

PUBLIC RECORD

Dates: 13/11/2023 - 23/11/2023

Medical Practitioner's name: Dr Anna CRAWFORD
GMC reference number: 4624952
Primary medical qualification: BM 1999 University of Southampton

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

Summary of outcome

Suspension, 12 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Mrs Ruth Curtis
Lay Tribunal Member:	Mrs Valerie Blessington
Medical Tribunal Member:	Dr Paul Diprose

Tribunal Clerk:	Ms Jermine Pemu
-----------------	-----------------

Attendance and Representation:

Medical Practitioner:	Present, not represented
GMC Representative:	Mr Tom Orpin-Massey, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly 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 - 16/11/2023

1. This determination will be handed down in private. However, as this case concerns Dr Crawford's misconduct and conviction a redacted version will be published at the close of the hearing.

Background

2. Dr Crawford qualified as a doctor in 1999 from the University of Southampton following which she commenced her career as an army doctor. She left the army in 2008 and commenced a post in paediatrics and neonatology. In 2010 she commenced a training programme before going on maternity leave and returning to work in 2011.

3. In 2011 Dr Crawford was caught drink driving and resigned from her training post. Later in 2011, she was again found to be under the influence of alcohol whilst driving and subsequently, in 2012, sentenced to a 3-year driving licence ban and 120 hours community service. Towards the end of 2012 undertakings were agreed between Dr Crawford and the GMC, and she subsequently returned to work as a clinical observer. The undertakings were in place until 2018 when Dr Crawford was removed from the medical register for administrative reasons.

4. XXXX

5. In 2020, during the Covid pandemic and the call for doctors to return to practice, Dr Crawford returned to the medical register and started undertaking locum shifts for Interact Medical. XXX.
6. On 19th January 2022 Dr Crawford was detained by Police and charged with drink driving.
7. XXX.
8. XXX.
9. The allegation that has led to Dr Crawford’s hearing can be summarised that, on 9 October 2021, whilst working as a locum doctor on a paediatric ward, she was seen to be drinking alcohol and had additional cans of alcohol in her possession.
10. It is further alleged that, on 10 March 2022 at Elgin Sheriff Court, Dr Crawford was convicted of drink driving and, on 8 September 2022, was sentenced to a Restriction of Liberty Order for 6 months, an Electronic Monitoring Order and disqualified from driving for 3 years.
11. XXX.
12. XXX.
13. The initial concerns were raised with the GMC on 14 October 2021 via email by Mr C, from Warrington and Halton Teaching Hospitals NHS Foundation Trust (‘WHH’) after it was reported that Dr Crawford had been found drinking a can of lager while on duty in a staff area on the paediatric ward while undertaking a Locum shift for WHH Paediatric services. The member of staff who found this also reported smelling alcohol on Dr Crawford and seeing additional cans of lager in her ruck sac.

The Outcome of Applications Made during the Facts Stage

14. The Tribunal refused Dr Crawford’s application, made pursuant to Rule 41 of the General Medical Council (Fitness to Practise Rules) 2004 as amended (‘the Rules’), for the entirety of the hearing be held in private. The Tribunal’s full decision on the application is included at Annex A.

15. The Tribunal allowed Dr Crawford’s application for Dr D to appear as her *Mckenzie* friend for the duration of the hearing.
16. The Tribunal allowed the GMC’s application, made pursuant to Rule 34(13) of the Rules, for the witness Ms E to provide her evidence to the Tribunal via telephone link.
17. The Tribunal further allowed the GMC’s application, made pursuant to Rule 34(13) of the Rules, for XXX to provide his evidence to the Tribunal via telephone link.

The Allegation and the Doctor’s Response

18. The Allegation made against Dr Crawford is as follows:

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

Misconduct

1. On 9 October 2021, whilst working as a locum doctor on a paediatric ward, you:
 - a. consumed alcohol; **Admitted and found proved**
 - b. were seen to be consuming alcohol; **Admitted and found proved**
 - c. smelt of alcohol; **To be determined**
 - d. had three or four additional cans of alcohol in your possession. **To be determined**

Conviction

2. On 10 March 2022 at Elgin Sheriff Court you were convicted of driving a motor vehicle after consuming so much alcohol that the proportion of it in your breath exceeded the prescribed limit contrary to the Road Traffic Act 1988, Section 5(1)(a). **Admitted and found proved**
3. On 8 September 2022 you were sentenced at Elgin Sheriff Court to:
 - a. Restriction of Liberty Order for six months; **Admitted and found proved**
 - b. an Electronic Monitoring Order; **Admitted and found proved**

c. disqualification from holding and obtaining a driving licence for three years. **Admitted and found proved**

XXX

4. XXX.

5. XXX.

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

- a. misconduct in respect of paragraph 1; **To be determined**
- b. conviction in respect of paragraphs 2 and 3; **To be determined**
- c. XXX.

The Admitted Facts

19. At the outset of these proceedings, Dr Crawford made admissions to some paragraphs and sub-paragraphs 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.

Witness Evidence

20. The Tribunal received evidence on behalf of the GMC from Ms E, Healthcare Support Worker at Warrington and Halton Teaching Hospitals NHS Foundation Trust ('WHH'). She also provided a witness statement dated 01 June 2023.

21. Dr Crawford did not provide a witness statement but provided her original rule 7 response, an undated document containing admissions and gave oral evidence at the hearing.

XXX

22. XXX

23. XXX

24. XXX

Documentary Evidence

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

- New enquiry from Warrington and Halton Teaching Hospital, dated 14 October 2021;
- Statement by Ms E regarding events on 9 October 2021, undated;
- XXX;
- Emails from Dr Crawford to the GMC, dated 24 July 2022 and 1 September 2022;
- Emails from Dr Crawford to the GMC including conviction outcome, dated 09 September 2022;
- XXX;
- Certificate of Conviction from Elgin Sheriff Court, dated 28 September 2022;
- Amended Certificate of Conviction, dated 28 September 2022;
- Summary of Police evidence, undated;
- Dr Crawford's GP Summary, dated 11 October 2023.

The Relevant Legal principles

26. The Legally Qualified Chair ('LQC') advised the Tribunal that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Crawford does not need to prove nor disprove anything. The standard of proof is that applicable to civil proceedings, namely on the balance of probabilities, is it more likely than not to have occurred as alleged.

27. The Tribunal must consider each paragraph of the Allegation separately in order to be able to make individual findings. However, if one part of the Allegation is found proved, it entitled to take account of that, when considering other parts of the Allegation. The Tribunal may therefore consider the evidence in the round.

28. In considering the evidence before it, the Tribunal should have regard to the whole of the evidence and is not limited to the oral evidence. It must form its own judgement about the witnesses, and which evidence is reliable, and which is not.

29. Expert evidence is permitted to provide the Tribunal with information and opinion, which is within the witness' expertise, but which is likely to be, or may be outside our

experience and knowledge. The Tribunal should reach any conclusions in respect of this evidence on the basis of our own observations. The Tribunal does not have to accept the evidence of an expert nor accept any unchallenged areas of evidence of an expert. It is for the Tribunal to decide whose evidence, and whose opinions are accepted, if any.

30. In considering the credibility of any witness the Tribunal should take into account the unreliability of memory and witness evidence should therefore be considered and tested by reference to objective facts, and in particular as shown in contemporaneous documents. When considering documents, the Tribunal may wish to take into account when it was made, by whom and for what purpose.

31. The Tribunal should make a rounded assessment of a witness's reliability, rather than approaching their reliability in respect of each charge in isolation from the others: *R (on the application of Dutta) v GMC [2020] EWHC 1974 (Admin)*.

32. The Tribunal must not speculate, but are entitled to draw proper inferences, that is to come to common sense conclusions based upon the evidence which it accepts as reliable.

The Tribunal's Analysis of the Evidence and Findings

33. The Tribunal has considered each outstanding paragraph of the Allegation and has evaluated the evidence in order to make its findings on the facts.

Paragraph 1c

34. The Tribunal set out to determine whether on 9 October 2021, whilst working as a locum doctor on a paediatric ward, Dr Crawford smelt of alcohol.

35. The Tribunal considered the evidence adduced by Ms E to be essential in considering this paragraph of the Allegation. The statement was produced on the 'same day' as the incident to which it refers. It noted that within her statement regarding the events on 09 October 2021 she stated:

'I heard a really distinctive sound of a can being opened. But the sound I heard I knew this wasn't a regular can of drink. I instantly got a smell of strong lager. Dr Crawford got up and left and didn't know i was there.

As soon as she left I went over to where her bags were to over look the area and the smell was really strong and i instantly new this was alcohol.'[sic]

36. The Tribunal also reminded itself of Ms E's oral evidence which was consistent with her report that the smell of alcohol was in the room, and she could not determine whether the smell of alcohol came from Dr Crawford or from the opened can. The Tribunal noted that Ms E did not speak to Dr Crawford. The Tribunal was mindful that the GMC had provided no further evidence to prove that Dr Crawford smelt of alcohol on 9 October 2021 and had not called any additional witnesses who had spoken to Dr Crawford shortly after she consumed the alcohol on 9th October 2021.

37. The Tribunal was mindful of Dr Crawford's evidence in which she stated that she accepted Ms E's evidence that there was a smell of alcohol in the room but could not say herself whether she smelt of alcohol. She further stated that she was unable to comment on another person's olfactory ability. Dr Crawford further accepted that she may have smelt of alcohol if she had spoken to somebody but could not recall speaking to anybody at that time.

38. The Tribunal accepted that there was a smell of alcohol in the room. From the evidence adduced, the Tribunal determined it was more likely that the smell of alcohol came from the opened can rather than directly from Dr Crawford.

39. The Tribunal therefore found paragraph 1c of the Allegation not proved.

Paragraph 1d

40. The Tribunal set out to determine whether on 9 October 2021, whilst working as a locum doctor on a paediatric ward, Dr Crawford had three or four additional cans of alcohol in her possession.

41. The Tribunal considered the evidence of Dr Crawford in which she stated that she had purchased a four pack of lager at a garage on the way to her shift. On her first break she opened one can whilst in the staff room, took a sip and returned the opened can of lager to her bag.

42. The Tribunal therefore accepted the evidence of the doctor that she had at least three additional cans in her possession as she admitted purchasing a four pack of lager.

43. The Tribunal therefore found paragraph 1d of the Allegation proved.

The Tribunal's Overall Determination on the Facts

44. The Tribunal has determined the facts as follows:

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

Misconduct

1. On 9 October 2021, whilst working as a locum doctor on a paediatric ward, you:
 - a. consumed alcohol; **Admitted and found proved**
 - b. were seen to be consuming alcohol; **Admitted and found proved**
 - c. smelt of alcohol; **Not Proved**
 - d. had three or four additional cans of alcohol in your possession.
Determined and Found Proved

Conviction

2. On 10 March 2022 at Elgin Sheriff Court you were convicted of driving a motor vehicle after consuming so much alcohol that the proportion of it in your breath exceeded the prescribed limit contrary to the Road Traffic Act 1988, Section 5(1)(a).
Admitted and found proved
3. On 8 September 2022 you were sentenced at Elgin Sheriff Court to:
 - a. Restriction of Liberty Order for six months; **Admitted and found proved**
 - b. an Electronic Monitoring Order; **Admitted and found proved**
 - c. disqualification from holding and obtaining a driving licence for three years. **Admitted and found proved**

XXX

4. XXX
5. XXX

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

- a. misconduct in respect of paragraph 1; **To be determined**
- b. conviction in respect of paragraphs 2 and 3; **To be determined**
- c. XXX

Determination on Impairment - 21/11/2023

45. This determination will be handed down in private. However, as this case concerns Dr Crawford's misconduct and conviction a redacted version will be published at the close of the hearing.

46. 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 Crawford's fitness to practise is impaired by reason of misconduct, conviction for a criminal offence XXX.

The Evidence

47. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal received further evidence as follows:

- Letters from Grampian Police to the GMC, dated 23 April 2012 and 22 May 2012;
- Letters from Mr F, Criminal Defence Solicitors, to the GMC, dated 21 March 2012 and 28 March 2012;
- Extracts of Convictions, dated 4 May 2012;
- Letter from GMC to Dr Crawford, dated 19 December 2012;
- Signed Schedule of Undertakings, dated 27 December 2012;
- XXX;
- XXX;
- XXX;
- XXX;
- XXX;
- Fitness to Practise chronology for Dr Crawford from 25 September 2011 – 13 April 2023;

- XXX;
- Testimonial schedule provided by the GMC, undated.

48. Dr Crawford provided her own witness statement, dated 16 November 2023, and also gave oral evidence at the hearing.

49. The Tribunal also received in support of Dr Crawford character testimonials, from the following individuals:

- Ms I, friend, dated 14 September 2023;
- Dr J, GP and friend, dated 15 September 2023;
- XXX;
- Mr L, dated 10 December 2022;
- XXX;
- Dr M, Medical Director, Consultant Psychiatrist, dated 11 August 2022;
- Ms O, friend, undated.

Submissions

On behalf of the GMC

50. Mr Tom Orpin-Massey, counsel submitted that Dr Crawford's fitness to practise is currently impaired by reason of her misconduct, conviction, and adverse health.

51. Mr Orpin-Massey submitted that Dr Crawford has admitted impairment herself but at this stage her admissions do not prove those contentions. He submitted that there is no statutory definition of misconduct and cited the case of *Roylance v the General Medical Council 2001 AC 311* which stated that misconduct is a word of general effect involving some act or omission which will fall short of what would be proper in the circumstances.

Misconduct

52. Mr Orpin-Massey submitted that 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 the misconduct is qualified in two respects: it is first qualified by the word Professional, which links the misconduct to the profession of medicine; secondly it is qualified by the word serious, the professional misconduct must be serious. Mr Orpin-Massey also referred the Tribunal to the cases of *Nandi v the General*

Medical Council 2004 EWHC 2317 admin and R (Remedy UK Ltd) vs The GMC [2010] EWHC 1245 (Admin).

53. Mr Orpin-Massey referred the Tribunal to the case of *R (Remedy UK Ltd) vs The GMC [2010] EWHC 1245 (Admin)* where misconduct was of 2 principal kinds. Conduct which may involve sufficiently serious misconduct in the exercise of professional practice such that it can be properly described as misconduct going to fitness to practice. Secondly, conduct which can involve conduct of a morally culpable or otherwise disgraceful kind, which may and often will occur out with the course of professional practice itself, but which brings disgrace upon the doctor, and thereby prejudices the reputation of the profession.

54. Mr Orpin-Massey submitted that the drinking of alcohol on shift undoubtedly amounts to misconduct, as it would plainly be regarded as deplorable by fellow doctors. He reminded the Tribunal that the incident took place on a night shift on a paediatric ward, and after taking the mouthful of beer, Dr Crawford could have been engaging with young patients. He submitted there was a clear impairment, if not from the alcohol itself, XXX. Mr Orpin-Massey submitted that there was certainly an onward risk. He reminded the Tribunal of the evidence of Ms E who stated that she was plainly shocked by what she saw a fellow healthcare professional do and had no doubt that she had to report the matter straight away.

55. Mr Orpin-Massey submitted that Dr Crawford's actions potentially put patients at risk and caused an incident on the ward that she had to be dealt with and sent home. She left the team a member short on what appears to have been a difficult and busy shift. He submitted, in fairness to Dr Crawford, that she has recognised that this conduct fell far below what was expected of a doctor in that she concedes a finding of misconduct.

56. Mr Orpin-Massey XXX also directed the Tribunal to paragraph 65 of GMP that Dr Crawford's conduct should invoke trust in the profession and those she is treating.

Conviction

57. Mr Orpin-Massey submitted that in respect of the conviction, Dr Crawford admitted this paragraph of the Allegation. He submitted that under Rule 34(3) of the Rules, conviction is proved by the evidencing of conviction and the Tribunal have evidence of the fact that Dr Crawford was convicted at the relevant Sheriff Court in Scotland.

XXX

58. XXX.

59. XXX.

60. XXX.

61. XXX.

Impairment

62. Mr Orpin-Massey submitted that that Dr Crawford’s fitness to practise is impaired both individually and collectively by her misconduct, conviction XXX. He directed the Tribunal to the case of *Cohen v GMC [2008] EWHC 581 Admin* that any approach to impairment must take account of the need to protect patients, the reputation of the profession and uphold standards. He further directed the Tribunal to the case of *Meadow v G.M.C. [2006] EWCA Civ 1390*, at paragraph 32:

‘The FTP Tribunal thus looks forward not back. However, in order to form a view as to the fitness of a person to practise today, it is evident that it will have to take account of the way in which the person concerned has acted or failed to act in the past.’

63. Mr Orpin-Massey directed the Tribunal to the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC & Grant [2011] EWHC 927*. In particular, the Tribunal considered whether its findings of fact showed that Dr Crawford’s fitness to practise is impaired in the sense that she:

- 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;*
- d. *....’*

64. Mr Orpin-Massey submitted, with regards to the misconduct, that Dr Crawford is impaired on public protection and public interest grounds as her misconduct was a serious breach of GMP, risked patient safety and brought the profession into disrepute, it was deplorable behaviour.

65. Mr Orpin-Massey stated, with regards to Dr Crawford’s conviction, that she was three times over the drink drive limit some hours after being stopped by the police. He submitted that the conviction was aggravated by Dr Crawford’s previous convictions for the same offence some years before. Mr Orpin-Massey submitted that this was not Dr Crawford’s first time before the court for a similar offence and this directly engages the public interest limb of the impairment test, as this is conduct that brings the profession into disrepute and risks undermining public confidence in the profession. He submitted that it cannot be said with certainty that this would not happen again in the future. XXX.

66. Mr Orpin-Massey submitted that there has been evidence from Dr Crawford that she may have underplayed the facts of this conviction. He submitted that Dr Crawford was vague in her evidence as to how much she drank in the evening. She gave evidence that she had to be taken to Inverness police station to carry out the breathalyser and suggested that her high reading in the breathalyser would have been elevated, as a result of the delay between when she had her last drink, and the reading was taken. Mr Orpin-Massey submitted that another view is that she may have drunk more than she recalls, and her reading would have been higher still had she given a breath sample when requested to do so at the roadside.

67. XXX.

68. XXX.

69. XXX

70. Mr Orpin-Massey stated that XXX He submitted that when it comes to the question of current impairment, the Tribunal should also consider where Dr Crawford is now, in terms of her skills and training. Mr Orpin-Massey submitted that Dr Crawford has not worked in medicine since October 2021 and she stated she has done some work to keep her skills and learning up to date, but she hasn't presented evidence of this in the form of a log or CPD folder. He submitted that this is a long time to be out of work, XXX and reminded that Tribunal that a finding of no impairment, would enable her to return to work immediately.

Submissions from Dr Crawford

71. Dr Crawford submitted that she is not challenging the GMC’s findings on her impairment of fitness to practice.

The Relevant Legal Principles

72. The LQC advised the Tribunal 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.

73. In approaching its decision on impairment arising from misconduct, the LQC advised the Tribunal to be mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, conviction XXX and then whether the finding of that misconduct, conviction XXX could lead to a finding of current impairment.

74. The LQC advised that 'misconduct' has no statutory definition. It is a matter for the judgement and experience of the Tribunal but that it must be serious and not mere misconduct. The Tribunal considered the guidance on 'misconduct' in *Remedy UK Ltd v GMC [2010] EWHC 1245* in which Elias LJ derived the following principles from the authorities: *Misconduct is of two principal kinds: (1) Firstly it may involve sufficiently serious misconduct in the exercise of professional practice such as it can properly be described as misconduct going to fitness to practice; (2) second it can involve conduct of a morally culpable or otherwise disgraceful kind which may and often will occur outside the course of professional conduct itself but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession.* The Tribunal noted the words of Collins J in *Nandi v GMC [2004] EWHC* said that conduct needed to be given proper weight namely conduct which would be regarded as deplorable by fellow practitioners.

75. XXX.

76. Whilst there is no statutory definition of impairment, the Tribunal is assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report as set out by Mr Orpin-Massey. The Tribunal noted that any of these features are likely to be present when a doctor's fitness to practise is found to be impaired.

77. The LQC advised that in relation to insight and remediation the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin)* ruled that at the impairment stage, a tribunal ought to take account of evidence and/or submissions from both the doctor and the GMC that the doctor's failings and ask:

1. Are the proven concerns about the doctor's behaviour or health remediable?
2. Have the concerns about the doctor's behaviour or health been remedied?
3. Are the concerns about the doctor's behaviour or health highly unlikely to be repeated?

78. The LQC reminded the Tribunal that it must look forward and determine whether Dr Crawford's fitness to practise is impaired today, taking into account Dr Crawford's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

79. The LQC advised that in respect of the weight to attach to the testimonials and character references the case of *Martin v Solicitors Regulation Authority [2020] EWHC 3525 (Admin)* provides that whilst evidence of good character is relevant to credibility and propensity 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

80. The LQC reminded the tribunal to have regard for the overarching objective at all times during its deliberations.

The Tribunal's Determination on Impairment

Misconduct

81. In determining whether Dr Crawford's fitness to practice is impaired by reason of misconduct the Tribunal first considered whether the facts found proved amount to misconduct.

82. The Tribunal had regard to paragraphs XXX and 65 of GMP, which provide:

'XXX.

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

83. The Tribunal considered the witness statement of Ms E, dated 1 June 2023:

'On 9 October 2021, whilst working on the Paediatric Ward I saw Dr Crawford opening a can of alcohol whilst on shift. I produced a statement detailing Dr Crawford's behaviour on the same day.'

84. The Tribunal noted that Dr Crawford was working on a paediatric ward and was a locum doctor. She drank alcohol whilst on her night shift and had to be sent home from her shift as a result of this leaving her post uncovered and the hospital short staffed.

85. The Tribunal was mindful of Dr Crawford's evidence that she purchased four cans of beer at a garage whilst buying petrol on her way into work but that it had not been her intention to drink them whilst on shift. The Tribunal noted that she brought the cans into the staff room at work rather than leaving them in her car. Dr Crawford viewed her purchasing the beer as a lapse of judgment, but the Tribunal considered there were two further lapses of judgment, when she decided to take the cans into the staff room, and when she opened the can to take a sip during her shift. The Tribunal are satisfied that other members of the profession and the wider public would consider these actions to be deplorable.

86. The Tribunal reminded itself of Dr Crawford's evidence, that on her first break of the shift she took a mouthful of alcohol put the can back in her bag and then went to the kitchen to make herself a drink. The Tribunal considered, had Dr Crawford not been caught, whether she would have continued to drink. From the evidence detailing Dr Crawford's XXX the three lapses of judgment which occurred previously before and during that shift, the Tribunal concluded that it was more likely than not that she would have consumed more alcohol during the shift had she not been caught, putting patients at serious risk of harm.

87. The Tribunal reminded itself of Dr Crawford's evidence that she preferred working night shifts so that she could walk her dog in the day. Dr Crawford explained that night shifts had fewer doctors and health professionals working. Dr Crawford gave evidence that she had been working a run of night shifts (at a number of hospitals as a locum) and that on the date of the incident 9th October, this was her eighth night shift in a row. When asked what led her to consume the alcohol on this particular occasion, she replied that it had been a difficult shift but gave no specific further details. The Tribunal acknowledged her evidence that XXX and that it had been a lapse of judgement on her part when she bought the alcohol. It noted that Dr Crawford gave no explanation as to what had prompted her to buy the alcohol, other than a lapse in judgement and that the purchase was before the difficult shift had begun. The Tribunal did not feel that Dr Crawford provided a credible reason for purchasing and consuming the alcohol on that particular day. The Tribunal determined that Dr Crawford's actions put her patients at unwarranted risk of harm.

88. At the time of the incident Dr Crawford was covering the labour, post-natal and paediatric wards. The Tribunal considered that she was working with particularly vulnerable patients. However, it determined that as a doctor, she was in a position of trust and confidence whichever ward she worked in and that all patients under her care would be vulnerable. The Tribunal found that she had breached paragraph 65 of GMP.

89. In light of these factors the Tribunal concluded that Dr Crawford’s conduct on the 9th October fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct. Dr Crawford had XXX, had purchased alcohol and brought this with her whilst working on a paediatric ward, potentially putting patients at risk. The Tribunal determined there could be no doubt that this misconduct was serious.

Impairment by reason of Misconduct

90. The Tribunal having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct Dr Crawford’s fitness to practise is currently impaired.

91. The Tribunal considered that factor (a) (b) and (c) in the test of Grant was engaged in this case:

- 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;*

92. The Tribunal determined that, from a patient safety point of view, Dr Crawford’s misconduct on that shift was remedied when she was removed. It considered that Dr Crawford expressed genuine remorse for her misconduct and that following the events Dr Crawford has demonstrated some insight into her actions. Whilst in this hearing, she apologised and thanked Ms E for raising the concern when she witnessed her drink alcohol on shift. She explained the adverse impact her actions had on her colleagues who were left to cover that shift and on public confidence in the profession. The Tribunal considered all of this to be to her credit.

93. The Tribunal considered Dr Crawford’s evidence in the period leading up to the misconduct and the period after the misconduct but there remained some doubt over whether she was being completely candid about her alcohol consumption around this time.

94. The Tribunal noted that this type of misconduct is not easily remediable as XXX. The Tribunal could not be certain that the misconduct was highly unlikely to be repeated.

95. The Tribunal bore in mind the testimonials, which amounted to character references, provided on behalf of Dr Crawford. This substantiated Dr Crawford's evidence that she was developing her insight and provides evidence of her engagement with support programmes.

96. Given its findings, the Tribunal determined that all three limbs of the overarching objective would be undermined were a finding of impairment not made. The Tribunal therefore concluded that a finding of impaired fitness to practise was required in order 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.

97. Accordingly, the Tribunal determined that Dr Crawford's fitness to practise is currently impaired by reason of her misconduct.

Conviction

98. The Tribunal determined that, for the purposes of Section 35C(2)(c) of the Medical Act 1983, the fact of a conviction for a criminal offence had been established at the facts stage.

Impairment by reason of Conviction

99. The Tribunal then went on to determine whether Dr Crawford's fitness to practise was impaired as a result of her conviction.

100. The Tribunal considered paragraph 1 of GMP was also engaged, which states:

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.

101. The Tribunal had regard to the certificate of conviction dated, 28 September 2022, and noted that Dr Crawford was convicted of a serious crime, drinking under the influence and she was found to be three times over the alcohol limit. The Tribunal found that the seriousness of the conviction was reflected in the sentencing which was as follows: restriction of liberty for 6 months; electronic monitoring order; and disqualified from holding and obtaining a driving licence for 3 years.

102. The Tribunal bore in mind that Dr Crawford is still serving her conviction and will not complete her driving ban until March 2025. It reminded itself that where a doctor is convicted of a serious criminal offence, they should not resume unrestricted practice until they have completed their sentence. The Tribunal also had regard to the two previous convictions Dr Crawford has had for drink driving in 2011.

103. The Tribunal accepted that Dr Crawford was remorseful for her actions but noted that she was unable to provide a clear explanation that the Tribunal could understand and accept as to how the events of that day arose. The Tribunal felt that Dr Crawford was not being completely candid in her account. Dr Crawford was vague about what alcohol she had consumed, and with whom that evening. The Tribunal were not persuaded by her suggestion that her alcohol levels were likely to be higher when she eventually produced a breathalyser test three hours after being stopped, than they would have been when she declined to produce a sample at the roadside.

104. The Tribunal considered that this type of conviction is not easily remediable as XXX. As Dr Crawford has previously committed two offences of driving under the influence, which resulted in a conviction, it could not determine that the risk of repetition is highly unlikely.

105. The Tribunal was satisfied that the conviction 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. The Tribunal also considered that were a finding of impairment not made in respect of the conviction, public confidence in the profession would be undermined.

106. Accordingly, the Tribunal found that Dr Crawford's fitness to practise is currently impaired by reason of her conviction.

XXX

107. XXX.

108. XXX.

109. XXX.

110. XXX.

111. XXX.

112. XXX.

113. XXX.

114. XXX.

115. XXX.

116. XXX .

117. XXX.

118. XXX.

119. XXX.

120. XXX.

121. XXX.

XXX

122. XXX

123. XXX.

124. XXX.

125. XXX.

126. XXX.

Determination on Sanction - 23/11/2023

127. This determination will be handed down in private. However, as this case concerns Dr Crawford's misconduct and conviction a redacted version will be published at the close of the hearing.

128. Having determined that Dr Crawford's fitness to practise is impaired by reason of conviction for misconduct, a criminal offence, XXX, 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

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

Submissions

On behalf of the GMC

130. On behalf of the GMC, Mr Orpin-Massey submitted that the appropriate sanction in this case is one of suspension for a period of between 9 and 12 months with a mandated review hearing. He stated that this sanction best marks the gravity of the misconduct and the conviction in this case and sends a message to Dr Crawford and other doctors of the consequences of this type of behaviour. Mr Orpin-Massey submitted that a suspension would protect members of the public and will also allow Dr Crawford time to demonstrate that her recovery is embedded and for her to upskill in preparation for a return to clinical practice.

131. Mr Orpin-Massey referred the Tribunal to the Sanctions Guidance (SG) and the supplementary guidance entitled 'The Relevance of whether a doctor holds a License to Practice' (March 2016), which he stated is applicable as Dr Crawford does not hold a licence to practice. Mr Orpin-Massey reminded the Tribunal that the purpose of sanctions is not to punish, although they may have a punitive effect. He invited the Tribunal to consider the sanctions available and to consider the least restrictive first before working upwards as appropriate.

132. Mr Orpin-Massey reminded the Tribunal of the mitigating and aggravating factors to consider in this case. He stated that the aggravating factors are: Dr Crawford's fitness to practise history; XXX; the minimising of previous misconduct in relation to the historic drink driving conviction; the misconduct found proved being linked to alcohol; and alcohol being linked to the conviction case.

133. Mr Orpin-Massey set out the mitigating factors as: Dr Crawford's insight into her issues; her admissions; her remorse; the lack of repetition of issues since October 2021; and the personal mitigation that she presented to the Tribunal.

134. Mr Orpin-Massey submitted that taking no action would not be appropriate given the seriousness of the findings against Dr Crawford. He stated that a reasonably informed member of the public would be surprised if no sanction were imposed given the findings of impairment in this case. Mr Orpin-Massey submitted that there were no exceptional circumstances that would justify taking no action on Dr Crawford's registration.

135. Mr Orpin-Massey submitted that undertakings would not be appropriate as Dr Crawford has not had undertakings offered to her. He stated that this case is beyond the scenario in which undertakings may be considered.

136. With regard to the imposition of conditions Mr Orpin-Massey submitted that, given the gravity of the findings of misconduct and conviction, an order of conditions would not be appropriate. He reminded the Tribunal that Dr Crawford has not worked for over two years and therefore any conditions "would have nothing to hang on". He submitted that conditions could not be tailored in any meaningful way in these circumstances.

137. Mr Orpin-Massey referred the Tribunal to paragraph 97 of the SG which set out that suspension can have a deterrent effect. This is appropriate when the misconduct is so serious that action needs to be taken to protect the public but is not fundamentally incompatible with registration.

138. Mr Orpin-Massey submitted that a sanction any lower than a suspension would not be sufficient to mark the severity of the misconduct and conviction in this case, nor would it protect members of the public nor maintain public confidence in the profession.

139. Mr Orpin-Massey submitted that a suspension would allow Dr Crawford time to XXX and to upskill ahead of any potential return to clinical practice. He stated that a period of suspension was appropriate to mark the gravity of the findings of misconduct and conviction, and that it should be accompanied by a mandated review to check on Dr Crawford's progress. Mr Orpin-Massey submitted that this was especially important given XXX.

140. Mr Orpin-Massey XXX submitted that there were aspects of the case that could lean towards erasure given the serious departure from GMP and because of the link to alcohol in relation to the misconduct and conviction. Mr Orpin-Massey submitted that removal of Dr Crawford's name from the Medical Register would not be in the public interest and that that

the GMC does not submit that these are matters that are fundamentally incompatible with continued registration.

Dr Crawford

141. Dr Crawford read out the following prepared written statement to the Tribunal:

'I am aware of the magnitude of my actions for which again I apologise unreservedly. I would in no way try to minimise or dismiss the impact of those actions on my patients, my colleagues, my profession, or indeed on myself.

I am confident that should I be fortunate enough to be able to return to medical practice, I will be more resilient and robust than previously; mindful and vigilant of my XXX and wellbeing, XXX.

I hope the panel has been presented with sufficient evidence to be satisfied that I have access to a variety of support networks, coping strategies, and techniques to which I am now fully committed and with which I continue to engage on a very regular basis.

I should respectfully like to suggest that a period of suspension from the medical register would be appropriate in my case, and mark the serious nature of my misconduct and conviction. A period of suspension would also allow me to demonstrate XXX, provide reassurances about XXX, and undertake continuing professional development activities.

Should this be the decision of the panel, I would welcome the opportunity to provide evidence of my progress at any review hearing which the panel may feel it appropriate to order.'

The Relevant Legal Principles

142. The LQC advised that the decision as to the appropriate sanction, if any, is a matter for the Tribunal's own independent judgment. In reaching its decision the Tribunal should take into account the Sanctions Guidelines ('SG') and the statutory overarching objective which includes protecting and promoting the health, safety and wellbeing of the public, promoting and maintaining public confidence in the profession and promoting and maintaining proper professional standards and conduct.

143. The LQC advised the Tribunal to consider the least restrictive sanction first before moving on to consider the other available sanctions in ascending order of severity. The Tribunal should also consider proportionality by weighing the public interest against the interests of the doctor. The Tribunal will fully consider any mitigating factors as well as any aggravating factors.

144. The LQC advised the Tribunal to have regard to paragraph 119 of SG which says as a general principle doctors should not be permitted to resume unrestricted practice until they have completed any sentence. The Tribunal should also consider the duty imposed on doctors under paragraph 75 of GMP for doctors to “without delay” notify the GMC if they have been charged with or found guilty of an offence.

145. The LQC further directed the Tribunal to consider paragraph XXX of SG:

XXX

The Tribunal’s Determination on Sanction

Aggravating & Mitigating Factors

146. In reaching its decision, the Tribunal first considered the aggravating factors and the mitigating factors in this case.

147. It considered the following features to be aggravating factors:

- Dr Crawford purchased alcohol, took it into the hospital staff room and deliberately drank it whilst on shift;
- Dr Crawford put patients at a potential risk of harm as a result of her actions and as she had to be sent home from her shift, the ward was left short staffed;
- Dr Crawford was working on a paediatric and neonatal ward, with vulnerable patients;
- Dr Crawford has a criminal conviction relating to drink driving of which she is currently serving her sentence;
- Dr Crawford’s breathalyser reading was extremely high, being three times over the limit;
- The Tribunal was in doubt as to Dr Crawford’s honesty and candour in respect of the evidence she gave for her misconduct, conviction XXX;
- Dr Crawford’s previous fitness to practise history evidences a XXX and a previous conviction for drink driving;

- Dr Crawford did not inform the GMC “without delay” of being charged with a criminal offence, instead notifying them 6 months later.

148. The Tribunal considered the following to be mitigating factors:

- Dr Crawford has demonstrated some insight into XXX;
- Dr Crawford has demonstrated some insight into the impact of her misconduct on patients, colleagues and the reputation of profession;
- She has expressed remorse for her misconduct and provided an apology to the staff member affected;
- Dr Crawford has begun to remediate her impairment by XXX;
- Dr Crawford admitted all of the facts of the case.

149. The Tribunal carefully balanced all of these factors when making its determination on sanction.

No action

150. The Tribunal first considered whether to conclude the case by taking no action. It determined that there are no exceptional circumstances that would justify taking no action on Dr Crawford’s registration. It considered that to take no action would be neither appropriate nor proportionate given the serious nature of its findings in relation to misconduct, conviction XXX. Taking no action would fail to uphold the statutory overarching objective.

Undertakings

151. The Tribunal accepted Mr Orpin-Massey’s submission that the GMC and Dr Crawford had not agreed any undertakings.

Conditions

152. The Tribunal then went on to consider whether to impose an order of conditions on Dr Crawford’s registration. In doing so, it bore in mind paragraph 81 of the SG:

81 *Conditions might be most appropriate in cases:*

a involving the doctor’s health

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.

153. The Tribunal noted that conditions need to be appropriate, proportionate, measurable and workable and reminded itself that Dr Crawford has not worked for more than two years. The Tribunal determined that it could not formulate any conditions. The Tribunal reminded itself of its findings in respect of Dr Crawford's conviction and the seriousness of her misconduct and determined that a period of conditional registration would not sufficiently reflect the gravity and seriousness of its findings.

154. In these circumstances the Tribunal is of the view that conditional registration would not meet the overriding objective and in particular would fail to uphold the second and third limbs of the overarching objective to promote and maintain public confidence in the medical profession and promote and maintain proper professional standards and conduct for the members of the profession.

Suspension

155. The Tribunal then went on to consider whether to impose a period of suspension on Dr Crawford's registration. In doing so, it bore in mind paragraphs 91, 92 97 (a), (c) and (g) of the SG 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).

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 a suspension would not be sufficient to protect the public or maintain confidence in doctors.

...

c in cases that relate to the doctors health where the doctor’s judgement may be impaired and where there is a risk to patient safety if the doctor were allowed to continue to practise even under conditions, or the doctor has failed to comply with restrictions or requirements.

...

f No evidence of repetition of similar behaviour since incident.’

156. The Tribunal considered that during these proceedings, Dr Crawford has shown remorse and regret and has demonstrated some emerging insight. The Tribunal reminded itself of its findings at the impairment stage that it had doubts over Dr Crawford’s honesty in respect of her actions leading up to the misconduct and her conviction. It reminded itself that the misconduct is potentially remediable but that it could not rule out a risk of repetition of such conduct given XXX.

157. XXX

158. XXX

159. XXX

160. The Tribunal noted that Dr Crawford indicated that if she were allowed to return to clinical practice, she would like to move to Scotland and possibly take up a different speciality. It was concerned that there was a potential for these changes to have an adverse impact on XXX.

161. The Tribunal noted that there had not been any repetition of the actions leading to the misconduct or conviction, however, was mindful that Dr Crawford has not been working for over 2 years and therefore XXX.

162. The Tribunal considered the testimonials provided on behalf of Dr Crawford XXX.

163. XXX

164. The Tribunal considered whether Dr Crawford's continued registration would be fundamentally incompatible and had consideration of the seriousness of its findings and the overarching objective. It was mindful of paragraph 109 (d) of SG:

'109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

d Abuse of position/trust...'

165. The Tribunal reminded itself that patients must be able to trust doctors with their lives and health; that doctors must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession (paragraph 65 of GMP). It also bore in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor.

166. The Tribunal considered that although Dr Crawford's conduct and conviction were serious, XXX. She has demonstrated genuine remorse is continuing remediation work and is developing insight. XXX. However, the Tribunal was satisfied that her actions were not '*fundamentally incompatible with continued registration*' as to justify erasure.

167. The Tribunal accepted the submissions made by Mr Orpin-Massey on behalf of the GMC that a period of suspension will allow Dr Crawford time to XXX and will also allow her time to upskill in preparation for a return to clinical practice.

168. The Tribunal considered that a period of suspension would send a signal to Dr Crawford, members of the public and the profession that such behaviour is wholly unacceptable. Any sanction lower than suspension would fail to maintain public confidence in the profession, and promote and maintain proper professional standards and conduct for the members of the profession.

169. In all the circumstances, the Tribunal has determined that an order of suspension would be the appropriate and proportionate sanction to impose. It then went on to consider the length of the suspension.

Duration of Suspension

170. In considering the length of suspension to impose, the Tribunal was mindful of the SG, particularly paragraphs 99 and 100, which state:

‘99 The length of the suspension may be up to 12 months and is a matter for the tribunal’s discretion, depending on the seriousness of the particular case.

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.’

171. The Tribunal considered that a short period of suspension would fail to mark the seriousness of its findings. The Tribunal also considered that the period of suspension should be sufficient to allow Dr Crawford to further develop and evidence her insight and to take steps to address and remediate the concerns identified.

172. The Tribunal also noted that Dr Crawford would not complete her sentence for her conviction until March 2025 and had regard to the legal advice that a doctor should not return to unrestricted practice whilst serving a sentence.

173. Given the aggravating factors in this case, the Tribunal considered that a period of suspension of any less than 12 months would not uphold professional standards or the public trust and confidence in the profession.

174. The Tribunal therefore determined that a period of 12 months would mark the seriousness of Dr Crawford’s conduct and conviction.

Review Hearing

175. The Tribunal determined to direct a review of Dr Crawford’s case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Crawford to demonstrate how she has further developed her insight and remediated in order to address the outstanding concerns of this Tribunal. It therefore may assist the reviewing Tribunal if Dr Crawford provides:

- A logbook of CPD activity with reflection;
- XXX;
- XXX;
- XXX;
- XXX;
- Further reflections on her strategies to address the risk of repetition and XXX.

176. Dr Crawford will also be able to provide any other information that she considers will assist the reviewing Tribunal.

Determination on Immediate Order - 23/11/2023

177. Having determined that Dr Crawford’s registration should be suspended for a period of twelve months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether her registration should be subject to an immediate order.

Submissions

178. On behalf of the GMC, Mr Orpin-Massey submitted that he was not making an application for an immediate order as Dr Crawford is currently not working and she has not worked for some time. He submitted that Dr Crawford does not appear to be close to working as a doctor as she had previously relinquished her licence to practice in April 2023. He submitted that it is not necessary to impose an immediate order.

179. Dr Crawford submitted that she did not object to the imposition of an immediate order of suspension.

The Tribunal’s Determination

180. In reaching its decision, the Tribunal has exercised its own judgement, taking into account all the circumstances. The Tribunal has borne in mind that it may impose an immediate order where it is satisfied that it is necessary for patient safety, to protect the

public and/or to uphold public confidence in the medical profession. It has also borne in mind the guidance given in paragraphs 172, 173, and 178 of the SG, which states:

‘172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.

173 An immediate order might be particularly appropriate... 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.’

181. The Tribunal accepted the submission made on behalf of the GMC that Dr Crawford has relinquished her licence to practice. It bore in mind its determination on impairment and sanction and its reasons.

182. The Tribunal considered that as Dr Crawford does not currently hold a licence to practice, there is no current patient safety risk. However, given the seriousness of the findings and the fact that Dr Crawford is still serving her sentence resulting from her conviction, the Tribunal determined that it would be inappropriate to allow Dr Crawford to return to unrestricted practice.

183. Therefore, the Tribunal determined that an immediate order of suspension is necessary to uphold and maintain public confidence in the medical profession and proper professional standards and conduct for members of that profession.

184. This means that Dr Crawford’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.

185. The interim order is hereby revoked.

186. That concludes the case.

ANNEX A – 13/11/2023

Application to Exclude the Public from the Proceedings

187. This determination will be handed down in private.

188. At the outset of the hearing, Dr Crawford made an application under Rule 41 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules') for the entirety of the hearing to be held in private.

Submissions

189. Dr Crawford referred the Tribunal to her skeleton argument XXX.

190. XXX.

191. XXX.

192. On behalf of the GMC, Mr Orpin-Massey submitted that the GMC do not oppose the application for the hearing to be held in private. XXX.

The Relevant Legal Principles

193. The Legally Qualified Chair (LQC) advised the Tribunal that this is a decision for the Tribunal alone, utilising its discretion and taking into consideration all the circumstances, including the public interest and overarching objective.

194. The LQC advised that open justice is a fundamental principle of common law and that under Rule 41 of the Rules the default position is that hearings will be held in public. The LQC referred to *Scott v. Scott [1913] AC 417* which states that any derogation from open justice must be established by clear and cogent evidence.

195. The Tribunal had regard to Rule 41(2) of the Rules, which read as follows:

'(2) The Committee or Medical Practitioners Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where they consider that the particular circumstances of the case outweigh the public interest in holding the hearing in public.'

196. The LQC advised the Tribunal to act proportionately when balancing the public interest with the interests of the doctor. The Tribunal would have regard to:

- The arguments put forward and any supporting evidence;
- The wording of rule 41;
- How much information is already in the public domain;
- The interests of the maker of the allegation;
- XXX.

The Tribunal's Decision

11. XXX

197. The Tribunal considered that the facts of Dr Crawford's convictions are in the public domain, having been heard in the Court. The incident of alleged misconduct occurred in a public domain and was witnessed by colleagues. The Tribunal had regard to the GMC witnesses and noted that there was a witness of fact providing evidence on the misconduct.

198. The Tribunal accepted that Dr Crawford was understandably concerned about her reputation and personal life and would find the publication of information about her fitness to practise difficult. The Tribunal referred to the overarching objective and determined that it is important that decisions taken in relation to a doctor's fitness to practise are transparent to uphold the public trust and confidence both in the profession and in the regulator.

199. The Tribunal had regard to XXX

200. The Tribunal determined that the paragraphs of the Allegation relating to XXX must be heard in private, XXX.

201. The Tribunal found that it would be possible to discuss parts of the misconduct allegation and conviction allegation XXX.

202. The Tribunal noted that it does not make the decision on whether any anonymity is provided in the determinations and that any determination would be published in accordance with the GMC's Publication and Disclosure Policy.

203. The Tribunal therefore determined it would be in the public interest for the hearing to proceed in public and therefore rejected the application for the entirety of the hearing to be held in private.