

**PUBLIC RECORD**

**Dates:** 09/11/2020 - 12/11/2020

**Medical Practitioner’s name:** Dr Bethany HUTCHINSON  
**GMC reference number:** 7524775  
**Primary medical qualification:** MB BCh 2016 Cardiff University

<b>Type of case</b>	<b>Outcome on facts</b>	<b>Outcome on impairment</b>
XXX	XXX	XXX
New - Conviction	Facts relevant to impairment found proved	Impaired

**Summary of outcome**  
 Conditions, 12 months.  
 Review hearing directed  
 Immediate order imposed

**Tribunal:**

Legally Qualified Chair	Mr Julian Weinberg
Lay Tribunal Member:	Ms Deborah Spring
Medical Tribunal Member:	Mr Gurpreet Singh
Tribunal Clerk:	Mr Matthew Rowbotham

**Attendance and Representation:**

Medical Practitioner:	Present and represented
Medical Practitioner’s Representative:	Mr Tom Day, Counsel, instructed by The Medical and Dental Defence Union of Scotland
GMC Representative:	Ms Kathryn Johnson, 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 and Impairment - 11/11/2020

1. This determination will be read in private. However, as this case concerns Dr Hutchinson's conviction a redacted version will be published at the close of the hearing XXX.

### Background

2. Dr Hutchinson qualified in 2016 with a MBBCh from Cardiff University. Prior to the events which are the subject of this hearing, Dr Hutchinson, as part of her training, completed foundation years 1 and 2. At the time of the events Dr Hutchinson, as a part of her training, was placed as a supervised GP trainee at Barcroft Medical Centre in Salisbury.
3. Dr Hutchinson was convicted on 7 December 2018 at the South East Wiltshire Magistrates Court of driving a motor vehicle after consuming so much alcohol that the proportion of it in her breath exceeded the prescribed limit. Dr Hutchinson was sentenced to eight weeks imprisonment suspended for 12 months XXX. She was also disqualified from driving for a period of 29 months, which would be reduced after satisfactory completion of a drink drivers rehabilitation programme.
4. The conviction followed an incident on 16 November 2018, in which witnesses observed Dr Hutchinson driving erratically. Dr Hutchinson was then observed mounting a curb, before exiting the car and falling into a verge. The incident was attended by a police officer shortly after, who breathalysed Dr Hutchinson who failed the roadside breath test. The alcohol level recorded after testing at the police station was 121 micrograms of alcohol in 100ml of breath, with the legal limit being 35 micrograms of alcohol in 100ml of breath. Dr Hutchinson was arrested for driving whilst being over the prescribed limit of alcohol. The police officer found a half full bottle of vodka and a bottle of wine in Dr Hutchinson's car.

5. XXX
6. Dr Hutchinson self-referred to the GMC on 17 November 2018.

### The Outcome of Applications Made

7. At the outset of the hearing, the Tribunal, of its own volition, under Rule 41 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules') determined to exclude the public from the proceedings where matters relating to XXX were to be discussed. Both parties agreed that those matters XXX should be heard in private.
8. Both parties sought to admit further evidence under Rule 34 of The General Medical Council (Fitness to Practise) Rules 2004, as amended ('the Rules'). On behalf of Dr Hutchinson, Mr Day sought to admit testimonials, a reflective statement and Dr Hutchinson's current interim order of conditions. The GMC sought to admit a witness statement from Dr Hutchinson's responsible officer. Neither party opposed the admission of the further evidence. The Tribunal granted the applications to admit the further evidence, as it was fair and just to do so, the evidence was relevant to the hearing, and it would not cause prejudice to either party.

### The Allegation and the Doctor's Response

9. The Allegation made against Dr Hutchinson is as follows:
  1. On 7 December 2018 at the South East Wiltshire Magistrates' Court you were:
    - a. convicted of driving a motor vehicle on 16 November 2018 after consuming so much alcohol that the proportion of it in your breath exceeded the prescribed limit, contrary to section 5(1)(a) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988;  
**Admitted and found proved**
    - b. sentenced to eight weeks imprisonment suspended for 12 months.  
**Admitted and found proved**

XXX

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

- a. conviction in respect of paragraph 1.;

**To be determined**

XXX

### **The Admitted Facts**

**10.** At the outset of these proceedings, Mr Day on behalf of Dr Hutchinson made admissions to all paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('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**

**11.** 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, Dr Hutchinson's fitness to practise is impaired by reason of her conviction XXX.

### **Witness Evidence**

**12.** The Tribunal received evidence on behalf of the GMC in the form of a witness statement from Mr C, Dr Hutchinson's Responsible Officer, dated 22 October 2020.

**13.** Dr Hutchinson gave live evidence at the hearing via video link.

### **Documentary Evidence**

**14.** The Tribunal also had regard to the documentary evidence provided by the parties. This evidence included, but was not limited to:

- correspondence between Dr Hutchinson, her employer and the GMC;
- a certificate of conviction;
- police records of the alleged incident;
- XXX
- XXX
- a reflective statement from Dr Hutchinson;
- testimonials on behalf of Dr Hutchinson; and
- XXX

## Submissions

### On behalf of the GMC

15. Ms Johnson submitted that the magistrates took a serious view of Dr Hutchinson’s offence, and marked the gravity of it by imposing a custodial sentence. She said that witnesses had seen Dr Hutchinson driving erratically, and that she was between three and four times over the legal limit of alcohol when she was tested. Ms Johnson submitted that Dr Hutchinson accepts that her actions could have injured others or herself. She said that Dr Hutchinson’s actions breached paragraph 65 of the GMC’s Good Medical Practice which states *“You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession”*.
16. XXX
17. Ms Johnson submitted that Dr Hutchinson had initially lied about drinking alcohol at work, and XXX. She said that Dr Hutchinson was not open about the stresses she had been feeling, and that there was a risk of her not being open about such issues in the future. Ms Johnson highlighted that Dr Hutchinson still has professional training and examinations to complete in the future, and that working in any area of the medical profession can be stressful. XXX.
18. XXX
19. XXX
20. Ms Johnson concluded by submitting that a finding of impairment was required to protect patients, as the risk of repetition cannot be ruled out. She said it was also

necessary in order to maintain public confidence in the profession, and send a message in relation to the standards the public expects of a doctor.

Submissions on behalf of Dr Hutchinson

21. Mr Day submitted that it was important to look forward, and that any decision about Dr Hutchinson's current impairment should be proportionate.
22. Mr Day submitted that Dr Hutchinson had been frank, candid and honest about what she had done through the entire process.
23. He submitted that the Tribunal should be careful when considering the severity of Dr Hutchinson's sentence, as she was only just over the custody threshold. A reading of 2UG/100ml less would have resulted in a community order.
24. Mr Day accepted that a member of the public may consider a finding of impairment to mark Dr Hutchinson's conduct justified. However, he submitted that a member of the public may also view Dr Hutchinson as a young woman who has XXX into which she has shown great insight XXX Mr Day submitted that the Tribunal did not have to find impairment simply on the ground of the public interest in the medical profession as this was an isolated incident and that Dr Hutchinson has demonstrated a change in attitude. He said that the public interest could be marked in another way, perhaps by issuing a warning.
25. Mr Day said that there can be no doubt that Dr Hutchinson has shown complete insight and done everything she could to remediate. He submitted Dr Hutchinson's risk of repetition was as low as feasibly possible. Mr Day said that, since the incident, Dr Hutchinson has had exposure to stress, but that she now has better ways of coping with it. Mr Day highlighted some of the measures Dr Hutchinson had put in place XXX. Mr Day also drew the Tribunal's attention to the testimonials it had received on behalf of Dr Hutchinson and said that Dr Hutchinson was now a different person and a safe doctor. He said that although Dr Hutchinson posed a risk to patients 2 years ago, she is now a mature, insightful doctor who had volunteered that she may be impaired. He said there is now no evidence to suggest Dr Hutchinson poses a risk to patients.
26. Mr Day told the Tribunal that Dr Hutchinson has been subject to conditions on her registration for 18 months, and has been working under these conditions for 15 months.

He said Dr Hutchinson has found these useful, but that this did not mean that she needs them going forward. Mr Day said Dr Hutchinson will be under close supervision for at least two years anyway, as part of her training.

27. Mr Day concluded by submitting that Dr Hutchinson will in all likelihood, go on to have a good career helping people as a doctor, XXX. He said that delaying this position is neither necessary nor proportionate. He said there is no risk of repetition or harm to patients, and that a finding of impairment was not required to meet the public interest. Mr Day said Dr Hutchinson's progress had been solid and stable for almost two years, and that she was fit to practise without restrictions. He said that Dr Hutchinson had admitted her crime, shown complete acceptance and a positive attitude in tackling this and going forward.

### The Relevant Legal Principles

28. 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. In addition, it noted that Dr Hutchinson's admissions to the Allegation is not determinative of her impairment, but is a matter for the Tribunal's judgement. XXX
29. The Tribunal must determine whether Dr Hutchinson's fitness to practise is impaired today taking into account Dr Hutchinson'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, as set out in the case of *R (Cohen) v GMC [2008] EWHC 581 (Admin)*.
30. The Tribunal has also had regard to the case of *CHRE v NMC and Paula Grant [2011] EWHC 927 Admin*, which states:

*In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.*

The Tribunal found the guidance useful when considering Dr Hutchinson’s alleged impairment by reasons of conviction XXX.

31. The Tribunal was mindful that the sentence imposed on Dr Hutchinson may not necessarily be a good indicator of the seriousness of Dr Hutchinson’s offending behaviour when considered in relation to the public’s interest in the medical profession and the protection of its service users. The Tribunal had regard to the case of *Low, R (on the application of) v General Osteopathic Council [2007] EWHC 2839*.
32. The Tribunal had regard to the case of *Dey v. General Medical Council (GMC) [2002]*, which reminded the Tribunal that the object of this hearing is not to punish Dr Hutchinson a second time following her conviction. Nevertheless, the conduct that led to Dr Hutchinson’s conviction may demonstrate the need to maintain professional standards and protect the public.

### The Tribunal’s Determination on Impairment

33. XXX
34. In considering the question of current impairment, the Tribunal was mindful that impaired fitness to practise refers to the suitability of a Doctor to remain on the register and practise without any restriction.
35. The Tribunal had regard to the substantial impressive steps Dr Hutchinson had taken in the months since the incident that led to her conviction to address XXX. XXX
36. The Tribunal was also impressed by the level of insight Dr Hutchinson had achieved XXX It noted that Dr Hutchinson had made full admissions to the allegations she faced.
37. XXX
38. XXX
39. XXX
40. XXX

41. XXX

42. The Tribunal has considered all the above within the context of the overarching objective to protect 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. XXX, the Tribunal was mindful of the risk to patients XXX. The Tribunal also considered that confidence in the profession would also be undermined if a finding of impairment were not made in all the circumstances.

43. XXX

44. The Tribunal XXX considered whether Dr Hutchinson’s practice was impaired by reason of her conviction. In reaching its decision, it has borne in mind the following factors:

- That Dr Hutchinson had been drinking alcohol at work;
- That she was between three and four times over the drink drive limit;
- That her offence was considered sufficiently serious to cross the custody threshold.

45. Noting XXX, the Tribunal nevertheless considers that her conviction represents a serious departure from her obligations under paragraph 65 of Good Medical Practice and a breach of a fundamental tenet of the profession, namely to maintain the public’s trust and confidence in it. The Tribunal found that, despite Dr Hutchinson having taken full responsibility for her actions and the period of time that has elapsed since the incident, these factors did not detract from the seriousness of her offence. Having taken into account the overarching objective as set out above, including the need to maintain high standards of conduct, the Tribunal concluded that public confidence in the medical profession would be undermined if a finding of impairment were not made in all the circumstances.

46. The Tribunal therefore determined that a finding of impairment by reason of Dr Hutchinson’s conviction was required to uphold public confidence and maintain and uphold standards in the medical profession.

#### **Determination on Sanction - 12/11/2020**

1. This determination will be read in private. However, as this case concerns Dr Hutchinson’s conviction a redacted version will be published at the close of the hearing XXX.

2. Having determined that Dr Hutchinson’s fitness to practise is impaired by reason of XXX conviction, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

## Submissions

### On behalf of the GMC

3. Ms Johnson drew the Tribunal’s attention to paragraphs 17 and 19 of the Sanctions Guidance (November 2019) ('SG'). These state:

*17 Patients must be able to trust doctors with their lives and health, so doctors must make sure that their conduct justifies their patients’ trust in them and the public’s trust in the profession. Although the tribunal should make sure the sanction it imposes is appropriate and proportionate, the reputation of the profession as a whole is more important than the interests of any individual doctor.*

*19 Good medical practice is the benchmark that doctors are expected to meet subject to any mitigating or aggravating factors. Action is taken where a serious or persistent breach of the guidance has put patient safety at risk or undermined public confidence in doctors.*

4. Ms Johnson submitted that the Tribunal was aware that Dr Hutchinson had been working under interim conditions for the past 18 months. She said that the Tribunal should give no weight to this when determining an appropriate substantive sanction, nor for how long that sanction should be imposed. However, Ms Johnson submitted that there is some relevance to this hearing in that it does demonstrate that Dr Hutchinson has an ability to cooperate and comply with conditions placed on her practice.
5. Ms Johnson accepted that Dr Hutchinson had demonstrated insight and had begun her remediation. Ms Johnson said that Dr Hutchinson has received supportive testimonials including a statement from her Responsible Officer. She also said that Dr Hutchinson had no previous fitness to practise concerns, but that this needed to be balanced against Dr Hutchinson being in the early stages of her career. In addition, Ms Johnson submitted that Dr Hutchinson had been open and honest about her issues since January 2019, but that this should be weighed against her not being honest in 2018, during a period when her problems escalated.

6. Ms Johnson submitted that Dr Hutchinson had consumed alcohol whilst at work, and could have been in a position where she had to see patients after she had drunk alcohol. She drew the Tribunal’s attention to paragraph 55g of the SG. This states:

*Aggravating factors that are likely to lead the tribunal to consider taking more serious action include:*

*[...]*

*g drug or alcohol misuse linked to misconduct or criminal offences*

Ms Johnson submitted that Dr Hutchinson is expected to act with honesty and integrity, and uphold the law. She said that any failure to do so undermines public confidence in the profession.

7. In regards to what sanction, if any, to impose, Ms Johnson submitted that taking no action would not be appropriate and that undertakings had not been agreed between the parties. She said that imposing conditions on Dr Hutchinson’s registration would be appropriate, and had regard to paragraphs XXX 82 of the SG, which state:

*[XXX]*

*82 Conditions are likely to be workable where:*

*a the doctor has insight*

*b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings*

*c the tribunal is satisfied the doctor will comply with them*

*d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.*

8. Ms Johnson submitted that the Tribunal has found that Dr Hutchinson has insight, and has complied with the interim order that has been placed on her registration. XXX. Ms Johnson reminded the Tribunal not to punish Dr Hutchinson for a second time for the offence of which she was found guilty.
9. Ms Johnson addressed the Tribunal on the relevant areas of the SG in relation to the sanctions of suspension and erasure, but reiterated that it was the GMC’s position that a sanction of conditions would be the most appropriate in this case.

Submissions on behalf of Dr Hutchinson

10. Mr Day accepted that taking no action would not be appropriate in light of the Tribunal's findings on impairment. He agreed with Ms Johnson that conditions would be the most proportionate and appropriate sanction in this case. He said that a period of conditions would be met with compliance and cooperation by Dr Hutchinson, and noted that she has already demonstrated this.
11. Mr Day highlighted Dr Hutchinson's insight, the lapse of time since her conviction, the remediation she has undertaken and the positive progress she has made as mitigating factors in this case. He also drew the Tribunal's attention to the positive testimonials it had received, which state that she is a good and capable doctor.
12. Mr Day submitted that imposing conditions on Dr Hutchinson's registration for a period of 12 months would be appropriate. He said that Dr Hutchinson would have completed her hospital placements and a part of her GP Registrar training during this time, and this would enable a reviewing tribunal to see her progress and stability during these stages.
13. In relation to which conditions to impose on Dr Hutchinson's registration, Mr Day asked that Dr Hutchinson be allowed the option of working as a locum, doing out of hours and on call work. XXX

**The Tribunal's Determination on Sanction**

14. The Tribunal first identified the following aggravating and mitigating factors.

Aggravating

- Dr Hutchinson misused alcohol which led to a criminal conviction;
- Dr Hutchinson initially denied that she had been drinking alcohol at work.

Mitigating

- Dr Hutchinson has a high level of insight, and has taken positive steps towards remediation. Apart from her initial denial about having drunk alcohol at work, she has been honest and frank XXX, and made admissions to all the factual allegations. In her reflective statement, she stated that: *"I understand that making amends for my past*

*is not as simple as apologising for my actions but there is a need for a change of behaviour”;*

- Dr Hutchinson has engaged with the hearing process;
- Dr Hutchinson has no previous adverse regulatory findings, though the Tribunal notes that she is at an early stage of her career;
- There has been no repetition of the behaviour that brought her before this Tribunal since the incident, almost two years ago;
- The Tribunal received positive testimonials on behalf of Dr Hutchinson. This included a statement from her Responsible Officer, which stated:

*[Dr Hutchinson] is reported as engaging well with her e-portfolio [XXX];*

- Dr Hutchinson has expressed regret, and apologised for her actions. XXX

15. The Tribunal determined that the mitigating factors, particularly the high level of insight demonstrated and the significant steps she has taken XXX outweighed the aggravating factors in this case.
16. The Tribunal recognises that it is a matter for this Tribunal exercising its own judgement in considering which is the appropriate sanction, if any, to impose.
17. In reaching its decision, the Tribunal has taken account of the SG and of the overarching objective as set out in the Medical Act 1983. The Tribunal was mindful not to give excessive weight to any one limb.
18. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Hutchinson’s interests with the public interest. It has borne in mind that the purpose of sanctions is not to be punitive, but to protect patients and the wider public interest, although a sanction may have a punitive effect.
19. The Tribunal was mindful that Dr Hutchinson’s personal mitigating circumstances carry less weight in this hearing when compared to a criminal proceeding, given the Tribunal’s primary objective is to protect the public.
20. In coming to its decision as to the appropriate sanction, if any, to impose, the Tribunal first considered whether to conclude the case by taking no action.

**No action**

21. The Tribunal determined that due to the ongoing risks it identified in its determination on impairment, it was neither proportionate nor appropriate to take no action in this case. The Tribunal did not consider that there were any exceptional circumstances that would justify such a disposal. Whilst not determinative of the issue, Mr Day, on behalf of Dr Hutchinson, conceded that such an outcome would not be appropriate.

### Conditions

22. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Hutchinson's registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.
23. The Tribunal had regard to paragraph 82 of the SG, set out in Ms Johnson's submissions. The Tribunal was satisfied that Dr Hutchinson has demonstrated that she has insight, a track record of compliance with conditions and the potential to respond to remediation and supervision. It therefore determined that imposing a period of conditions on Dr Hutchinson's registration would be the most appropriate sanction in this case.
24. The Tribunal's attention had been directed to paragraph 97c of the SG by Ms Johnson in relation to suspending Dr Hutchinson's registration. However, the Tribunal was satisfied, given the mitigating factors identified, that a sanction of suspension would be unduly punitive and disproportionate.
25. When considering which conditions to impose, the Tribunal had regard to XXX and Dr Hutchinson's current interim order conditions. Having done so, it has concluded that the conditions set out below are appropriate and proportionate to address the concerns identified and meet the overarching objective.
26. The following conditions relate to Dr Hutchinson's employment and will be published:
1. She must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:
    - a the details of her current post, including:
      - i her job title
      - ii her job location

- iii her responsible officer (or their nominated deputy)
  - b the contact details of her employer and any contracting body, including her direct line manager
  - c any organisation where she has practising privileges and/or admitting rights
  - d any training programmes she is in
  - e the organisation on whose medical performers list she is included
  - f the contact details of any locum agency or out of hours service she is registered with
2. She must personally ensure the GMC is notified:
- a of any post she accepts, before starting it
  - b that all relevant people have been notified of her conditions, in accordance with condition 6
  - c if any formal disciplinary proceedings against her are started by her employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
  - d if any of her posts, practising privileges, or admitting rights have been suspended or terminated by her employer before the agreed date within seven calendar days of being notified of the termination
  - e if she applies for a post outside the UK.
3. She must allow the GMC to exchange information with any person involved in monitoring her compliance with her conditions.
4. a She must have a workplace reporter appointed by her responsible officer (or their nominated deputy).
- b She must not work until:
- i her responsible officer (or their nominated deputy) has appointed her workplace reporter
  - ii she has personally ensured that the GMC has been notified of the name and contact details of her workplace reporter.
5. a She must get the approval of her GMC Adviser before accepting any post.

- b She must keep her professional commitments under review and limit her work if her GMC Adviser tells her to.
  - c She must stop work immediately if her GMC Adviser tells her to and must get the approval of her GMC Adviser before returning to work.
6. She must personally ensure the following persons are notified of the conditions listed at 1 to 5:
- a her responsible officer (or their nominated deputy)
  - b the responsible officer of the following organisations:
    - i her place(s) of work, and any prospective place of work (at the time of application)
    - ii all of her contracting bodies and any prospective contracting body (prior to entering a contract)
    - iii any organisation where she has, or has applied for, practising privileges and/or admitting rights (at the time of application)
    - iv any locum agency or out of hours service she is registered with
    - v if any of the organisations listed at (i to iv) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify that person, she must contact the GMC for advice before working for that organisation.
  - c the responsible officer for the medical performers list on which she is included or seeking inclusion (at the time of application)
  - d the approval lead of her regional Section 12 approval tribunal (if applicable) - or Scottish equivalent
  - e her immediate line manager and senior clinician (where there is one) at her place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

27. XXX

28. The Tribunal concluded that it is appropriate, necessary and proportionate to impose conditions on Dr Hutchinson's registration for a period of 12 months. The Tribunal

considered that this was the appropriate time period to allow Dr Hutchinson to continue XXX whilst completing her training and exams, and beginning work as GP Registrar.

29. The Tribunal determined to direct a review of Dr Hutchinson’s case. A review hearing will convene before the end of the period of conditional registration. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Hutchinson to demonstrate the extent to which she has remediated XXX and is safe to return to unrestricted practice. The Tribunal considered that it may assist the reviewing tribunal if Dr Hutchinson provided:

- Reflections on her progress and XXX;
- Up to date reports from her XXX educational supervisors.

30. This is not intended to be an exhaustive list, and Dr Hutchinson may provide any other information she considers will assist her at a review hearing.

#### **Determination on Immediate Order - 12/11/2020**

1. This determination will be read in private. However, as this case concerns Dr Hutchinson’s conviction a redacted version will be published at the close of the hearing XXX
2. Having determined to impose a period of conditions on Dr Hutchinson’s registration, the Tribunal now has to consider, in accordance with Rule 17(2)(o) of the Rules, whether Dr Hutchinson’s registration should be subject to an immediate order.

#### **Submissions**

##### On behalf of the GMC

3. Ms Johnson submitted that it was appropriate and necessary to make an immediate order given XXX, and the conditions the Tribunal have placed on Dr Hutchinson’s registration. She reminded the Tribunal that there would be a gap between Dr Hutchinson’s current conditions imposed by the Interim Orders Tribunal if the Tribunal did not now impose an immediate order of conditions. Ms Johnson submitted that an immediate order would ensure the public are protected. She drew the Tribunal’s attention to paragraphs 172 – 178 of the Sanctions Guidance (November 2019) ('SG'), which gives guidance on immediate orders.

Submissions on behalf of Dr Hutchinson

4. Mr Day submitted that he did not oppose an immediate order, and said it was expected where there was question of XXX public protection.

**The Tribunal's Determination**

5. The Tribunal was mindful that an immediate order is not an automatic decision, and if one were to be made it needed to be proportionate and meet the overarching objective.
6. The Tribunal determined that it was necessary to impose an immediate order of conditions on Dr Hutchinson's registration to protect the public, and that it was also in the public interest. The immediate order shall be in the same terms as the substantive order of conditions.
7. This means that Dr Hutchinson will have conditions placed on her registration from when notification is deemed to have been served. The substantive direction, as already announced, will take effect 28 days from when notice of this determination has been served upon Dr Hutchinson, 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. The interim order currently imposed on Dr Hutchinson's registration will be revoked when the immediate order takes effect.

**Confirmed**

**Date** 12 November 2020

Mr Julian Weinberg, Chair