Tribunal, but that she makes no submissions to the contrary. She invited the Tribunal to consider whether there was a current and ongoing risk posed by Dr Foster. She acknowledged that the harm that has been caused is an important factor, but that the risk of future harm to patients and the public associated with the risk of repetition of Dr Foster's acts or omissions were of key consideration. She submitted that there was no argument that the misconduct was not serious, it was sustained and damaged a lot of people.

57. Ms Rabaiotti said that she disagreed with one submission by Mr Taylor that Dr Foster has sought to minimise or resile from his misconduct or its effect. She said that this was at the forefront of Dr Foster's acceptance all the way through these proceedings, but also at an early stage XXX. Further, that Mr Taylor submitted that there was no reference to the impact to the public, the profession or others. She invited the Tribunal to have regard to Dr Foster's reflective statements where Dr Foster addressed those very concerns.

58. Ms Rabaiotti submitted that the purpose of the cross-examination and Tribunal questions asked of Dr Foster during these proceedings was to try and establish why this had happened and to consider whether the doctor is likely to do it again. She said that after many hours of questioning and probing, as was proper, was there any real challenge or departure from Dr Foster's assessment himself of why he did what he did. She submitted that part of the Tribunal's assessment of current and ongoing risk was a consideration of the circumstances when these matters arose and what has happened since; whether the doctor changed and whether there has been any meaningful and substantial progress.

59. Ms Rabaiotti submitted that Dr Foster had no fitness to practise history and that he was held in very high regard. XXX.

60. XXX. She referred to his 2022 appraisal, as it was clear from that assessment that Dr Foster was experiencing significant stress and strain and had an inability to say no and maintain those boundaries in a healthy way.

61. Ms Rabaiotti submitted that XXX. She said that Dr Foster has gone from someone who was treading water, to someone who now has a whole infrastructure around them and who knows exactly where he is, XXX, what he has done wrong, knows how to say 'no' and has identified his immediate XXX.

62. XXX

63. In respect of the risk of XXX repetition, Ms Rabaiotti invited the Tribunal to consider the stresses and pressures that Dr Foster has been under since June 2022 and that this was a good test of how likely any XXX repetition was looking forward. Ms Rabaiotti also invited the Tribunal to consider the courses Dr Foster has undertaken in respect of prescribing. She said that Dr Foster fully appreciates and understands the importance of his behaviour and has taken and continues to take, steps to remediate and identify how he will act differently to avoid similar matters occurring in the future.

64. Ms Rabaiotti invited the Tribunal to acknowledge that Dr Foster has made and continues to make significant progress in trying to change and move away from the person that he had been during the period of his misconduct. She submitted that the person Dr Foster is now is not the person he was then.

The Relevant Legal Principles

65. 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.

66. 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 misconduct and whether the misconduct, if found, was serious and then whether any such misconduct found should lead to a finding of impairment.

67. The Tribunal must determine whether Dr Foster's fitness to practise is impaired today, taking into account Dr Foster's conduct, caution, XXX at the time of the events. It must consider the context and any relevant subsequent matters including whether the misconduct, caution XXX is remediable, whether it has been remedied and the likelihood of repetition. It should also have regard to the public interest in upholding the reputation of the profession and declaring and upholding standards of conduct for members of the profession.

68. The Tribunal had regard to the legal principle as set out in the case of *Roylance v GMC (no2) (2000) 1 AC 311* in which 'misconduct' was defined as a *"word of general effect, involving some act or omission which falls short of what would be proper in the circumstances."* The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. It also had regard to the case of *Nandi v GMC [2004] EWHC 2317 (Admin)*, wherein it was said that serious misconduct is sometimes described as misconduct which would be considered deplorable by fellow practitioners. The Tribunal also bore in mind the legal principle as set out in *Remedy v GMC [2010] EWHC 1245 (Admin)* in which Elias J. as he then was, stated:

> *"(1) Misconduct is of two principal kinds. First, it may involve sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise. Second, it can involve conduct of a morally culpable or otherwise disgraceful kind which may, and often will, occur outwith the course of professional practice itself, but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession.*
>
> *(2) Conduct falls into the second limb if it is dishonourable or disgraceful or attracts some kind of opprobrium; that fact may be sufficient to bring the profession of medicine into disrepute. It matters not whether such conduct is directly related to the exercise of professional skills."*

69. The Tribunal had regard to paragraph 76 of the judgment in the case of *CHRE v NMC & Paula Grant [2011] EWHC 927 (Admin)*, in which Mrs Justice Cox set out the helpful and comprehensive approach of Dame Janet Smith in her fifth Shipman Report to determining issues of impairment:

> *'Do our findings of fact in respect of the doctor's misconduct…show that his/her fitness to practise is impaired in the sense that s/he:*
>
> *a. 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. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
> *c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or…*
> *d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

70. The Tribunal reminded itself of the need to take into account the overarching objective which is to protect the public and which includes to:

a protect and promote the health, safety and wellbeing of the public;
b promote and maintain public confidence in the medical profession;
c promote and maintain proper professional standards and conduct for the members of the profession.

The Tribunal's Determination on Impairment

XXX

71. XXX

72. XXX

73. XXX

XXX

74. XXX

75. XXX

76. XXX

77. XXX

78. XXX

79. XXX

80. XXX

81. XXX

82. XXX

83. XXX

84. XXX

85. XXX

86. XXX

87. XXX

88. XXX

Misconduct

89. In determining whether Dr Foster's fitness to practice is impaired by reason of misconduct the Tribunal first considered whether the facts found proved amount to misconduct that was serious.

90. The Tribunal looked at the entirety of the Allegation in respect of the alleged misconduct and it was of the view that the misconduct fell into three distinct areas. Firstly, Dr Foster's prescribing of XXX for himself and the prescriptions of XXX to Patients D, E and F, but which Dr Foster admitted was for his own use (Misconduct 1). Secondly, there was the prescribing of drugs, including controlled drugs, to Patients D, E and F, which were not clinically indicated, where the correct and proper assessment, treatment plans and records were not obtained (Misconduct 2). Thirdly, Dr Foster's prescribing and treatment for those with whom he had a close personal relationship, Patient C and Patient G (Misconduct 3).

91. The Tribunal had regard to paragraphs 1, 3, 12, 15a, 15b, 16a, 16b, 16d, 16g, 19, 21a-e, XXX, 65, 68, 71a and b, and 80 GMP:

> *"1. Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law."*
>
> *"3. Good medical practice describes what is expected of all doctors registered with the General Medical Council (GMC). It is your responsibility to be familiar with Good medical practice and the explanatory guidance† which supports it, and to follow the guidance they contain."*

"12. You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work."

"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…

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

…

d. consult colleagues where appropriate

…

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

"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."

"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

e. who is making the record and when."

"[XXX]*"*

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

"68. You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate."

"71. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.16 You must make sure that any documents you write or sign are not false or misleading.

a. You must take reasonable steps to check the information is correct.

b. You must not deliberately leave out relevant information."

"80. You must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer patients or commission services for patients. You must not offer these inducements."

92. The Tribunal also had regard to the GMC's Guidance on Prescribing (2013 and 2021). In particular, in respect of the 2013 Guidance, paragraphs 14, 17, 18a & b, 19a &b, 21a-c, 23, 24a-d and 51:

"14 You should prescribe medicines only if you have adequate knowledge of the patient's health and you are satisfied that they serve the patient's needs."

"17 Wherever possible you must avoid prescribing for yourself or anyone with whom you have a close personal relationship.

18 Controlled medicines present particular dangers, occasionally associated with drug misuse, addiction and misconduct. You must not prescribe a controlled medicine for yourself or someone close to you unless:

a no other person with the legal right to prescribe is available to assess and prescribe without a delay which would put your, or the patient's, life or health at risk or cause unacceptable pain or distress, and

b the treatment is immediately necessary to:

i save a life

ii avoid serious deterioration in health, or

iii alleviate otherwise uncontrollable pain or distress.

19 If you prescribe for yourself or someone close to you, you must:

a make a clear record at the same time or as soon as possible afterwards. The record should include your relationship to the patient (where relevant) and the reason it was necessary for you to prescribe.

b tell your own or the patient's general practitioner (and others treating you or the patient, where relevant) what medicines you have prescribed and any other information necessary for continuing care, unless (in the case of prescribing for somebody close to you) they object."

"21 Together with the patient, you should make an assessment of their condition before deciding to prescribe a medicine. You must have or take an adequate history, including:

a any previous adverse reactions to medicines

b recent use of other medicines, including non-prescription and herbal medicines, illegal drugs and medicines purchased online, and

c other medical conditions."

"23 You should identify the likely cause of the patient's condition and which treatments are likely to be of overall benefit to them.

24 You should reach agreement with the patient on the treatment proposed, explaining:

a the likely benefits, risks and burdens, including serious and common side effects

b what to do in the event of a side effect or recurrence of the condition

c how and when to take the medicine and how to adjust the dose if necessary, or how to use a medical device

d the likely duration of treatment e arrangements for monitoring, follow-up and review, including further consultation, blood tests or other investigations, processes for adjusting the type or dose of medicine, and for issuing repeat prescriptions."

"51 Whether you prescribe with repeats or on a one-off basis, you must make sure that suitable arrangements are in place for monitoring, follow-up and review, taking account of the patients' needs and any risks arising from the medicines.

Misconduct 1 – prescribing XXX for his own use

93. The Tribunal considered Dr J's expert report, dated 4 March 2024. It was his opinion that if Dr Foster prescribed XXX for Patients C, D, E and F with the intention of using the medication himself for his own use, then this was not appropriate and was seriously below the standard expected.

94. The Tribunal accepted and relied upon the unchallenged expert evidence of Dr J in making its own independent judgement as to whether Dr Foster's actions in respect of 'Misconduct 1', amounted to serious misconduct.

95. The Tribunal was of the view that Dr Foster's actions by prescribing himself XXX, a controlled class B drug through the means of writing a prescription for himself or through writing a prescription for other patients but for Dr Foster's own use, did amount to serious professional misconduct and fell far short of the standards of conduct to be expected of a doctor and would be considered deplorable by fellow members of the medical profession.

Misconduct 2 – prescribing of drugs which were not clinically indicated, without proper assessment, treatment plans or records

96. The Tribunal had regard to Dr J's supplementary expert report, dated 25 April 2024, in respect of Dr Foster's prescribing of drugs, including controlled drugs, to Patients D, E and F, which were not clinically indicated, where the correct and proper assessment, treatment plans and records were not obtained.

97. It was Dr J's opinion that the prescriptions to Patients D, E and F, of XXX, Diazepam, Zopiclone and Finasteride, as applicable, were seriously below the standard expected of a practitioner. Dr J was of the opinion that there was no evidence documented by Dr Foster which would justify the use of XXX, Diazepam, Zopiclone or Finasteride. He opined that the prescribing of these drugs was not supported by the presence of relevant medical conditions and that it was reckless by Dr Foster and put the patients at a risk of harm. Dr Foster provided repeated prescriptions for Patients D, E and F.

98. In his first supplementary report, dated 25 April 2024, it was Dr J's expert opinion that prescribing Diazepam:

> *"This was seriously below the standard expected because for Dr Foster to issue a potent anxiolytic medication, which is a controlled drug, in this way was reckless and*

placed Patient [D, E and F] or others at risk of coming to harm from issue of a drug that was not justified."

99. Dr J reported the same reckless conduct for the prescriptions of Zopiclone.

100. In his second supplementary report, dated 8 July 2024, in respect of the prescriptions of Zopiclone to Patient D, Dr J stated:

"…Dr Foster prescribed 1043 tablets of Zopiclone in 48 prescriptions over a period of 2 years, 9 months and 21 days 15 making the daily dose of Zopiclone effectively at the maximum BNF dosage throughout… For Dr Foster to issue Zopiclone on this basis was not appropriate and was not consistent with GMC Guidance on prescribing and was seriously below the standard expected."

101. In respect of Dr Foster's prescription of Finasteride to Patient D outside of licensed indications, Dr J stated:

"… Dr Foster prescribed Finasteride without justification. This was seriously below the standard expected."

102. The Tribunal further noted Dr J's report which stated that Finasteride is known to cause side effects of XXX problems which Patient D suffered. He stated:

"The risk of harm to [Patient D] was increased because of the large quality of this medication issued in each instance of prescribing, and the issues occurs on consecutive days when there could be no clinical reason for such quantities to be prescribed."

103. The Tribunal accepted Dr J's expert opinion on the standard of care and noted that Dr Foster had admitted that his conduct fell below the standards expected of a doctor.

104. The Tribunal was of the view that Dr Foster's actions in respect of 'Misconduct 2' did amount to serious professional misconduct and would be considered deplorable by fellow members of the medical profession.

<u>Misconduct 3 - prescribing of drugs and treatment of close family members</u>

105. The Tribunal reminded itself that Misconduct 3 relates to Dr Foster's treatment and prescribing of drugs to, Patient C and Patient G.

106. The Tribunal had regard to Dr J's first report, dated 4 March 2024, in which he stated:

> *"…For Dr Foster to prescribe* [XXX] *to a close family member was not consistent with GMC guidance on prescribing. In addition, Dr Foster's clinical records did not conform to the additional requirements of guidance from the GMC on recording for a doctor prescribing to a person with whom they have a close personal relationship. This was seriously below the standard expected of a reasonably competent general practitioner because it is implausible that there was no other medical practitioner who could prescribe this medication for [Patient C], and to repeatedly prescribe a controlled substance, which is designated a controlled substance because of the risk of misuse, to a close family member is a particularly serious deviation from the relevant guidance."*

107. The Tribunal further had regard to Dr J's first expert report, in respect of Dr Foster's prescribing Oramorph to Patient G, in which he stated:

> *"…For Dr Foster to supply, and so for the purposes of the relevant GMC guidance, prescribe Oramorph to a close family member was not consistent with GMC guidance on prescribing. This was seriously below the standard expected of a reasonably competent general practitioner because it is implausible that there was no other medical practitioner who could prescribe this medication for [Patient G] if it was clinically indicated, and to prescribe a controlled substance, which is designated a controlled substance because of the risk of misuse, to a close family member is a particularly serious deviation from the relevant guidance.*
>
> *It was not appropriate for Dr Foster to obtain Oramorph for Patient G from a pharmacy without a prescription. A legal prescription should have been needed for the pharmacist to supply Oramorph to Dr Foster. In my opinion, this should have been well known and understood by Dr Foster and for him to obtain a prescription only medication without a prescription for supply to Patient G was not consistent with GMC Guidance. This was seriously below the standard expected of a reasonably competent general practitioner. This was seriously below the standard because not following the law in relation to the provision of prescription only drugs risks drawing the profession into disrepute."*

108. The Tribunal accepted Dr J's expert opinion on Dr Foster's standard of care and was in no doubt that Dr Foster's actions in respect of 'Misconduct 3', amounted to serious misconduct.

Impairment as a result of the Misconduct

109. Having determined that Dr Foster's actions amounted to serious professional misconduct in respect of Misconduct 1, 2 and 3, the Tribunal went on to consider whether as a result of that misconduct Dr Foster's fitness to practise is currently impaired.

110. In determining whether Dr Foster's fitness to practise is currently impaired by reason of his misconduct, the Tribunal applied the *Grant* test. The Tribunal was of the view that all 4 limbs of the test were engaged:

a. *'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. *Has in the past and/or is liable in the future to bring the medical profession into disrepute; and/or*

c. *Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession;*

d. *has in the past acted dishonestly and/or is liable to act dishonestly in the future*

111. The Tribunal next considered whether those actions were remediable, had been remedied, and whether there was a risk of repetition. Given that Dr Foster had conducted multiple misconducts the Tribunal decided to look at each to determine whether Dr Foster had demonstrated specific insight and remediation to each of the misconducts.

Misconduct 1 – prescribing XXX for his own use

112. The Tribunal reminded itself that Dr Foster's Misconduct 1 was dishonest and that Dr Foster had admitted that he was dishonest. The Tribunal acknowledged Mr Taylor's submission that Dr Foster acted dishonestly over a period of almost seven years, prescribing medication for others, which he knew was for his use. His dishonesty was repeated and sustained in nature, and there was an element of sophistication in Dr Foster's deception, in that he deliberately widened the net of patients to whom he issued the XXX prescriptions as a means of averting suspicion, as well as using several pharmacies to dispense the XXX so that no concerns would be raised.

113. The Tribunal reminded itself that these matters only came to light because XXX contacted Dr A XXX.

114. The Tribunal considered that Dr Foster's dishonesty fell significantly short of what would be expected of a registered medical practitioner. The Tribunal was of the view that each one of these acts of dishonesty, as suggested by Mr Taylor, on its own amounted to serious professional misconduct, and that taken together cumulatively, they clearly amounted to serious professional misconduct. Dr Foster's actions were deliberate, premeditated and brought the medical profession into disrepute. The Tribunal determined that Dr Foster's dishonesty would be considered as deplorable by fellow practitioners.

115. The Tribunal reminded itself that dishonesty was difficult to remediate. Dr Foster's dishonesty related to Patient C (allegation 7), Patient D (allegation 11), Patient E (allegation 23), and Patient F (allegation 29). The Tribunal had regard to the legal authority of *Yeong V GMC (2009),* as referred to by Mr Taylor, and it considered that dishonesty of this type and gravity does not lend itself to be easily remediated, and that insight and remediation carry much less weight.

116. The Tribunal was satisfied that there was enough evidence before it to demonstrate that Dr Foster recognises and understands why these events occurred. XXX

117. The Tribunal accepted that Dr Foster's actions in regard to Misconduct 1 came about due to XXX. The Tribunal was satisfied that because this misconduct was XXX, the conduct was remediable, as long as Dr Foster continues to engage in XXX and using the support mechanisms he has in place.

118. The Tribunal accepted XXX. It was therefore of the view that Dr Foster's actions in respect of Misconduct 1 had been remedied and the risk of repetition was low.

119. The Tribunal was satisfied that, whilst Dr Foster's misconduct and dishonesty was inextricably linked to XXX, it determined that a finding of impairment was necessary in order to uphold and to promote and maintain public confidence in the medical profession; and to promote and maintain proper professional standards and conduct for the members of the profession.

120. The Tribunal therefore determined that Dr Foster's fitness to practise is currently impaired by reason of his Misconduct 1.

Misconduct 2 - prescribing of drugs which were not clinically indicated, without proper assessment, treatment plans or records

121. The Tribunal noted that in his witness statement dated 7 May 2025, Dr Foster stated:

> *"55. In accordance with my usual practice, I would only have prescribed the medication in Schedule 6 following a discussion with Patient D and if there was a clinical indication to do so..."*

122. Further on in Dr Foster's witness statement however, he stated:

> *"85. I have set out above the manner in which I was able to justify to myself the prescribing I issued for these patients. I wholly accept however that this was in reality an artifice. The patients requested the medication stating it assisted them and I prescribed it. While there was a kernal of clinical rationale I did not probe or question this nor establish any proper assessment or follow up plan to check progress or efficacy. Such prescriptions should be for limited short term use and I clearly prescribed in excess of that essentially "on demand". I have been asked why I did so and I think the honest answer is that by using these patients to facilitate prescriptions for* [XXX] *for my own use I created a sense of indebtedness to them. I stress this was never articulated by them but clearly I wished to maintain the ability to use them indirectly (for they were unaware of the extent to which I was prescribing for myself) and this led to me essentially not asking too many questions when they requested the medication they required."*

123. The Tribunal posed many questions to Dr Foster in order to try and determine what led to his actions resulting in Misconduct 2. It was clear from the timeline of prescriptions that some of the inappropriate treatment and prescriptions to patients D, E and F were issued before Dr Foster used that same patient to issue himself with XXX.

124. Dr Foster initially told the Tribunal that he was close friends with Patients D, E and F, but on further questioning he accepted that they were not close friends. When asked how it came about that he had prescribed drugs to these patients without there being a record or treatment plan, Dr Foster explained that he received a text message from Patient D on his personal mobile and that he met him outside the surgery. He took his prescription pad with him and wrote a prescription for Patient D based on what he reported. On many subsequent occasions Patient D would send Dr Foster a text message requesting medication. Dr Foster admitted that there was little discussion and that he issued the prescriptions for Patient D.

125. In his oral evidence Dr Foster spoke about his reflections XXX. He admitted that on reflection, there was probably no clinical indication for the drugs for any of the patients. When asked why he issued the prescriptions Dr Foster stated that the starting point was his personality, he was a people pleaser and that he did not want to say no to them. He told the Tribunal that having gone through XXX, he understood his personality better and he had changed in how he dealt with people not to be a people pleaser and learned to say '*no*'.

126. Dr Foster provided the Tribunal with examples of how his mind set and thinking had changed. He told the Tribunal how he had suggested to the partners at his current practice that it would be good practice for all staff members at the surgery to register with another surgery. He also told the Tribunal about a time when a patient asked for a drug and where he said '*no*', he was uncomfortable with the pressure he felt from a patient to prescribe this drug that he thought was not indicated and explained how he had asked a colleague to take over the care of that patient.

127. The Tribunal considered that it was to Dr Foster's credit that he did not blame XXX as a reason for his misconduct, and whilst his actions were wholly unacceptable, Dr Foster now has a deeper understanding of his Misconduct 2. Dr Foster knew what he was doing was wrong, but said that at the time he was '*wilfully ignorant*' and did not allow himself to stop and think about what he was doing but that he now understands that it was wrong.

128. The Tribunal was satisfied that remediation work had commenced and that Dr Foster was remorseful for his actions. He fully accepted and admitted Dr J's criticisms of his conduct and recognised that the prescriptions issued were inappropriate, not clinically indicated and put patients at risk of harm.

129. The Tribunal was of the view that this type of misconduct was harder to remediate as Dr Foster had suggested it was linked to his personality. The Tribunal was encouraged to hear of his XXX, reflective work and steps he was putting in place to prevent a similar incident arising and was satisfied that the risk of repetition of this Misconduct 2 was low.

130. The Tribunal considered whether a finding of impairment was necessary in order to uphold the overarching objective. The Tribunal has already determined that Dr Foster has put patients at risk of harm by reason of prescribing drugs which were not clinically indicated. It was also of the view that a properly informed member of the public, in the knowledge of all the facts of this case, would be appalled if a finding of impairment were not made.

131. Accordingly, the Tribunal determined that Dr Foster's fitness to practise is currently impaired by reason of his Misconduct 2.

Misconduct 3 - prescribing of drugs and treatment of close family members

132. The Tribunal noted that in Dr Foster's witness statement, he stated:

"40. I accept that between 2015 and 2020 I prescribed [XXX]*, a controlled drug, for [Patient C].*

"14 …In my mind I was justifying my actions on the basis that [Patient C] did have a clinical need for the [XXX] *and she did very occasionally use some but the reality was that these were prescribed so that I could have access to them and use them myself…"*

…

43. I accept that I should have arranged for [Patient C] to have been assessed by another doctor so that they could consider what [XXX] *would be most appropriate and that this was not emergency treatment immediately necessary to avoid serious deterioration in her health or serious harm. I now appreciate the ethical requirements not to treat friends and family members and I recognise the particular importance in the context of* [XXX]*."*

133. The Tribunal was of the view that Dr Foster had clearly breached fundamental tenets of the medical profession as numerous paragraphs of GMP and related guidance had not been followed.

134. The Tribunal was of the view that this misconduct was remediable provided the reason for the conduct was understood by Dr Foster. The Tribunal noted that when Dr Foster first prescribed XXX to Patient C on 22 September 2015, this was XXX. From Dr Foster's witness statement it appeared that he did not understand the ethical requirements on him not to prescribe to a close family member. The Tribunal considered however that Dr Foster has put forward no credible reason as to why he had undertaken this course of action, or why he did not simply suggest Patient C see another GP.

135. The Tribunal looked at whether Dr Foster had remedied his actions and noted Dr Foster's reflective statement where he states that he now recognises and understands that he should not be prescribing to friends or close family members. This was however something Dr Foster as a practising GP should already have known.

136. Dr Foster also made reference in his oral evidence to attending a course on prescribing however the Tribunal could find no confirmatory evidence of this.

137. The Tribunal was also unable to determine how many times Dr Foster prescribed XXX to a close family members when in fact the medication was for his own use, between 2015 and 2019. From the beginning of 2015 there were 13 prescriptions to Patient C.

138. In respect of Patient G, Dr Foster stated in his witness statement:

> "*89. I accept that I obtained a bottle of oromorph without a prescription for [Patient G],* [XXX]*, following a conversation I had with a local pharmacist. The oromorph was intended to address the pain [Patient G] was suffering following surgery. I intended to get a colleague to issue a prescription for this medication should [Patient G] have needed it over the weekend.*
>
> *90. I recognise now that I should have arranged for an urgent appointment for [Patient G] with another doctor so that they could consider what pain relief would be most appropriate and that this was not emergency treatment..."*

139. In oral evidence Dr Foster described how Patient C was concerned for Patient G and the pain they were experiencing following an operation. He told the Tribunal that he had bumped into the pharmacist in the car park when he had finished work and the pharmacy was closed. He said following a brief conversation with the pharmacist, they gave Dr Foster the Oramorph for Patient G should it be needed. Dr Foster said that it was his intention to return the Oramorph should it not be required or to get a prescription issued for it, had it have been required. When matters came to light in respect of XXX and Dr A went to Dr Foster's home on 20 June 2022, Dr Foster said that he volunteered the information that he had an unopened bottle of Oramorph which was to be returned to the pharmacy.

140. The Tribunal considered that Dr Foster's justification was that if it was not needed he was going to return it to the pharmacist. The Tribunal considered that despite his understandable concern for Patient G, Dr Foster did something which he knew at the time was wrong and decided to prioritise convenience in the short term over his obligations under GMP. This was an abuse of his trust and position as a doctor.

141. The Tribunal considered Dr Foster's suggestion to his current practice that all staff members should register elsewhere, as evidence of his developed awareness of the ethical issues around prescribing to close friends and family. The Tribunal was therefore satisfied that the risk of any repetition was low.

142. The Tribunal considered whether a finding of impairment was necessary in order to uphold the overarching objective. The Tribunal was of the view that a properly informed member of the public, in the knowledge of all the facts of this case, would be appalled if a finding of impairment were not made where Dr Foster had been treating and prescribing XXX for a close family member.

143. Accordingly, the Tribunal determined that Dr Foster's fitness to practise is currently impaired by reason of his Misconduct 3.

Summary on Impairment for Misconduct

144. The Tribunal determined that Dr Foster's actions in Misconduct 1, 2 and 3 have undermined public confidence in the profession, breached fundamental tenets of the profession and brought the profession into disrepute. It determined that a finding of impairment was necessary in order to uphold and maintain all three limbs of the overarching objective, namely, to protect and promote the health, safety and wellbeing of the public; to promote and maintain public confidence in the medical profession; to promote and maintain proper professional standards and conduct for the members of the profession.

145. The Tribunal therefore determined that Dr Foster's fitness to practise is currently impaired by reason of his misconduct.

Caution

146. The Tribunal had before it the Certificate of Caution, dated 14 September 2023, which was issued to Dr Foster by the Lancashire Police Constabulary stating that:

> *"OFFENCE(S)*
>
> *1: 29/03/2019 00:00 – MD71225 – Possess a controlled drug of class B – other Between 29/03/2019 and 15/11/2022 at MORECAMBE in the county of Lancashire had in your possession a quantity of* [XXX]*, a controlled drug of class B in contravention of section 5(1) of the Misuse of Drugs Act 1971.*
>
> *Contrary to Section (5)2 of and Schedule 4 to the Misuse of Drugs Act 1971."*

147. The Tribunal considered that in accepting the police caution Dr Foster has admitted the offence to which the Caution relates. The Tribunal noted that the Caution was in respect

of Misconduct 1, the prescribing of XXX, which was for his own use, and further accepted that this element of the Misconduct was very much linked to XXX.

Impairment by reason of his Caution

148. The Tribunal then went on to determine whether Dr Foster's fitness to practise was impaired as a result of his Caution.

149. The Tribunal referred to Section 35C(2c) of the Medical Act 1983, which states:

"35C. Functions of the Investigation Committee

…

(2) A person's fitness to practise shall be regarded as "impaired" for the purposes of this Act by reason only of –

…

(c) a conviction or caution in the British Islands for a criminal offence, or a conviction elsewhere for an offence which, if committed in England and Wales, would constitute a criminal offence…"

150. The Tribunal accepted that the Caution was an admission of the offence referred to within it and that it relates to the possession of a Class B controlled drugs for a period of over 3 years.

151. The Tribunal relies on its earlier decision in respect of the work Dr Foster has undertaken to remediate his conduct in respect of Misconduct 1 and his development of insight. The Tribunal was satisfied that the conduct leading to the Caution was remediable, that Dr Foster had put efforts into remediation and that the risk of repetition was linked to XXX.

152. The Tribunal was satisfied that the Caution was such that it brought the medical profession into disrepute and it amounted to a breach of one of the fundamental tenets of the medical profession, that doctors should act within the law. The Tribunal also considered that were a finding of impairment not made in respect of the Caution, public confidence in the profession would be undermined.

153. The Tribunal therefore determined that a finding of impairment was necessary in order to uphold and maintain all three limbs of the overarching objective, namely, to protect and promote the health, safety and wellbeing of the public; to promote and maintain public

confidence in the medical profession; to promote and maintain proper professional standards and conduct for the members of the profession.

154. The Tribunal therefore determined that Dr Foster's fitness to practise is currently impaired by reason of his Caution.

Determination on Sanction - 20/06/2025

155. Having determined that Dr Foster's fitness to practise is impaired by reason of XXX, his misconduct, and his Caution, 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

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

Submissions on behalf of the GMC

157. Mr Taylor referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (5 February 2024) ('the SG') which he said it should consider when determining the appropriate sanction. He said that all 3 limbs of the overarching objective applied throughout in relation to misconduct, caution XXX. Mr Taylor referred to Dr Foster's interim order of conditions and submitted that, as set out at paragraph 22 of the SG, *"the tribunal should not give undue weight to whether a doctor has had an interim order and how long the order was in place. This is because an interim orders tribunal makes no findings of fact, and its test for considering whether to impose an interim order is entirely different from the criteria that medical practitioners tribunals use when considering an appropriate sanction on a doctor's registration."*

158. Mr Taylor submitted that the Tribunal is less able to take mitigating factors into account when the concern is about patient safety or is of a more serious nature, which is the case here. He acknowledged that Dr Foster has insight and that he was currently adhering to Good Medical Practice ('GMP'). Mr Taylor also acknowledged that there were both personal and professional matters in this case and that it has been 3 years since these matters came to light in June 2022. Mr Taylor submitted however that mitigating factors could only go so far. He referred the Tribunal to what Lord Bingham said in *Bolton v the Law Society*:

> *"that considerations which would ordinarily weigh in mitigation of punishment have less effect on the exercise of this jurisdiction than on the ordinary run of sentences imposed in criminal cases. It often happens that a solicitor appearing before the Tribunal can adduce a wealth of glowing tributes from his professional brethren. He can often show that for him and his family the consequences of striking off or suspension would be little short of tragic. Often he will say, convincingly, that he has learned his lesson and will not offend again…All these matters are relevant and should be considered…The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is a part of the price"*

159. Mr Taylor said that what Lord Bingham said was still relevant today and was often referred to in recent cases, such as in *Bakare v GMC [2021] EWHC 3278 (Admin)*, where it was confirmed that personal mitigation should be given limited weight as the reputation of the profession is more important than the fortunes of any individual. Mr Taylor submitted that in respect of remediation, it was noteworthy that in relation to 'Misconduct 2' (the clinical misconduct prescribing of drugs which were not clinically indicated, without proper assessment, treatment plans or records) the Tribunal was of the view that that type of misconduct was harder to remediate as Dr Foster suggested this was linked to his personality. He also reminded the Tribunal that it was encouraged to hear of Dr Foster's XXX, active work and steps he was putting in place to prevent a similar incident arising, and that the risk of repetition was low.

160. Mr Taylor submitted that the SG sets out that there are some cases where a doctor's failings are difficult to remediate and this because they are so serious that, despite steps subsequently taken, there remains a current and ongoing risk to public protection, and action is needed to maintain public confidence.

161. Mr Taylor reminded the Tribunal that it had received testimonials and that two of the referees had provided oral evidence during these proceedings. He submitted that the SG sets out that any references or testimonials needed to be weighed appropriately against the nature of the facts found. He submitted that in a case of this gravity, such material could only take the Tribunal so far. He reminded the Tribunal of the case of *Martin v Solicitors Regulation Authority [2020] EWHC 3525 (Admin)*, in which it was stated that, *"the significance of such evidence ought not to be overstated and should not detract from the primary focus on the evidence directly relevant to the alleged wrongdoing."*

8. When considering the aggravating factors, Mr Taylor submitted that there was an abuse of Dr Foster's professional position. Firstly, in relation to prescribing dangerous controlled drugs to friends, and secondly, abusing his position in relation to the prescribing for, and treating close family members. Mr Taylor reminded the Tribunal that it had set out at the impairment stage that as a practising GP this was something he should already have known. He submitted that in respect of the Oramorph in respect of Patient G, Dr Foster did something which he knew at the time was wrong and this was an abuse of Dr Foster's trust and position as a doctor.

162. Mr Taylor submitted that XXX linked to misconduct or criminal offences also applied in respect of aggravating factors. He submitted that the aggravating factors in relation to the dishonesty were that it was repeated, sustained and of a persistent nature which went on for a number of years. He invited the Tribunal to consider the number of prescriptions involved and number of tablets prescribed, which involved patients in what was a dishonest scheme with elements of sophistication. Mr Taylor submitted that this involved a number of patients as a means of averting suspicion about his prescribing, using different pharmaceutical premises so that no concerns would arise. He said Dr Foster prescribed dangerous drugs to friends seemingly on demand and he said that these matters would not have come to light had Patient C not contacted Dr A.

163. When considering all the circumstances of this case, Mr Taylor submitted that the sanction of suspension at the upper end was the appropriate and proportionate sanction in this case. He submitted that taking no action would be wholly inappropriate and disproportionate in a case of this seriousness. In respect of conditions, Mr Taylor submitted that XXX, conditions might come into play. He said that it was not, rather that this was a case of serious professional misconduct, which the Tribunal had distilled into 3 types of misconduct. He said that this case was far too serious for conditions to be considered, and the other factors which indicate conditions may be appropriate, were not relevant in this case. He said this was a multifactorial case and in any event, the gravity of the misconduct and the Caution was such that conditions would not be sufficient to fulfil or satisfy the requirements of the overarching objective of protecting the public in all three forms.

164. Mr Taylor then referred the Tribunal to the relevant paragraphs in respect of suspension, he said that suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. He said a period of suspension will be appropriate for conduct that is serious but fall short of being fundamentally incompatible with continued registration. He submitted that there had been an acknowledgement of fault and the Tribunal was satisfied that the behaviour or incident is unlikely to be repeated, and that in respect of the

Caution, the risk of repetition was low. Mr Taylor referred the Tribunal to paragraphs 97a, e, f and g (set out below).

165. He submitted that the length of suspension should be at the upper end as this was a case of serious professional misconduct, notwithstanding the mitigating factors XXX. He said that the length of suspension imposed needed to satisfy the overarching objective and ensure the doctor has adequate time to remediate. Mr Taylor invited the Tribunal to direct that a review take place.

166. When determining the length of suspension, Mr Taylor referred the Tribunal to the SG in respect of considering the seriousness of the findings. He said the factors which were engaged were;

- the extent to which the doctor departed from the principles of GMP;
- whether the doctor showed a lack of responsibility toward clinical duties/patient care. He referred to the expert report of Dr J in which he concluded that Dr Foster's actions were reckless;
- the extent to which the doctor's actions risked patient safety or public confidence. He said the actions were seriously below standards and reckless;
- the extent of the doctor's significant or sustained acts of dishonesty or misconduct. Mr Taylor said this conduct went on for a period of up to 7 years but at its most intense, for a period of 3 years;
- the impact of the doctor's actions and the risk of harm. He said as the clinical misconduct of prescribing was reckless as Dr J set out.

167. Mr Taylor submitted that the Tribunal should also consider factors which may indicate whether erasure is the appropriate sanction. He referred the Tribunal to the relevant paragraphs of the SG which he said were engaged and could indicate that erasure may be the appropriate sanction, these included paragraphs 108, 109a, b, d, h and i. He also referred the Tribunal to the relevant paragraphs of the SG in respect of dishonesty. He submitted that there were several factors here which emphasised the point that this was on the cusp of being an erasure case and which highlighted his point that a suspension should be at the upper end.

168. Mr Taylor also referred the Tribunal to the relevant paragraphs of the SG in respect of XXX

169. Mr Taylor said that whilst there was no criminal conviction or custodial sentence in this case (in respect of XXX), there was a Caution and that it was therefore engaged.

170. Mr Taylor submitted that taking into account the very serious facts, the circumstances of this case, and the context of XXX in conjunction with the relevant paragraphs of the SG, suspension at the upper end, with a review hearing directed at the end of the period, was the appropriate sanction in this case.

Submissions on behalf of Dr Foster

171. Ms Rabaiotti said that the thread that runs through this case was that there was an inextricable link between Dr Foster's misconduct, dishonesty and XXX. She reminded the Tribunal that it had found Dr Foster to be remorseful, and in respect of different heads of misconduct, that the risk of repetition was low.

172. Ms Rabaiotti acknowledged that the Tribunal's primary objective in determining the appropriate sanction was the protection of the public, and she said it must ask itself to what extent Dr Foster now presents a risk to the public, directly or indirectly. She submitted that in terms of the impact upon the reputation of the profession, there was a different emphasis in terms of the impairment stage, albeit there was an overlap. She said that the Tribunal must now look at what it had before it, having regard to the totality of the evidence, and that the Tribunal's remit was the protection of the public, considering the question of what risk was there to the public, and to the reputation of the profession.

173. Ms Rabaiotti submitted that in respect of aggravating features, it was right to say that XXX linked to misconduct applied in this case. In respect of an abuse of professional position, Ms Rabaiotti invited the Tribunal to take some care as the SG referred to this with sub paragraphs referencing an abuse of professional position in respect of vulnerable patients and predatory behaviour, which do not feature in this case. She acknowledged that there was always an element of an abuse of professional position in most cases where there are clinical concerns raised, but that the sub paragraphs did not apply. When considering paragraphs in the SG relating to conduct in a doctor's personal life, Ms Rabaiotti said that *"issues relating to probity – ie being honest and trustworthy and acting with integrity*"; and "[XXX]*"*, applied. Ms Rabaiotti submitted that paragraph XXX of the SG did not apply in this case.

174. In relation to mitigating features, Ms Rabaiotti submitted that paragraphs 25a, b, c, d and e were all engaged, namely:

> *"25 The following are examples of mitigating factors.*

a Evidence that the doctor understands the problem and has insight, and of their attempts to address or remediate it. This could include the doctor admitting facts relating to the case, apologising to the patient …making efforts to prevent behaviour recurring…

b Evidence that the doctor is adhering to important principles of good practice (ie keeping up to date, working within their area of competence), and of the doctor's character and previous history. This could include evidence that the doctor has not previously been found to have impaired fitness to practise by a tribunal, a previous MPTS panel or by the GMC's previous panels or committees.

c Circumstances leading up to any incidents that raise concern – eg inexperience …or a lack of training and supervision at work.

d Personal and professional matters, such as work-related stress.

e Lapse of time since an incident occurred."

175. Ms Rabaiotti submitted that there have been no previous fitness to practise findings prior to the matters before this Tribunal, and that Dr Foster has been adhering to good practice. In respect of paragraph 25c and d, she said these could be taken together when considering the context and background of how the misconduct occurred. She said that XXX, she also referred the Tribunal to Dr Foster's own evidence, XXX, but also the contemporaneous appraisal documents about the significant amount of stress he was experiencing during some of the period concerned within this hearing.

176. Ms Rabaiotti submitted Dr Foster has XXX, and since that time there has been no suggestion of any departure from GMP or any concerns in respect of his fitness to practise. She submitted that the Tribunal had before it some good and persuasive evidence of his remediation, and she referred the Tribunal to that evidence in the defence bundle, in particular the work Dr Foster has undertaken in respect of reviewing prescribing guidance, and in relation to XXX. Ms Rabaiotti referred to Dr Foster's learning on his reflections and in respect of XXX and how his own practice should change.

177. Ms Rabaiotti submitted that XXX. Ms Rabaiotti said that Dr Foster has demonstrated real and consistent progress and efforts to XXX and has never once sought to minimise the severity of his misconduct or diminish its impact.

178. She submitted that Dr Foster's evidence before the Tribunal was at times disarmingly candid and self-critical, that his answers were sometimes difficult to provide because they were honest reflections of his shortcomings. She submitted that all this evidence together, along with his reflections, the positive evidence provided by his colleagues, and the testimonials, provided a complete picture of someone who was at low risk of recurrence XXX. She submitted that the testimonials have a significant part to play at this stage as part of the mitigation and also referred the Tribunal to the judgment in the case of *Bevan v GMC*, where the importance of testimonials, particularly from patients who expressed their confidence in the doctor, was set out.

179. Ms Rabaiotti then referred the Tribunal to the positive testimonial evidence in depth. She also referred to the patient feedback which she said covered the last couple of years and in which the patient's views of Dr Foster were expressed with superlatives and demonstrated how highly regarded he is. She said that taken together, this evidence was both from patients, and those who work alongside Dr Foster. She said that they were all of one voice that he was a valued member of the profession, that they want him to be their doctor, and they want him to be their colleague. Ms Rabaiotti submitted that the views expressed in the testimonial evidence has been supported by other available evidence, and certainly those that have worked with Dr Foster for over 2 years. She said that these were friends, and these were professional colleagues and there was no conflict of interest here expressed by any of the persons who provided the testimonial evidence.

180. Ms Rabaiotti submitted that as far as mitigation is concerned, there are expressions of regret and apology, and that Dr Foster has insight. She submitted that there were no aggravating factors as far as insight was concerned. Ms Rabaiotti then referred the Tribunal to the relevant paragraphs of the SG which referred to suspension, she acknowledged that paragraphs 97a, f and g (as set out below) were engaged. Ms Rabaiotti submitted that erasure would be disproportionate and that whilst there has been serious departure from GMP, this is behaviour that is remediable and that Dr Foster's XXX, has been remediated. She accepted that there that was dishonesty and it was over some period of time, but that this was because of Dr Foster's XXX, not because of greed or for a financial benefit. Ms Rabaiotti submitted that the Tribunal had before it a body of evidence from the public, fellow professionals, from the testimonial evidence, from the XXX and from Dr Foster, that he is someone who fundamentally was an example of a good doctor who made some very bad mistakes. She said that he has learned from those mistakes and has a lot to offer to benefit the public and the profession, if given the opportunity to do so.

181. Ms Rabaiotti submitted that the appropriate and proportionate sanction in this case, for the Tribunal to discharge its public duty, was one of suspension. She said that the length

of suspension was a matter for the Tribunal, that it must be proportionate, purposeful and lay down a marker, but be no more than is necessary in all circumstances.

The Tribunal's Determination on Sanction

182. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal alone, exercising its own judgement. In reaching its decision, the Tribunal has taken GMP and the SG into account and has, at all times, borne in mind the overarching objective.

183. The Tribunal reminded itself that the main reason for imposing any sanction is to protect the public and that sanctions are not intended to punish doctors, even though they may have a punitive effect. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Foster's interests with the public interest.

184. Before considering what action, if any, to take in respect of Dr Foster's registration, the Tribunal considered the aggravating and mitigating factors in this case.

Aggravating Factors

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

186. The Tribunal was satisfied that Dr Foster's actions were an abuse of his professional position in that he was prescribing controlled drugs to friends where it was not clinically indicated, and treating close family members in circumstances where it was not an emergency. He was also abusing his position as a GP to prescribe XXX to patients when it was for his own use.

187. The Tribunal accepted the submission of Mr Taylor in that there was an element of sophistication to Dr Foster's misconduct and dishonesty: it was repeated, sustained and of a persistent nature; it went on for a number of years and involved a number of patients; he also used different patients to avert detection. The Tribunal could not say with certainty how long the misconduct and dishonest behaviour had persisted but it was clear that it occurred for at least 3 years, and potentially for a period up to 7 years.

188. The Tribunal also accepted that XXX was an aggravating factor. He XXX when he issued prescriptions in other patients' names when they were for his own use.

189. The Tribunal noted that Dr Foster's prescriptions of controlled drugs to patients which were not clinically indicated put patients at serious risk, albeit the Tribunal acknowledged

that there was no evidence that any harm was actually caused to patients. Dr J had concluded that Dr Foster's actions in this regard were reckless and fell seriously below the standard expected and had the potential to cause harm.

190. Further the Tribunal also considered Dr Foster's caution for a criminal offence as an aggravating factor in accordance with SG XXX.

191. The Tribunal accepted that Dr Foster's dishonesty was an aggravating factor. Doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession, it seriously erodes public confidence in the profession when doctors act dishonestly. Dr Foster had written prescriptions for XXX in patients' names when the medications issued were not intended for the patients but for Dr Foster.

192. Dr Foster wrote prescriptions for patients which were not clinically indicated. The Tribunal also acknowledged the SG sets out that failing to keep clear, accurate and legible records is particularly serious as this can result in harm to the patient as their records do not reflect an accurate clinical picture.

193. The Tribunal also acknowledged that Dr Foster had failed to provide an acceptable level of treatment or care to Patients D, E and F by prescribing them the controlled drugs that they asked for and had not acted in their best interests. He had blatantly disregarded the principles of GMP which existed to protect patients. The Tribunal considered that it was a fundamental duty of doctors to *"Make the care of [your] patients [your] first concern".*

Mitigating Factors

194. The Tribunal considered the following to be mitigating factors in this case.

195. The Tribunal accepted that Dr Foster had no previous fitness to practise history. It also noted that the lapse of time since these events was 3 years, and that it was accepted that there had been no repetition of the behaviours in the Allegation. Dr Foster has been XXX and working under conditional registration with no further concerns raised.

196. The Tribunal considered the remediation work which Dr Foster had undertaken XXX

197. It further considered the remediation work Dr Foster has taken to remediate his misconduct. Dr Foster has re-acquainted himself with prescribing guidelines and has reflected those. The Tribunal considered that Dr Foster has read and understood his duty in

prescribing as a registered GP. The Tribunal considered that within Dr Foster's oral evidence, he had been XXX and work-related stress at the time of the misconduct. Those matters have now been addressed, he has a lighter workload having taken on less sessions at work, he now works at a different GP Practice in a different area, and he now works in a supportive environment.

198. The Tribunal was satisfied that Dr Foster has expressed genuine regret, apology and remorse for his conduct. When he was initially confronted with his prescribing of XXX at the GP Practice, Dr Foster admitted XXX and the misconduct relating to it at an early stage and demonstrated remorse and regret in both his written and oral evidence.

199. Dr Foster made admissions to the entirety of the Allegation at the outset of these proceedings He also told the Tribunal in his oral evidence that he apologised to Patients D, E and F.

200. Overall the Tribunal determined that Dr Foster had good insight into XXX and the misconduct relating to it. XXX. He has demonstrated further openness and insight in his reflective statement:

> *"…I have spent a lot of time over the last couple of years learning humility. Shedding the facade of success and showing my flaws and faults and sharing them with people. Being open and honest with my wife, my family, friends and colleagues. It is liberating in a way that I have not felt before. I am determined and certain that this will never happen again in the future…"*

201. The Tribunal also considered he had demonstrated insight into his misconduct as he accepted that he should have got another GP to treat his family members, Patients C and G.

202. Dr Foster also attended counselling to try and better understand his personality which is what he said lead to Misconduct 2, why these events occurred and how he could address them. He has learnt that he struggled to say '*no*' to people and that he was a people pleaser. He told the Tribunal that he was now able to say '*no*' to people, and has done so in his clinical practice. The Tribunal reminded itself of Dr Foster's remediation work he had undertaken to change the practice at his current GP surgery so that staff members would be registered with a separate GP practice.

203. The Tribunal accepted that Dr Foster's insight has been a journey into his personality, his triggers XXX and his ethics and that his insight has developed over time. In his reflective statement he commented:

"I feel that I have come a very long way from where I was before. I am a different person now with a different outlook on life and work. [XXX] *and happy. I am not letting any of these things allow me to forget that* [XXX]*. I fell into this behaviour for a reason and those reasons could resurface* [XXX]*".*

204. The Tribunal has received a number of very positive testimonials on behalf of Dr Foster, from colleagues at his current GP Practice. The Tribunal noted that all the testimonials attest to him being a great GP. The majority of the testimonials were from GPs at Dr Foster's current GP practice where Dr Foster had worked for a period of 2 years. They all speak to Dr Foster's conduct at work with no concerns expressed in respect of his professional work or in respect of the matters before this Tribunal.

205. In his testimonial, dated 13 May 2025, Dr K said:

"…It is clear from my mentoring sessions with Dr Foster that he fully accepts what happened previously. He has fully engaged with support processes and appears to have very good insight into what has happened and what needed to change. He has adhered closely to the GMC prescribing prohibitions placed on him. In addition, I have kept a regular eye on his prescribing."

206. In her testimonial, dated 9 May 2025, Ms L a nurse practitioner said:

"…Doctor Foster is able to draw from his own successful experience [XXX] *to support patients who find themselves in this position. He is able to advocate for and champion patients suffering* [XXX]*, helping them to discover an alternative solution and pathway, perhaps without which, options may seem limited, and hope may feel lost.*

It is my opinion that overall, Dr Foster's remarkable journey of self-reflection, growth and redemption serves as a shining example of the very best the medical profession has to offer. His unwavering commitment to excellence in his field makes him an invaluable asset to his patients, the community and the medical profession as a whole. He is deeply respected and cherished by his colleagues, peers and patients, and the surgery and the community are enriched by his presence..."

207. The Tribunal noted the supporting evidence of the patient feedback records and the appraisal records which corroborated this testimonial evidence.

208. The Tribunal has balanced the aggravating and mitigating factors throughout its deliberations and went on to consider each sanction in ascending order of severity, starting with the least restrictive.

No action

209. The Tribunal first considered whether to conclude the case by taking no action. Taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances. The Tribunal determined that given the seriousness of its findings, and the fact that there were no exceptional circumstances in this case, it would not be sufficient, proportionate, or in the public interest to conclude this case by taking no action.

Conditions

210. The Tribunal next considered whether to impose conditions on Dr Foster's registration. In so doing, it bore in mind that any conditions imposed would need to be appropriate, proportionate, workable, and measurable.

211. The Tribunal had regard to paragraph 81 of the SG, which stated:

> *"81 Conditions might be most appropriate in cases:*
>
> [XXX]
> *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 where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision."*

212. The Tribunal noted Mr Taylor's submissions and acknowledged that conditions may, in some circumstances, be an appropriate sanction to support a doctor XXX However, it reminded itself that this case is not XXX but also involves serious misconduct and a caution related to drug offences. Conditions might be appropriate for XXX, but this is a mixed case involving multiple serious factors.

213. XXX

214. The Tribunal must consider public confidence, public safety, and upholding professional standards and must ensure that any actions taken address the overarching objective.

215. The Tribunal was of the view, that given the seriousness of the misconduct in this case, which included dishonesty, and a caution, the imposition of conditions would be neither appropriate nor proportionate in upholding public confidence in the medical profession or proper professional standards in the medical profession.

Suspension

216. The Tribunal next considered whether it would be appropriate and proportionate to suspend Dr Foster's registration.

217. The Tribunal considered the SG in relation to suspension including paragraphs 91, 92 and 93 which state:

> *"91. Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.*
>
> *92. Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (i.e. for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*
>
> *93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions…"*

218. The Tribunal also had regard to paragraph 97 of the SG which sets out some of the circumstances in which suspension may be the appropriate sanction. The Tribunal considered paragraphs 97a, e, f and g to be engaged in this case:

'97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

a A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than suspension would not be sufficient to protect the public or maintain confidence in doctors.

…

e No evidence that demonstrates remediation is unlikely to be successful, e.g. because of previous unsuccessful attempts or a doctor's unwillingness to engage.

f No evidence of repetition of similar behaviour since incident.

g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour…"

219. The Tribunal considered that there have been multiple serious breaches from GMP and that a sanction lower than suspension would not be sufficient to mark the gravity of the misconduct and uphold the standards of the profession. Public confidence in the medical profession would be severely undermined if a doctor who exhibited such serious misconduct was not appropriately sanctioned.

220. The Tribunal reminded itself that Dr Foster has acknowledged his faults and has undertaken steps to remediate his behaviour. Further the Tribunal reminded itself that it has already determined it was satisfied that Dr Foster's risk of repetition of the misconduct and/or relapse of the dependence was low.

221. The Tribunal determined that XXX, that he had demonstrated insight and that there was no evidence of repetition. The Tribunal was in no doubt that Dr Foster's XXX, misconduct, and caution, were sufficiently serious that action was required to maintain public confidence in the medical profession, and proper professional standards. However, it did not accept that it was so serious to be fundamentally incompatible with continued registration.

222. Before deciding whether suspension was the appropriate and proportionate sanction, the Tribunal had regard to whether erasure may be an appropriate response to Dr Foster's misconduct.

Erasure

223. The Tribunal went on to considered if there were any factors which may indicate that erasure was the appropriate sanction in this case. It was of the view that the following paragraphs 109a b, d, h, and i of the SG all featured in this case:

> *"109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).*
>
> *a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.*
>
> *b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*
>
> *…*
>
> *d Abuse of position/trust (see Good medical practice, paragraph*
>
> *81: 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession').*
>
> *…*
>
> *h Dishonesty, especially where persistent and/or covered up…*
>
> *i Putting their own interests before those of their patients…"*

224. The Tribunal also had regard to paragraph 108 of the SG:

> *"108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor."*

225. The Tribunal reminded itself that Dr J concluded that Dr Foster's prescribing in respect of Patient's C, D, E and F was reckless. The Tribunal determined that Dr Foster had demonstrated a deliberate disregard for GMP and the safeguards designed to protect

patients and the public. The Tribunal noted that his misconduct was not XXX but involved a level of deliberate action and choice. The Tribunal did however accept that Dr Foster's dishonesty XXX.

226. Having carefully considered the options before it, the Tribunal reached the conclusion that the facts of this case were finely balanced and that there were a number of aggravating factors which would denote that erasure could be the appropriate sanction. However, the Tribunal reminded itself that it had concluded that the behaviour was remediable and good remediation had taken place. It further noted that many of the aggravating features which would suggest erasure to be appropriate were linked with XXX.

227. Accordingly, having looked at matters in the round, the Tribunal concluded that whilst there were some features which would indicate that erasure may be an appropriate sanction, in the context of Dr Foster's insight and remediation, the Tribunal was satisfied that his actions were not fundamentally incompatible with continued registration. The Tribunal therefore determined that erasure would a disproportionate response in this case.

The Tribunal's Decision

228. The Tribunal therefore determined that a period of suspension was the appropriate and proportionate sanction to fulfil the overarching objective. It considered that a period of suspension would uphold public confidence in the profession and send a clear message that his behaviour was wholly unacceptable for a member of the medical profession.

229. In determining the length of the suspension, the Tribunal had regard to paragraph 100 of the SG:

> *"100 The following factors will be relevant when determining the length of suspension:*
>
> *a the risk to patient safety/public protection*
>
> *b the seriousness of the findings and any mitigating or aggravating factors…*
>
> *c ensuring the doctor has adequate time to remediate."*

230. The Tribunal accepted the submission by Mr Taylor that when determining the length of a suspension the Tribunal needed to take into account the seriousness of the findings

which was set out in a table in SG. The Tribunal accepted that Dr Foster had seriously departed from the principles of *Good medical practice;* shown a lack of responsibility toward clinical duties/patient care; had risked patient safety or public confidence; and had sustained acts of dishonesty and misconduct.

231. The Tribunal was of the view that whilst Dr Foster's misconduct was all serious, 'Misconduct 2', was particularly serious in the prescribing of controlled drugs which were not clinically indicated, without proper assessment, treatment plans or records, for Patient D, E and F.

232. When determining the period of suspension, the Tribunal bore in mind the need to protect the public and patients, uphold public confidence in the medical profession and maintain proper professional standards. It balanced this against Dr Foster's own interests. XXX.

233. The Tribunal was of the view that there was a necessity to impose a meaningful period of suspension both to uphold the public interest and also to be sure that any changed behaviour is embedded and has been sustained. The Tribunal was satisfied that a period of 9 months would send out a clear message to the profession and the wider public that the type of conduct Dr Foster demonstrated in this case constituted behaviour unbefitting a registered medical practitioner and will be taken seriously.

234. The Tribunal therefore determined that Dr Foster's registration should be suspended for a period of 9 months.

Review hearing

235. When determining whether to direct a review hearing, the Tribunal had regard to the relevant paragraphs of the SG. The Tribunal considered that following a period of suspension for 9 months, a Tribunal would wish to be satisfied that XXX, that he has maintained his knowledge and skills and that he was safe to return to unrestricted practice.

236. The Tribunal therefore determined to direct that a review of Dr Foster's case. A review hearing will convene shortly before the end of Dr Foster's period of suspension.

237. The Tribunal wished to emphasise that at the review hearing the onus will be on Dr Foster to demonstrate that he is fit to return to unrestricted practise. This Tribunal considered that a reviewing Tribunal may be assisted if Dr Foster was able to provide:

- XXX;
- XXX;
- Evidence of any Continuous Professional Development and how he has kept his medical knowledge and skills up to date;
- Any other evidence Dr Foster may wish to provide which will assist a reviewing Tribunal.

Determination on Immediate Order - 20/06/2025

238. Having determined to suspend Dr Foster's registration for a period of 9 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

Submissions

239. On behalf of the GMC, Mr Taylor referred the Tribunal to the relevant paragraphs of the SG. He submitted that an immediate order of suspension should be imposed given the Tribunal's comments in its determination on sanction in relation to the seriousness of the case and the circumstances of this case. He said that the test for imposing an immediate order was whether it was necessary in order to protect members of the public or is otherwise in the public interest, or that it was in the best interests of the doctor. He said that he relied on all three of these factors and said that an immediate order of suspension should be imposed but that it was a matter for the Tribunal's discretion.

240. On behalf of Dr Foster, Ms Rabaiotti referred the Tribunal to the test when considering an immediate order. She reminded the Tribunal that the test was one of necessity. She said that Dr Foster has been in practise at the Bentham surgery since April 2023, albeit practising under conditions, but that there has been no issue at all in respect of XXX that period of time. She said that as she understood it the determination on sanction sets out that the substantive suspension is required to mark the egregious nature of the misconduct, rather than a patient safety risk going forward. Ms Rabaiotti submitted that, as of the present day, the test of necessity is not made out.

The Tribunal's Determination

241. In making its decision the Tribunal had regard to paragraphs 172, 173 and 178 the SG. It took account of the guidance, the submissions of both parties and the specific basis upon which the Tribunal reached its determination on sanction.

'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.'

242. The Tribunal considered its findings at the impairment and sanction stages. It determined that given the seriousness of those findings, it was necessary in order to protect members of the public and was otherwise in the public interest to impose an immediate order of suspension in this case. The Tribunal reminded itself that Dr Foster would return to unrestricted practice should an immediate order not be imposed. It was of the view that were it not to impose an immediate order of suspension, this would be detrimental to Dr Foster's interests and that public confidence in the profession would be undermined.

243. The Tribunal therefore determined that an immediate order of suspension was therefore necessary in order to uphold public confidence in the profession and maintain proper professional standards for the profession.

244. This means that Dr Foster's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, 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.

245. The interim order of conditions currently imposed on Dr Foster's registration is revoked with immediate effect.

246. That concludes the case.

Schedule Three

Date	XXX	XXX
02 April 2019	XXX	XXX

Schedule Four

Date	XXX	XXX	Rx Type
22 September 2015	XXX	XXX	Printed
14 April 2016	XXX	XXX	Printed
17 June 2016	XXX	XXX	e-Rx
21 November 2016	XXX	XXX	e-Rx
16 March 2017	XXX	XXX	e-Rx
5 May 2017	XXX	XXX	e-Rx
29 June 2017	XXX	XXX	e-Rx
06 March 2018	XXX	XXX	e-Rx
05 June 2018	XXX	XXX	e-Rx
05 June 2018	XXX	XXX	e-Rx
4 October 2018	XXX	XXX	e-Rx
16 November 2018	XXX	XXX	e-Rx
11 December 2018	XXX	XXX	e-Rx
22 January 2019	XXX	XXX	e-Rx
22 March 2019	XXX	XXX	e-Rx
11 April 2019	XXX	XXX	e-Rx
17 May 2019	XXX	XXX	e-Rx
31 May 2019	XXX	XXX	e-Rx
11 June 2019	XXX	XXX	e-Rx
20 June 2019	XXX	XXX	e-Rx
28 June 2019	XXX	Prescription Rejected	e-Rx
8 July 2019	XXX	XXX	e-Rx
23 July 2019	XXX	XXX	e-Rx
2 August 2019	XXX	XXX	e-Rx
12 September 2019	XXX	XXX	e-Rx
11 December 2019	XXX	XXX	e-Rx
28 January 2020	XXX	XXX	e-Rx

Schedule Five

Date	XXX	XXX	Rx Type
24 September 2019	XXX	XXX	Printed
1 November 2019	XXX	XXX	e-Rx
18 November 2019	XXX	XXX	Printed
28 November 2019	XXX	XXX	Printed
3 January 2020	XXX	XXX	Printed
20 January 2020	XXX	XXX	Printed
14 February 2020	XXX	XXX	Printed
28 February 2020	XXX	XXX	Printed
23 March 2020	XXX	XXX	Printed
20 April 2020	XXX	XXX	Printed
19 June 2020	XXX	XXX	Printed
7 July 2020	XXX	XXX	Printed
23 July 2020	XXX	XXX	e-Rx
17 August 2020	XXX	XXX	Printed
8 September 2020	XXX	XXX	Printed
28 September 2020	XXX	XXX	Printed
20 October 2020	XXX	XXX	e-Rx
13 November 2020	XXX	XXX	Printed
11 December 2020	XXX	XXX	Printed
3 January 2021	XXX	XXX	e-Rx
11 January 2021	XXX	XXX	Printed
28 January 2021	XXX	XXX	Printed
15 February 2021	XXX	XXX	Printed
11 March 2021	XXX	XXX	Printed
12 April 2021	XXX	XXX	Printed
17 May 2021	XXX	XXX	Printed
29 June 2021	XXX	XXX	Printed
27 July 2021	XXX	XXX	Printed
30 August 2021	XXX	XXX	Printed
24 September 2021	XXX	XXX	Printed
5 November 2021	XXX	XXX	Printed
7 December 2021	XXX	XXX	Printed
13 January 2022	XXX	XXX	Printed
1 February 2022	XXX	XXX	Printed
8 April 2022	XXX	XXX	Printed

10 May 2022	XXX	XXX	Printed
6 June 2022	XXX	XXX	Printed

Schedule Six

Date	Drug	Number of tablets
24 July 2019	Diazepam 5mg	28
01 September 2019	Diazepam 5mg	28
04 October 2019	Diazepam 5mg	28

Schedule Seven

Date	Drug	Number of tablets
06 September 2019	Zopiclone 7.5mg	14

Schedule Eight

Date	Drug	Number of tablets
17 September 2019	Zopiclone 7.5mg	14
29 September 2019	Zopiclone 7.5mg	14
08 October 2019	Zopiclone 7.5mg	14
15 October 2019	Zopiclone 7.5mg	14
23 October 2019	Zopiclone 7.5mg	7
01 November 2019	Zopiclone 7.5mg	14
15 November 2019	Zopiclone 7.5mg	14
28 November 2019	Zopiclone 7.5mg	14
18 December 2019	Zopiclone 7.5mg	14
24 December 2019	Zopiclone 7.5mg	14
27 December 2019	Zopiclone 7.5mg	14
17 January 2020	Zopiclone 7.5mg	14
19 January 2020	Zopiclone 7.5mg	14
08 February 2020	Zopiclone 7.5mg	14
22 February 2020	Zopiclone 7.5mg (Asda Pharmacy)	14
22 February 2020	Zopiclone 7.5mg (Lloyds Pharmacy)	14
07 March 2020	Zopiclone 7.5mg	14

19 March 2020	Zopiclone 7.5mg	14
01 April 2020	Zopiclone 7.5mg	14
14 April 2020	Zopiclone 7.5mg	14
25 April 2020	Zopiclone 7.5mg	14
06 May 2020	Zopiclone 7.5mg	14
14 May 2020	Zopiclone 7.5mg	14
28 May 2020	Zopiclone 7.5 mg	28
26 June 2020	Zopiclone 7.5mg	28
22 July 2020	Zopiclone 7.5mg	28
09 August 2020	Zopiclone 7.5mg	28
08 October 2020	Zopiclone 7.5mg	28
21 October 2020	Zopiclone 7.5mg	28
28 November 2020	Zopiclone 7.5mg	28
21 January 2021	Zopiclone 7.5mg	28
22 February 2021	Zopiclone 7.5mg	28
13 March 2021	Zopiclone 7.5mg	28
28 March 2021	Zopiclone 7.5mg	28
10 April 2021	Zopiclone 7.5mg	28
06 July 2021	Zopiclone 7.5mg	28
30 July 2021	Zopiclone 7.5mg	28
23 August 2021	Zopiclone 7.5mg	28
03 September 2021	Zopiclone 7.5mg	28
07 October 2021	Zopiclone 7.5mg	28
24 October 2021	Zopiclone 7.5mg	28
09 December 2021	Zopiclone 7.5mg	28
09 January 2022	Zopiclone 7.5mg	28
14 February 2022	Zopiclone 7.5mg	28
18 March 2022	Zopiclone 7.5mg	28
07 April 2022	Zopiclone 7.5mg	28
27 April 2022	Zopiclone 7.5mg	28
09 May 2022	Zopiclone 7.5mg	28
31 May 2022	Zopiclone 7.5mg	28
17 July 2022	Zopiclone 7.5mg	28

Schedule Nine

Date	Drug	Number of tablets
15 August 2019	Finasteride 5 mg	84
16 August 2019	Finasteride 5 mg	84
25 August 2020	Finasteride 5 mg	84
21 January 2021	Finasteride 5 mg	84
24 May 2021	Finasteride 5 mg	84
24 October 2021	Finasteride 5 mg	84

Schedule Ten

Date	XXX	XXX	Rx Type
16 December 2019	XXX	XXX	e-Rx
27 December 2019	XXX	XXX	e-Rx
13 January 2020	XXX	XXX	Printed
12 March 2020	XXX	XXX	Printed
31 March 2020	XXX	XXX	Printed
4 June 2020	XXX	XXX	Printed
3 August 2020	XXX	XXX	Printed
28 August 2020	XXX	XXX	Printed
18 September 2020	XXX	XXX	Printed
27 October 2020	XXX	XXX	Printed
30 November 2020	XXX	XXX	Printed
23 December 2020	XXX	XXX	e-Rx
8 February 2021	XXX	XXX	Printed
3 March 2021	XXX	XXX	e-Rx
29 March 2021	XXX	XXX	Printed
30 April 2021	XXX	XXX	Printed
2 June 2021	XXX	XXX	Printed
27 July 2021	XXX	XXX	Printed
30 August 2021	XXX	XXX	Printed
24 September 2021	XXX	XXX	Printed
8 October 2021	XXX	XXX	Printed
29 October 2021	XXX	XXX	e-Rx
31 January 2022	XXX	XXX	Printed
22 February 2022	XXX	XXX	Printed
21 March 2022	XXX	XXX	Printed

19 April 2022	XXX	XXX	Printed
16 May 2022	XXX	XXX	Printed

Schedule Eleven

Date	Drug	Number of tablets
16 December 2019	Diazepam 5mg	28
16 December 2019	Zopiclone 7.5mg	28

Schedule Twelve

Date	XXX	XXX	Rx Type
30 March 2021	XXX	XXX	e-Rx
30 April 2021	XXX	XXX	Printed
2 June 2021	XXX	XXX	Printed
9 July 2021	XXX	XXX	Printed
10 August 2021	XXX	XXX (cancelled)	Printed
12 August 2021	XXX	XXX	e-Rx
13 September 2021	XXX	XXX	Printed
8 October 2021	XXX	XXX	Printed
12 November 2021	XXX	XXX	Printed
13 January 2022	XXX	XXX	Printed
18 February 2022	XXX	XXX	Printed
8 April 2022	XXX	XXX	Printed
19 April 2022	XXX	XXX	e-Rx
16 May 2022	XXX	XXX	Printed
6 June 2022	XXX	XXX	Printed

Schedule Thirteen

Date	Drug	Number of tablets
30 March 2021	Diazepam 5mg	28
19 April 2022	Zopiclone 7.5mg	28

Schedule Fourteen

Date	Drug
2022	Oramorph (10mg/5mls solution)