PUBLIC RECORD

**Dates**: 29/03/2021 - 09/04/2021

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| **Medical Practitioner's name:** | Dr Bijal Mahendra TRIVEDI |
| **GMC reference number:** | 6077502 |
| **Primary medical qualification:** | MB BS 2003 University of London |

| Type of case | Outcome on facts | Outcome on impairment |
|---|---|---|
| New - Misconduct | Facts relevant to impairment found proved | Not Impaired |

**Summary of outcome**

Warning

**Tribunal:**

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| Legally Qualified Chair | Mr William Hoskins |
| Lay Tribunal Member: | Mrs Sue Wadham |
| Medical Tribunal Member: | Dr Joanne Topping |

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| Tribunal Clerk: | Mr Andrew Ormsby |

**Attendance and Representation:**

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| Medical Practitioner: | Present and represented |
| Medical Practitioner's Representative: | Mr Lee Gledhill, Counsel, of the Doctors Defence Service |
| GMC Representative: | Mr Thomas Moran, Counsel |

## Attendance of Press / Public

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

## Overarching Objective

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

## Determination on Facts - 01/04/2021

## Background

1. Dr Trivedi qualified in 2003 at the University of London and, prior to the events which are the subject of the hearing, he worked as an ST3/4 Registrar in Neurology at the Hull Royal Infirmary (2009 – 2011) and as a ST4/5 Registrar in Clinical Neurophysiology at King's College London (2011 – 2013). In addition, he was an honorary Registrar at Imperial College London NHS Trust where he was involved with prescribing of Investigational Medicinal Products at the Clinical Trials centre based in the Hammersmith Campus. He held the MRCP full qualification. At the time of the events with which the Tribunal is concerned Dr Trivedi was working, on occasion, for a company called Kool Pharma Ltd from 2014 to 2016 at basement premises occupied by that business in Harley Street.

2. Whilst working at Kool Pharma Ltd Dr Trivedi provided prescriptions to overseas patients for a variety of serious conditions, including leukaemia, renal transplantation, HIV and hyperparathyroidism. Kool Pharma Ltd went into liquidation in late 2016. On 29 January 2017 the Medicines and Healthcare products Regulatory Agency (MHRA) and the General Pharmaceutical Council conducted a joint inspection at Tweens Pharmacy in Bushey in Herts. The inspection was carried out due to concerns at the high number of medicines being purchased from wholesale dealers. In the course of the inspection a ring-binder was seized which contained numerous private prescriptions and it was discovered that approximately 63 private prescriptions had been signed by Dr Trivedi between September 2014 and April 2016. The prescriptions were all for people living outside the UK. They involved expensive drugs used in specialised settings for the treatment of the conditions referred to above. No clinical records in relation to the patients for whom the drugs had been prescribed could be found. In the absence of any records the factual evidence in the case consisted of some sparse documentation in relation to Kool Pharma Ltd and Dr Trivedi's account of the circumstances in which those prescriptions came to be written.

3. Dr Trivedi faces an allegation that he prescribed the medication referred to in the various schedules when he did not have the required training or experience.

4. A number of further particularised criticisms of his prescribing practice are made. These include criticisms of the periods for which some prescriptions were written, alleged failures to adequately consider the medical history of the patients and to arrange for physical assessments and blood tests when prescribing the medications, an alleged failure to obtain written consent and appropriate referral documentation from the treating physician, the inappropriate prescription of single drugs when such drugs needed to be used in combination with others and alleged failures to monitor side-effects and arrange appropriate follow-up. It is also alleged that Dr Trivedi failed to make appropriate medical records or obtain formal referral letters.

5. The initial concerns were raised with the GMC on 7 April 2017 following a referral from the MHRA.

## The Outcome of Applications Made during the Facts Stage

6. The Tribunal granted the GMC's application, made pursuant to Rule 17(6) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that Schedule 5 be amended. The Tribunal's full decision on the application is included at Annex A.

## The Allegation and the Doctor's Response

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

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

1. You issued the prescriptions as set out in Schedules 1 to 11 and you prescribed the medication when you did not have the required training and/or experience. Admitted and Found Proved

2. You issued the prescriptions as set out in Schedule 1 and you:

   a. inappropriately prescribed the medication for more than 30 days; Admitted and Found Proved

   b. failed to:

      i. adequately consider the medical history of the patient(s) when prescribing the medication; To be determined

      ii. follow-up with the patient(s); Admitted and Found Proved

      iii. monitor the patient(s) for:

1. response; **Admitted and Found Proved**

2. side-effects; **Admitted and Found Proved**

iv. obtain written consent from the patient(s); **To be determined**

v. arrange for:

1. physical assessments of the patient(s) to be undertaken; **To be determined**

2. blood tests to be taken; **To be determined**

prior to the prescriptions being issued;

vi. provide the patient(s) with written information about Sprycel. **To be determined**

3. You issued the prescriptions as set out in Schedule 2 and you:

a. inappropriately prescribed the medication:

i. for extended courses of 150 days when the patient(s) were not under your:

1. direct; **Admitted and Found Proved**

2. shared; **Admitted and Found Proved**

care;

ii. without ensuring that the patient's hospital team were appropriately monitoring:

1. Advagraf drug levels in the blood; **Admitted and Found Proved**

2. renal/liver blood tests; **Admitted and Found Proved**

iii. with no ongoing follow-up; **Admitted and Found Proved**

b. failed to make an adequate clinical record, in that you did not record the monitoring of:

i. drug levels; **Admitted and Found Proved**

ii. renal/liver blood tests; **Admitted and Found Proved**

during the patient's time in the United Kingdom.

4. You issued the prescriptions as set out in Schedule 3 and you:

   a. inappropriately prescribed the dual combination medication on its own, without a third drug; To be determined

   b. failed to make an adequate clinical record, in that you did not record whether you were aware of any other antiretroviral medications the patient(s) were on. To be determined

5. You issued the prescriptions as set out in Schedules 3 to 10 and you failed to:

   a. discuss the patient(s) in team meetings and/or multidisciplinary team meetings with regards to the decision making around the choice of antiretrovirals and the prescriptions; To be determined

   b. ensure that the patient(s) were already on the treatment prior to prescribing, in that you did not contact the patient's treating consultant to obtain the details of the:

      i. current stage of HIV; To be determined

      ii. viral load; To be determined

      iii. CD4 count; To be determined

      iv. treatment history; To be determined

      v. other medications that the patient(s) were on; To be determined

   c. make an adequate clinical record, in that you did not record:

      i. any details of the clinical consultations prior to continuing the treatment; To be determined

      ii. any communication you had with the patient's treating physicians; To be determined

      iii. that you had prescribed the medication on an emergency basis. To be determined

6. You issued the prescriptions as set out in Schedule 4 and you:

   a. inappropriately prescribed the dual combination medication on its own, without a third drug; To be determined

   b. failed to make an adequate clinical record, in that you did not record whether you prescribed the medication as pre-exposure prophylaxis. To be determined

7. You issued the prescriptions as set out in Schedule 5 and you inappropriately prescribed the medication:

    a. as a single drug; To be determined

    b. when it is not currently used in routine practice. To be determined

8. You issued the prescriptions as set out in Schedules 5, 6 and 8 and you:

    a. failed to obtain a:

        i. formal referral letter; To be determined

        ii. written request for a repeat prescription; To be determined

    from the patient's treating physician(s);

    b. failed to make an adequate clinical record, in that you did not record a clear justification as to why you prescribed the medication as a single drug. To be determined

9. You issued the prescription as set out in Schedule 6 and you inappropriately prescribed the medication as a single drug. To be determined

10. You issued the prescription as set out in Schedule 7 and you:

    a. inappropriately prescribed the medication without two other agents; To be determined

    b. failed to make an adequate clinical record, in that you did not record a clear justification as to why you prescribed the medication on its own, without two other agents. To be determined

11. You issued the prescription as set out in Schedule 8 and you inappropriately prescribed the medication:

    a. as a single drug; To be determined

    b. without boosting with Ritonavir. To be determined

12. You issued the prescription as set out in Schedule 11 and you failed to:

    a. determine whether the drug was clinically appropriate, in that you prescribed the medication without a clearly confirmed diagnosis from a referring specialist; To be determined

    b. record a clear explanation as to why the drug was clinically appropriate; To be determined

c. ensure appropriate monitoring was in place to check:

i. blood calcium levels; To be determined

ii. possible side effects. To be determined

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

## The Admitted Facts

8. At the outset of these proceedings, through his counsel, Dr Trivedi made admissions to various paragraphs and sub-paragraphs of the Allegation.

9. However, when he came to give his evidence in relation to the matters set out from paragraph 4 onwards it became clear that Dr Trivedi did not admit the factual particulars of a number of allegations to which he had entered admissions. He had entered those admissions, he said, on the basis that the expert evidence in the case suggested that his practice had been below standard. The Council did not object to Dr Trivedi withdrawing some of the admissions that he had made and the Tribunal concluded that it was in the interests of justice that he be permitted to do so in order that the relevant factual issues could be determined by the Tribunal.

10. The Allegation and admissions set out above represent the position after this issue had been dealt with. The Tribunal found the matters admitted above proved by way of admission.

## The Facts to be Determined

11. In light of Dr Trivedi's response to the Allegation made against him, the Tribunal is required to determine whether Dr Trivedi failed to adequately consider the medical history of patient(s) or obtain written consent from patient(s) when prescribing medication. Further, the Tribunal is also required to determine whether Dr Trivedi issued prescriptions in inappropriate combinations and did not make an adequate clinical record regarding clinical consultations and prescriptions or why a drug was clinically appropriate. The Tribunal is also required to determine whether Dr Trivedi failed to obtain referral letters and written requests for a repeat prescription from the patients' treating physician(s) or ensure proper monitoring was in place.

12. Dr Trivedi provided a number of detailed written responses to the particulars of the Allegation which he confirmed and supplemented in his oral evidence.

13. In his evidence Dr Trivedi explained that he had come into contact with Kool Pharma Ltd in 2014 when he happened to notice a job advertisement displayed on the glass door of basement premises in Harley Street. On enquiring about the post, he was told that his qualifications were suitable and that he would be prescribing repeat prescriptions of medication for overseas patients who found such medication difficult to obtain in their own countries. He was told that any communication with Kool Pharma Ltd or treating physicians was to be conducted by telephone. Dr Trivedi told the Tribunal that, although at times there were some doubts at the back of his mind about what he was being asked to do, he was reassured by the fact that Kool Pharma Ltd appeared to be registered with the Care Quality Commission (CQC) and there was a registered superintendent pharmacist on the premises together, on occasion, with another doctor.

14. Dr Trivedi stated that he saw the patients in person at the basement premises in Harley Street. The patients' identity was confirmed by the Kool Pharma Ltd reception staff. He was provided with a wallet containing relevant medical records, including the results of blood tests, and carried out his own physical examination. Following this he spoke to the patients' treating physician at their treating institution; a consent form was completed and Dr Trivedi would then write a prescription. These notes; the consent form and prescription were then placed in the patient's wallet, and were then handed to the patient, who would then return them to the reception. He stated that he made an appropriate clinical record of each consultation. The records were retained by Kool Pharma Ltd.

15. Dr Trivedi accepted that he had very limited or no experience of the medications he was prescribing but considered, at the time, that his general clinical experience, supplemented by targeted reading, including the NICE guidelines and drug manufacturers' information, enabled him to prescribe these repeat prescriptions safely. He emphasised that his understanding was that the patients were coming to the UK to obtain the medication but would be taking the medication in their home countries under the supervision of their treating physicians. He estimated that he had seen about 65 patients over the course of two years. He told the Tribunal that the patients he saw were on established treatment regimes to which they were responding well.

16. When notified of the GMC investigation, he stated that he tried to obtain the clinical records of his consultations but discovered that Kool Pharma Ltd had gone into liquidation and there were no records either at the basement premises which the company had formerly occupied or with the liquidators.

17. Dr Trivedi placed before the Tribunal a number of written testimonials from former colleagues and friends which spoke to their opinion of his professionalism and integrity, together with other materials such as former appraisals relating to his career in medicine.

## Expert Witness Evidence

18. The Tribunal also received evidence from five expert witnesses in the form of written reports which were agreed. These reports set out the opinions of the experts in relation to appropriate standards when prescribing the various medications referred to in the schedules.

19. Dr S, Consultant Neurologist, provided a written opinion to the effect that Dr Trivedi's previous training and experience in neurology and neurophysiology would not have provided him with any expertise in the prescription of any medication referred to in the schedules.

20. Dr T, Consultant Haematologist, provided a written opinion in relation to Dr Trivedi's prescribing of Sprycel, a drug used in the specialised treatment of chronic myeloid leukaemia. She was of the view that Dr Trivedi was not qualified to prescribe chemotherapy or any anti-cancer drugs, including Sprycel.

21. Dr U, Consultant Hepatologist, provided an opinion in relation to the prescribing of Advagraf, a drug used in the treatment of patients with kidney or liver disease. He stated that its ongoing prescription and maintenance was now routinely undertaken by the hospital treating team, although until 2017 General Practitioners would on occasion prescribe it under supervision and guidance from the hospital team. He was critical of Dr Trivedi for wide-ranging prescription of specialist medications often for long durations.

22. Dr V, Consultant Physician in Infectious Diseases and General Internal Medicine, provided a written opinion in relation to Dr Trivedi's prescription of a number of anti-retroviral medicines used in the treatment of HIV. His opinion was that Dr Trivedi had not been trained to prescribe these medicines, nor did he have any relevant experience in prescribing them.

23. Professor W, Consultant Endocrinologist, provided a written opinion in relation to the prescription of Mimpara, a drug used in the treatment of hyperparathyroidism. His opinion was that Dr Trivedi could appropriately prescribe this drug in the context of being asked to do so by a specialist, provided that the standards set out in Good Medical Practice (GMP) and GMC guidance on prescribing were followed.

## Documentary Evidence

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

- Document prepared by Mr X of the Medicines and Healthcare products Regulatory Agency, dated 29 June 2018;
- Prescriptions, various dates;
- Kool Pharma Limited Companies House search result, undated;
- Emails between the GMC and Dr Trivedi, dated 11 April 2019;

- Answers by Dr Trivedi to questions raised by the MDU, undated;
- Emails between the GMC and Smith & Williamson LLP, dated 21 February 2020;
- Letter from the GMC to Joogee Pharma Limited, dated 19 November 2020;
- Character reference from Dr Y, dated 7 December 2020;
- Dr Trivedi Rule 28 submission, dated 6 January 2021;
- Clinical Supervisor's Report: Dr Y, dated 21 January 2021;
- Dr Trivedi's response to the allegations, dated 4 March 2021;
- Imperial College Healthcare NHS Trust appraisal, dated 22 May 2015;
- Imperial College Healthcare NHS Trust appraisal, dated 20 May 2016;
- Imperial College Healthcare NHS Trust appraisal, dated 22 May 2017;
- Patient consent form;
- Kool Pharma, patient proforma;
- Kool Pharma: Contract for Services;
- Testimonial from Professor Z, dated 16 January 2020;
- Testimonial from Professor AA, Consultant Clinical Neurophysiologist, Imperial College London, Hammersmith Hospital, email dated 10 August 2018
- Testimonial from Dr BB, Consultant Clinical Neurophysiologist, Imperial College Healthcare NHS Trust Charing Hospital, dated 20 July 2020;
- Testimonial from Dr CC, Consultant Neurologist, Hull Spire Hospital, email dated 20 July 2020;
- Testimonial from Dr DD, MBBS, emailed 16 August 2018;
- Testimonial from Dr EE, Consultant Neurologist Basildon Hospital, email dated 3 August 2018;
- Certificate of Achievement, National Institute for Health Research, Introduction to Good Clinical Practice eLearning, dated 2 April 2019;
- Dr Trivedi's Curriculum Vitae;
- Dr Trivedi's Rule 7 response, dated 24 February 2020; and
- Documents provided with Dr Trivedi's Rule 7 response, of various dates.

## Submissions

25. Mr Moran, on behalf of the GMC, submitted that the evidence given by Dr Trivedi was highly implausible in a number of respects, not least the circumstances in which Dr Trivedi had come to work for Kool Pharma Ltd. He invited the Tribunal to conclude that Dr Trivedi was now giving an account of what should have occurred in relation to his prescribing practice, not what had actually occurred. He invited the Tribunal to reject Dr Trivedi's evidence and to conclude that the various particularised failures in prescribing practice were

therefore established. He accepted that there was an unavoidable evidential vacuum in the case due to the absence of any clinical records.

26. Mr Gledhill, on behalf of Dr Trivedi, submitted that while Dr Trivedi might well have been naïve, he had not been dishonest in the evidence he had given to the Tribunal. He referred to the evidence of good character adduced by Dr Trivedi and the absence of previous regulatory findings against him. He submitted that there was insufficient evidence to enable the Tribunal to find the particularised failures proved on a balance of probabilities.

## The Tribunal's Approach

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

28. The Tribunal has taken into account the evidence of good character adduced by Dr Trivedi when assessing his credibility and absence of propensity to behave in the way alleged.

## The Tribunal's Analysis of the Evidence and Findings

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

### Sprycel Prescriptions

### Paragraph 2(b)(i)

> *'You issued the prescriptions as set out in Schedule 1 and you:*
>
> *You failed to:*
>
> *i. adequately consider the medical history of the patient(s) when prescribing the medication;'*

30. The Tribunal took into account Dr Trivedi's oral account and written responses. Dr Trivedi told the Tribunal that a wallet folder containing documentation from the patient's treating home physician would be given to the patient who would then enter his consulting room. Dr Trivedi would check through the folder and ask the patient questions regarding their existing treatment including the list of medicines the patient was already on *'with confirmation of the medicine(s) that the patient's home treating physician was having difficulty in procuring for their patient.'*

31. Dr Trivedi also stated that the patients needed Sprycel because:

*'this was the treatment that they were on which was putting their condition into remission as stated in the referral letter by the patient's treating home physician; results from blood tests performed by the home institution that demonstrated the absence of Philadelphia chromosome positive cells in the blood and the absence of clinically significant blood related side effects from the medicine including the full blood count and liver function tests; a recent chest X-ray radiograph report and a recent electrocardiogram print out with report'.*

32. Dr Trivedi further stated that the medical history of the patient was considered when deciding which treatment was best suited for the patient:

*'All of this was considered in the medical history of the patient and supporting investigations that demonstrated that the treatment was best suited for the patient as well as the history that was given to me by the patient where the following side effects were enquired about according to the drug manufacturers leaflet and subsequently not reported to exist (infection, lethargy, fatigue, bleeding problems, shortness of breath, chest pains, headaches, visual disturbances, depression, diarrhea [sic], vomiting, nausea, muscle pain and noted skin rashes).'*

33. The Tribunal considered that Dr Trivedi had been consistent in his account in this respect and the account was perfectly plausible. There was no evidence to contradict it.

34. The Tribunal noted that Dr T had stated that if Dr Trivedi's account was accepted the process he followed in this regard was acceptable.

35. In the absence of any evidence to contradict Dr Trivedi's account, and having regard to the evidence of good character adduced, the Tribunal was not satisfied on a balance of probabilities that Dr Trivedi had failed to adequately consider the medical history of the patients when prescribing the medication.

36. This allegation is therefore not proved.

## Paragraph 2(b)(iv)

*'Failed to obtain written consent from the patient(s);'*

37. The Tribunal noted Dr Trivedi's Rule 7 response which he confirmed in this oral evidence. His Rule 7 response was in the following terms:

*'1.7.7. I would then ask the patient to complete the consent form (page 7 in the indexed exhibits bundle) prior to any prescription being written by myself for subsequent dispensing by Kool Pharma. I would then issue the prescription with my letterhead, put it back in the wallet folder together will all the notes made during the*

*consultation and I would hand the folder back to the patient, thank them for coming to see me and I would tell them to take the folder back to the reception.'*

*'2.2.6. Written consent was obtained from every patient.'*

38. The Tribunal was shown a proforma consent form which Dr Trivedi said that he had been given when he signed his contract with Kool Pharma Ltd. He had kept this form and told the Tribunal that this was the type of form he had used in his consultations.

39. There was no evidence to contradict this.

40. Accordingly, the Tribunal found that paragraph 2(b)(v) was not proved.

## Paragraph 2(b)(v)

*'Failed to arrange for:*
*1. physical assessments of the patient(s) to be undertaken;*
*2. blood tests to be taken;*
*prior to the prescriptions being issued;'*

41. In his Rule 7 response, confirmed in his oral evidence, Dr Trivedi told the Tribunal that he would enquire about the date of the patient's diagnosis, monitor basic vital signs and *'go through the list of side effects as stated in the drug manufacturer's leaflet'* and rule out potential side effects from their current usage of the requested repeat prescription:

*'I would take a blood pressure and monitor some basic vital signs and I would usually document in the proforma page (page 8 in the indexed exhibits bundle) [sic] and sometimes in the additional letter headed blank note paper, before examining the patient fully for any adverse effects from treatment as stated on the drug manufacturer's leaflet for that specific medicine that was requested by the patient's home treating physician. I would document my findings in the blank additional/continuation-sheet that had a Kool Pharma letter head.'*

42. The Tribunal also noted that Dr Trivedi stated that he performed physical assessments on all patients whom he consulted:

*'2.2.7 I performed physical assessments on all patients whom I consulted to rule out clinically significant side effects as stated in the drug manufacture's leaflet (infection, anemia [sic], bleeding, fluid retention, respiratory and cardiovascular problems and skin rashes) before the prescription of continued requested medication was issued by myself. The physical assessments took place in the first consultation room to the right, past the entrance of Kool Pharma premises in Harley Street.'*

43. Further the Tribunal noted that Dr T had stated in email correspondence, dated 18 October 2020, that if the process outlined by Dr Trivedi was followed such a process would be acceptable. Dr T pointed out that:

*'According to Dr Trivedi, he was given the patients latest blood results…'*

44. There was no evidence to contradict Dr Trivedi's account. The Tribunal noted that Dr T did not consider it incumbent on Dr Trivedi to arrange blood tests provided that he was furnished with the results of blood tests taken abroad.

45. Accordingly the Tribunal found this allegation not proved.

### Paragraph 2(b)(vi)

*'Failed to provide the patient(s) with written information about Sprycel.'*

46. The Tribunal noted Dr Trivedi's Rule 7 response confirmed in his oral evidence:

*'2.2.9 The drug manufacturers leaflet on sprycel was put in the A4 Wallet folder before my consultation with the patient. During the consultation, I would refer to this leaflet/written information about sprycel with attention to its side effects which I would aim to rule out before putting this leaflet back in the wallet folder. After the consultation, the patient would take the wallet folder back to the reception and they may request the staff to give them that leaflet from the folder if they wanted it for their reference. The drug information leaflet would also be present in the medication box dispensed to them as published by the drug manufacturer.'*

47. The Tribunal took into account Dr T's opinion that if Dr Trivedi's account was accepted then the process that he followed was acceptable. This would include Dr Trivedi's practice of referring the patients to the drug manufacturers' leaflet.

48. The Tribunal further noted that drug manufacturers' leaflets containing information about Sprycel would be supplied as a matter of course in the sealed boxes of medication.

49. The Tribunal concluded that there was no evidence to contradict Dr Trivedi's account and that account was not inherently implausible. Dr T had stated that his practice was acceptable if his account was accepted. The Tribunal did not find on a balance of probabilities that Dr Trivedi was giving dishonest or unreliable evidence in this respect.

50. Accordingly, this allegation was not proved.

## HIV medication

### Paragraph 4(a) and 4(b)

*'You issued the prescriptions as set out in Schedule 3 and you:*

*a. inappropriately prescribed the dual combination medication on its own, without a third drug;*

*b. failed to make an adequate clinical record, in that you did not record whether you were aware of any other antiretroviral medications the patient(s) were on.'*

51. The Tribunal noted Dr Trivedi's Rule 7 response in respect of paragraph 4(a) and 4(b) which he confirmed in his oral evidence:

*'2.4.1 Patients were already on triple therapy and had an adequate supply of the third drug which was easily obtainable in the patients' country as stated in the patient's treating physicians request letter and so there was no need for me to supply the third drug in addition to the dual combination on repeat prescription. I had documented this clearly in the Kool Pharma clinical records of all patients.'*

52. Further, Dr Trivedi stated that he *'recorded all other antiretroviral medications that the patient was on'.*

53. The Tribunal noted that there is no evidence to contradict Dr Trivedi's statements in this respect.

54. Accordingly, the Tribunal found this allegation not proved.

## Paragraph 5(a)

*'You issued the prescriptions as set out in Schedules 3 to 10 and you failed to:*

*discuss the patient(s) in team meetings and/or multidisciplinary team meetings with regards to the decision making around the choice of antiretrovirals and the prescriptions;'*

55. The Tribunal noted Dr Trivedi's Rule 7 response in respect of this allegation:

*'2.5.1. I cannot say if any MDT meetings were arranged by patient's home treating physicians at the client institutions home countries regarding the decision/choice of antiretrovirals before the presentation of a referral to me. Overseas countries may not operate the same system as in the UK, and this should be taken into account by the case examiners. However, I confirmed with all treating physicians that the requested medication did actually stabilise blood viral levels with a good response and with little or no clinically significant side effects according to each of the prescribed drug manufacturer's leaflets and with reference to results of previous blood tests performed by the patient's home institution. The only person whom I discussed the prescribing of antiretrovirals to was with was the patient's home treating physician and this was to*

*confirm that the viral load was stable on current therapy with no clinically significant side effects that would preclude continuation of the treatment'*

56. The Tribunal further noted Dr V's opinion that, as Dr Trivedi was providing repeat prescriptions on instruction of the physician in charge of the patient, a multi-disciplinary discussion was not always necessary.

57. The Tribunal concluded therefore that, in the circumstances in which Dr Trivedi was prescribing, a multidisciplinary team meeting was not required. Therefore, the Tribunal found that paragraph 5(a) was found not proved.

Paragraph 5(b) (i) (ii) (iii) (iv) and (v)

*'You issued the prescriptions as set out in Schedules 3 to 10 and you failed to:*

*a. ensure that the patient(s) were already on the treatment prior to prescribing, in that you did not contact the patient's treating consultant to obtain the details of the:*

*i. current stage of HIV;*

*ii. viral load;*

*iii. CD4 count;*

*iv. treatment history;*

*v. other medications that the patient(s) were on'*

58. The Tribunal noted Dr Trivedi's Rule 7 response:

*'2.5.3 The referral letter from the patient's treating physician stated the current stage of HIV, viral load, CD4 count, treatment history and all other medicines the patient was on in addition to any noted side effects from all treatments and the effectiveness of the present anti-retroviral regime on the patient. Documented blood tests results from the home institution confirmed patients' viral load and CD4 counts with dates of the oldest blood tests between 3 and 6 months prior to the Harley Street appointment and that demonstrated testing intervals of 3 to 4 months between tests were present with the referral as supporting evidence that the treatment was efficacious. During every consultation that I had with the patients, I talked with the patient's treating physician to confirm all the details in the referral and blood investigations before issuing a prescription for the stated medicine, dose and supply.'*

59. The Tribunal concluded that as there was no evidence to contradict Dr Trivedi's statement and it was not persuaded that Dr Trivedi was giving dishonest evidence it was impossible to find this allegation proved on the balance of probabilities.

## Paragraph 5 (c) (i), (ii) and (iii)

*'You issued the prescriptions as set out in Schedules 3 to 10 and you failed to:*

*c. make an adequate clinical record, in that you did not record:*

*i. any details of the clinical consultations prior to continuing the treatment;*

*ii. any communication you had with the patient's treating physicians;*

*iii. that you had prescribed the medication on an emergency basis.'*

60. The Tribunal noted Dr Trivedi's Rule 7 response:

*'All clinical consultations including the date and time as well as the communication that I had with the patient's home treating physicians and the documented need to prescribe the medication on an urgent basis were documented in all of the clinical records prior to the issuing of any prescription and subsequent dispensing of any anti-HIV treatment. All clinical records belonged to Kool Pharma in the Harley Street premises.'*

61. The Tribunal concluded that there was no evidence to contradict Dr Trivedi's statement.

62. The Tribunal considered that there was no proof that Dr Trivedi had not made adequate clinical records in relation to this allegation. It noted that the burden was on the GMC to prove the allegation. Therefore, the Tribunal concluded that paragraph 5(c) was found not proved.

## Paragraph 6 (a) and (b)

*'You issued the prescriptions as set out in Schedule 4 and you:*

*a. inappropriately prescribed the dual combination medication on its own, without a third drug;*

*b. failed to make an adequate clinical record, in that you did not record whether you prescribed the medication as pre-exposure prophylaxis.'*

63. The Tribunal noted Dr Trivedi's Rule 7 response confirmed in his oral evidence:

*'2.6.1 The dual medication was prescribed on its own because the patient had sufficient quantity of the third medication which was reliably and readily obtainable in the patients' home country as stated in the treating physician's referral letter and confirmed by the patient during my consultation with them. For this reason, there was no clinical need for me to prescribe the third medicine on an urgent basis and I had documented this in my clinical consultation notes.'*

64. The Tribunal further noted that Dr Trivedi stated in response to the record keeping allegation that:

*'The medicine was prescribed for the treatment of existing HIV infection and was not pre-exposure prophylaxis for any of the patients concerned. This was stated in the treating physician's referral letter and subsequently documented in my consultation notes. All clinical records belonged to Kool Pharma in the Harley Street premises...'*

65. The Tribunal concluded that as there was no evidence to prove that an adequate clinical record had not been made it was not possible to find this allegation proved on the balance of probabilities.

66. The Tribunal further noted that Dr Trivedi's account was that all the patients that he saw were on established treatment regimes.

67. On the balance of probabilities, and in the absence of any evidence to the contrary, the Tribunal found that paragraph 6(a) and 6(b) were not proved.

## Paragraph 7 (a)

*'You issued the prescriptions as set out in Schedule 5 and you inappropriately prescribed the medication:*

*a. as a single drug;'*

68. The Tribunal noted Dr Trivedi's Rule 7 response confirmed in his oral evidence:

*'2.7.1 All patients who needed Celsentri were already on triple therapy for the medical management of their HIV and it was Celsentri that was stated as being difficult to obtain reliably at that time in their home country and not the other medicines in the treating physicians referral letter, which is why Celsentri was needed on an urgent basis and which was prescribed and not the other medicines. I documented this in my consultation notes, ...'*

69. There was no evidence to suggest that Dr Trivedi's account in this respect was inaccurate, the Tribunal therefore concluded that paragraph 7(a) was not proved.

## Paragraph 7(b)

*'You issued the prescriptions as set out in Schedule 5 and you inappropriately prescribed the medication:*

*b. when it is not currently used in routine practice.*

70. The Tribunal noted that Dr Trivedi, on his account, was providing repeat prescriptions only. Further, the Tribunal considered that the reference in Dr V's report to Celsentri not being currently used in routine practice was in the nature of an aside rather than a specific criticism.

71. According, the Tribunal finds this allegation not proved.

## Paragraph 8 (a) and (b)

*'You issued the prescriptions as set out in Schedules 5, 6 and 8 and you:*

*a. failed to obtain a:*

*i. formal referral letter;*
*ii. written request for a repeat prescription;*
*from the patient's treating physician(s);'*

*b. failed to make an adequate clinical record, in that you did not record a clear justification as to why you prescribed the medication as a single drug.'*

72. The Tribunal noted Dr Trivedi's Rule 7 response to this allegation as confirmed in his oral evidence:

*'2.8.1 All patients who needed Viread were already on triple therapy for the medical management of their HIV and it was Viread that was stated as being difficult to obtain reliably at that time in their home country and not the other medicines in the treating physicians referral letter, which is why Viread was needed on an urgent basis which was prescribed and not the other medicines. I documented this in my consultation notes, please also see sections 2.6.1 and 2.7.1 for similar explanations.'*

*'2.6.1 The dual medication was prescribed on its own because the patient had sufficient quantity of the third medication which was reliably and readily obtainable in the patients' home country as stated in the treating physician's referral letter and confirmed by the patient during my consultation with them. For this reason, there was*

*no clinical need for me to prescribe the third medicine on an urgent basis and I had documented this in my clinical consultation notes.'*

*'2.7.1 All patients who needed Celsentri were already on triple therapy for the medical management of their HIV and it was Celsentri that was stated as being difficult to obtain reliably at that time in their home country and not the other medicines in the treating physicians referral letter, which is why Celsentri was needed on an urgent basis and which was prescribed and not the other medicines. I documented this in my consultation notes, see section 2.6.1 for a similar explanation.'*

73. The Tribunal considered that in order to find this allegation proved on the balance of probabilities it would have to conclude that Dr Trivedi had provided dishonest evidence.

74. The Tribunal noted that there was no evidence to contradict Dr Trivedi's statements and the Tribunal did not conclude that Dr Trivedi's evidence was dishonest.

75. In the circumstances, the Tribunal could not find that this allegation was proved in the absence of probative evidence. Accordingly, the Tribunal found paragraph 8(a) and 8(b) to be not proved.

## Paragraph 9

*'9. You issued the prescription as set out in Schedule 6 and you inappropriately prescribed the medication as a single drug.'*

76. The Tribunal noted Dr Trivedi's Rule 7 response as confirmed in his oral evidence:

*'2.8.1 All patients who needed Viread were already on triple therapy for the medical management of their HIV and it was Viread that was stated as being difficult to obtain reliably at that time in their home country and not the other medicines in the treating physicians referral letter, which is why Viread was needed on an urgent basis which was prescribed and not the other medicines. I documented this in my consultation notes, please also see sections 2.6.1 and 2.7.1 for similar explanations.'*

77. Accordingly, as there was no evidence to prove on the balance of probabilities that Dr Trivedi's evidence was inaccurate or dishonest, the Tribunal concluded that paragraph 9 was found not proved.

## Paragraph 10 (a) and (b)

*'You issued the prescription as set out in Schedule 7 and you:*

*a. inappropriately prescribed the medication without two other agents;*

*b. failed to make an adequate clinical record, in that you did not record a clear justification as to why you prescribed the medication on its own, without two other agents.'*

78. The Tribunal noted Dr Trivedi's relevant Rule 7 response in regard to this allegation:

*'2.9.1 All patients who needed Prezista/Norvir were already on triple therapy for the medical management of their HIV and it was Prezista/Norvir that was stated as being difficult to obtain reliably at that time in their home country and not the other medicines in the treating physicians referral letter, which is why Prezista/Norvir was needed on an urgent basis and which was prescribed and not the other medicines.'*

79. Accordingly, and for the same reasons as apply to paragraphs 7 and 9 of the Allegation, the Tribunal concluded that paragraph 10 was found not proved.

## Paragraph 11

*'You issued the prescription as set out in Schedule 8 and you inappropriately prescribed the medication:*

*a. as a single drug;*

*b. without boosting with Ritonavir.'*

80. The Tribunal noted Dr Trivedi's relevant Rule 7 response confirmed in his oral evidence:

*'All patients who needed Prezista by itself were already taking triple therapy and Norvir (Ritonavir) for the medical management of their HIV and it was Prezista that was stated as being difficult to obtain at that time in their home country and not the other medicines in the treating physicians referral letter, which is why Prezista was needed on an urgent basis and which was prescribed and not the other medicines.'*

81. Accordingly, and for the same reasons as apply to paragraphs 7, 9 and 10 of the Allegation, the Tribunal concluded that paragraph 11 was found not proved.

## Paragraph 12

*'You issued the prescription as set out in Schedule 11 and you failed to:*

*a. determine whether the drug was clinically appropriate, in that you prescribed the medication without a clearly confirmed diagnosis from a referring specialist;*

*b. record a clear explanation as to why the drug was clinically appropriate;*

*c. ensure appropriate monitoring was in place to check:*

*i. blood calcium levels;*

*ii. possible side effects.'*

82. The Tribunal was mindful of Dr Trivedi's Rule 7 response confirmed in his oral evidence:

> *'2.11.1 The drug Mimpara was deemed clinically appropriate according to the patient's treating physician's letter that stated that the patient could not undergo corrective surgery for their primary hyperparathyroidism because the patients did not consent to surgery and therefore were needing to take the drug as medical treatment for their condition. Blood test results that were present with the referral confirmed the initial diagnosis of hyperparathyroidism and subsequent blood test results (each separated by an interval of about 30 days) demonstrated normalization of blood calcium levels (treatment response) in addition to normal urea and electrolyte levels (no adverse blood related side effects) whilst the patient was on Mimpara and therefore this drug was deemed to be clinically appropriate for the patients. I confirmed all this information with the treating physician on the phone and I documented everything in the clinical consultation notes.'*

83. The Tribunal noted that Dr Trivedi stated that he only prescribed Mimpara on two occasions. He stated that he confirmed the relevant information with the treating physician and documented this information in the patients' notes.

84. Professor W, in his expert report dated 29 November 2019, stated that:

> *'If Dr Trivedi's account is to be believed and he was provided with these referral letters and all relevant clinical information, and that he contacted the overseas specialists, then I would take the view that he was practising appropriately and according to the standards, and therefore that the care provided was not below the standard expected.'*

85. As there is no substantive evidence to contradict Dr Trivedi's account and the Tribunal has not been persuaded that Dr Trivedi was giving dishonest or unreliable evidence this allegation is not proved.

86. Accordingly, the Tribunal concluded that paragraph 12 (a), (b) and (c) (i) and (ii) were found not proved.

## The Tribunal's Overall Determination on the Facts

87. The Tribunal has determined the facts as follows:

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

1. You issued the prescriptions as set out in Schedules 1 to 11 and you prescribed the medication when you did not have the required training and/or experience. **Admitted and Found Proved**

2. You issued the prescriptions as set out in Schedule 1 and you:

   a. inappropriately prescribed the medication for more than 30 days; **Admitted and Found Proved**

   b. failed to:

      i. adequately consider the medical history of the patient(s) when prescribing the medication; **Found not proved**

      ii. follow-up with the patient(s); **Admitted and Found Proved**

      iii. monitor the patient(s) for:

         1. response; **Admitted and Found Proved**

         2. side-effects; **Admitted and Found Proved**

      iv. obtain written consent from the patient(s); **Found Not Proved**

      v. arrange for:

         1. physical assessments of the patient(s) to be undertaken; **Found Not Proved**

         2. blood tests to be taken; **Found Not Proved**

      prior to the prescriptions being issued;

      vi. provide the patient(s) with written information about Sprycel. **Found Not Proved**

3. You issued the prescriptions as set out in Schedule 2 and you:

   a. inappropriately prescribed the medication:

      i. for extended courses of 150 days when the patient(s) were not under your:

1. direct; **Admitted and Found Proved**

2. shared; **Admitted and Found Proved**

care;

ii. without ensuring that the patient's hospital team were appropriately monitoring:

1. Advagraf drug levels in the blood; **Admitted and Found Proved**

2. renal/liver blood tests; **Admitted and Found Proved**

iii. with no ongoing follow-up; **Admitted and Found Proved**

b. failed to make an adequate clinical record, in that you did not record the monitoring of:

i. drug levels; **Admitted and Found Proved**

ii. renal/liver blood tests; **Admitted and Found Proved**

during the patient's time in the United Kingdom.

4. You issued the prescriptions as set out in Schedule 3 and you:

a. inappropriately prescribed the dual combination medication on its own, without a third drug; **Found Not Proved**

b. failed to make an adequate clinical record, in that you did not record whether you were aware of any other antiretroviral medications the patient(s) were on. **Found Not Proved**

5. You issued the prescriptions as set out in Schedules 3 to 10 and you failed to:

a. discuss the patient(s) in team meetings and/or multidisciplinary team meetings with regards to the decision making around the choice of antiretrovirals and the prescriptions; **Found Not Proved**

b. ensure that the patient(s) were already on the treatment prior to prescribing, in that you did not contact the patient's treating consultant to obtain the details of the:

i. current stage of HIV; **Found Not Proved**

ii. viral load; **Found Not Proved**

iii. CD4 count; **Found Not Proved**

iv. treatment history; Found Not Proved

v. other medications that the patient(s) were on; Found Not Proved

c. make an adequate clinical record, in that you did not record:

i. any details of the clinical consultations prior to continuing the treatment; Found Not Proved

ii. any communication you had with the patient's treating physicians; Found Not Proved

iii. that you had prescribed the medication on an emergency basis. Found Not Proved

6. You issued the prescriptions as set out in Schedule 4 and you:

a. inappropriately prescribed the dual combination medication on its own, without a third drug; Found Not Proved

b. failed to make an adequate clinical record, in that you did not record whether you prescribed the medication as pre-exposure prophylaxis. Found Not Proved

7. You issued the prescriptions as set out in Schedule 5 and you inappropriately prescribed the medication:

a. as a single drug; Found Not Proved

b. when it is not currently used in routine practice. Found Not Proved

8. You issued the prescriptions as set out in Schedules 5, 6 and 8 and you:

a. failed to obtain a:

i. formal referral letter; Found Not Proved

ii. written request for a repeat prescription; Found Not Proved

from the patient's treating physician(s);

b. failed to make an adequate clinical record, in that you did not record a clear justification as to why you prescribed the medication as a single drug. Found Not Proved

9. You issued the prescription as set out in Schedule 6 and you inappropriately prescribed the medication as a single drug. Found Not Proved

10. You issued the prescription as set out in Schedule 7 and you:

a. inappropriately prescribed the medication without two other agents; Found Not Proved

b. failed to make an adequate clinical record, in that you did not record a clear justification as to why you prescribed the medication on its own, without two other agents. Found Not Proved

11. You issued the prescription as set out in Schedule 8 and you inappropriately prescribed the medication:

a. as a single drug; Found Not Proved

b. without boosting with Ritonavir. Found Not Proved

12. You issued the prescription as set out in Schedule 11 and you failed to:

a. determine whether the drug was clinically appropriate, in that you prescribed the medication without a clearly confirmed diagnosis from a referring specialist; Found Not Proved

b. record a clear explanation as to why the drug was clinically appropriate; Found Not Proved

c. ensure appropriate monitoring was in place to check:

i. blood calcium levels; Found Not Proved

ii. possible side effects. Found Not Proved

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

Determination on Impairment - 09/04/2021

1. 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 Trivedi's fitness to practise is impaired by reason of misconduct.

The Evidence

2. 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.

3. Dr Trivedi gave further oral evidence in which he reflected on his experiences at Kool Pharma Ltd, outlined his learning on the prescription of specialist medication and expressed

regret for his conduct. In addition, the Tribunal received oral evidence from the following witness on Dr Trivedi's behalf:

- Dr Y, GP Partner, Primary Care Workforce and Training Hub Clinical Lead, Haxby Group, Dr Trivedi's GP clinical supervisor, who gave the Tribunal information regarding Dr Trivedi's current progress as a GP trainee and stated that he had no serious concerns as to Dr Trivedi's progress. Dr Y also provided the Tribunal with information regarding the prescription protocols in place during Dr Trivedi's GP training.

4. The Tribunal also received a document from Dr Trivedi entitled *'Defence response to the accepted allegations'* and an email, dated 3 April 2018, which was titled *'Your SACAs Nomination'* which contained positive references from medical students taught by Dr Trivedi.

## Submissions

5. On behalf of the GMC, Mr Moran submitted that the Tribunal should consider the '*whole picture'* regarding Dr Trivedi's prescribing and take into account those matters where his practice was considered below standard, as well as seriously below standard. He submitted that when considering the whole picture a finding of misconduct was unavoidable.

6. Mr Moran stated that the question of whether Dr Trivedi's conduct fell seriously below acceptable standards was a question for the Tribunal. However, he cited the case of *Schodlock v GMC [2015] Civ 769* and stated that it was possible for the Tribunal to consider that adverse findings which individually did not fall far below acceptable standards could nevertheless be taken into account cumulatively and contribute to a finding of misconduct.

7. Mr Moran submitted that it would be churlish not to recognise the significant evidence of remediation that Dr Trivedi has provided but argued that it would be an error to attach too much weight to remediation and stated that the wider public interest must considered.

8. Mr Moran submitted that the Tribunal should consider a number of overarching issues when considering the gravity of the admissions made. Firstly, he stated that the Tribunal should consider that Dr Trivedi qualified in 2003, had 11 years post-qualification experience and could not be considered inexperienced. Secondly, Dr Trivedi admitted that he would have continued working at Kool Pharma Ltd despite his misgivings. Thirdly, Mr Moran pointed out that a number of the expert reports had expressed opinions that Dr Trivedi's prescribing was seriously below the standards expected.

9. Mr Moran invited the Tribunal to consider a nuanced approach to the prescriptions. He submitted that Dr U had changed his opinion from prescribing that was seriously below acceptable standards to prescribing that was below acceptable standards because he considered that there was framework within which Dr Trivedi was prescribing and the framework provided some relevant safeguards. Mr Moran submitted that the framework was

in reality very inadequate and that it was entirely unacceptable to put the onus on the patient to take further tests in the light of the medication prescribed.

10. Mr Moran acknowledged that there was evidence of significant remediation and further acknowledged that a considerable period of time had elapsed since the events which were the subject of these proceedings. Nonetheless, he submitted that the public interest demanded a finding of impairment when considering the risk that patients were exposed to, whether or not they came to harm. Mr Moran reminded the Tribunal of the case of *GMC v Choudhury [2017] EWHC 2561 (Admin)* which emphasised the importance of all three elements of the public interest test.

11. On behalf of Dr Trivedi, Mr Gledhill submitted that Dr Trivedi had been naïve and that he relied in good faith on the clinical governance of Kool Pharma Ltd.

12. Mr Gledhill submitted that the expert reports provided to the Tribunal were a *'melting pot'* of opinions and invited the Tribunal to acknowledge the differing opinions provided.

13. Mr Gledhill further stated that Dr Trivedi acknowledged that, while working at Kool Pharma Ltd, his fitness to practise had been impaired but emphasised that the index events took place five years or more ago and that since that time Dr Trivedi had engaged in soul searching and significant remediation.

14. Mr Gledhill submitted that when considering Dr Trivedi's conduct it should consider where he was five years ago and where he is now in light of the insight he has shown and the remediation he has undertaken.

15. Mr Gledhill submitted that, given the significant evidence of remediation, and considering Dr Trivedi's current GP training, it would be appropriate and proportionate for the Tribunal to impose a warning. He made clear that Dr Trivedi fully understood the reason that such a warning might be appropriate and would accept it. He further pointed out that any period of suspension could well bring Dr Trivedi's GP training to an end.

16. Mr Gledhill also emphasised that Dr Trivedi had acted in good faith while working at Kool Pharma Ltd and was not properly renumerated for his work there. He stated that Dr Trivedi was not working at Kool Pharma Ltd for the money alone but was genuinely trying to help overseas patients.

17. Mr Gledhill further stated that it was Dr Trivedi's intention to continue working in the NHS. He went on to emphasise that Dr Trivedi acknowledged the seriousness of what had happened and expressed sincere regret. He ended by stating that Dr Trivedi will never ever again prescribe 'red drugs' without following the established protocols.

## The Relevant Legal Principles

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

19. In approaching the decision, the Tribunal was mindful of the two stage process to be adopted: first whether the facts as found proved amounted to misconduct, and, if so whether Dr Trivedi's fitness to practise is currently impaired by reason of that misconduct.

20. The Tribunal must determine whether Dr Trivedi's fitness to practise is impaired today, taking into account Dr Trivedi'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.

21. The Tribunal must also have regard to whether a finding of impairment is required on the basis that, in the absence of such a finding, public confidence in the profession and the maintenance of proper professional standards would be undermined.

22. With regard to impairment, the Tribunal had regard to the case of *CHRE v NMC and Grant [2011] EWHC 927* where Dame Janet Smith's observations in the Fifth Report of the Shipman Inquiry were endorsed. Dame Janet Smith suggested that questions of impairment could be considered in the light of the following considerations:

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*
>
> > *a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
> >
> > *b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
> >
> > *c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
> >
> > *d. ….'*

## The Tribunal's Determination on Impairment

### Misconduct

23. In reaching its determination on whether Dr Trivedi's actions amounted to misconduct, the Tribunal considered its determination in relation to the facts and had regard to *Good Medical Practice (2013)* (GMP), and in particular the following requirements:

> *'12 You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.'*
>
> *'14 You must recognise and work within the limits of your competence.'*
>
> *'16 In providing clinical care you must:*
>
> *a. prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs'*

24. The Tribunal also considered *'Good practice in prescribing and managing medicines and devices'* (March 2013), particularly the following paragraphs:

> *'6 Good medical practice says that you must recognise and work within the limits of your competence and that you must keep your knowledge and skills up to date. You must maintain and develop the knowledge and skills in pharmacology and therapeutics, as well as prescribing and medicines management, relevant to your role and prescribing practice.'*
>
> *'37 If you prescribe at the recommendation of another doctor, nurse or other healthcare professional, you must satisfy yourself that the prescription is needed, appropriate for the patient and within the limits of your competence.'*
>
> *'51 Whether you prescribe with repeats or on a one-off basis, you must make sure that suitable arrangements are in place for monitoring, follow-up and review, taking account of the patients' needs and any risks arising from the medicines.'*

25. Dr Trivedi admitted at the outset of the hearing that he had prescribed the medications set out in the schedules when he did not have the required training and/or experience. When considering the question of alleged misconduct, the Tribunal had regard to the expert reports which set out the opinions of the experts in relation to appropriate standards when prescribing the various medications. In this connection, the Tribunal considered it appropriate to attach particular weight to the views of the experts who were commenting upon the prescription of drugs within their specific field of speciality. The Tribunal noted that on occasion some of the experts had broadened their comments to include the prescription of drugs outside their particular speciality. While the Tribunal noted these comments it was satisfied that the appropriate course was to attach particular weight to the views of an expert when that expert was commenting upon matters within his or her speciality.

26. The Tribunal recognised that it was not compelled to adopt the opinions expressed in the expert reports. However, the experts' reports were agreed and were in each case carefully reasoned. The Tribunal was satisfied that when an individual expert was expressing an opinion in relation to matters within his or her speciality, that opinion could be relied upon.

27. The Tribunal first considered that Dr Trivedi had made the suggestion that there had been a degree of supervision while working at Kool Pharma Ltd. It concluded that a closer analysis of the index events illustrated that there was no real supervision in place. The Tribunal considered that whilst there were other clinicians present in the building, and whilst there may have been a superintendent pharmacist present, this was no real substitute for supervision.

28. The Tribunal first noted the opinion of Dr S, Consultant Neurologist, dated 15 July 2019:

> *'The drugs outlined in the allegations appear to be specialized drugs used in the treatment of HIV, leukaemia and organ transplantation and hyperparathyroidism. The drugs he has prescribed are Sprycel, Truvada, Celsentri, Eviplera, Kivexa, Prezista, Mimpara, Advagraf, Atripla, and Viread. I have no expertise in these drugs and have never prescribed these specific drugs. Neurology and neurophysiology training schemes would not provide any specific training in respect to the indications, precautions, prescription and monitoring of these specific drugs. Any training relating to the prescription of medicines received during the neurology or neurophysiology training schemes would be generic in nature i.e. good medical practice for the prescription of medication in general.'*

29. The Tribunal noted the opinion of Dr T, Consultant Haematologist:

> *'Having qualified and started training in neurophysiology in the UK, he would have been aware that having MRCP and clinical trials training did not allow him to safely prescribe repeat prescriptions of oral chemotherapy for haematology patients. He had received no training in haematology, oncology or in prescribing chemotherapy'.*

30. The Tribunal also noted the opinion of Dr U, Consultant Hepatologist, dated 22 August 2019, on Dr Trivedi's prescribing and experience:

> *'Dr Trivedi has not had the required training to initiate Advagraf, and it would be unusual now (since 2017) for a non-specialist to prescribe it even on an ongoing basis.'*

31. The Tribunal further noted the expert opinion of Dr V, Consultant Physician in Infectious Diseases and General Internal Medicine, in regard of prescribing anti-retroviral medicine used in the treatment of HIV.

*'Clinicians prescribing ARVs must maintain antiretroviral prescribing competencies on a continuing basis with evidence of HIV-specific CPD, and evidence of clinical Programmed Activities relevant to HIV care allocated in the job plan.'*

32. Professor W in his initial report dealing with the prescription of Mimpara noted that:

*'No specific postgraduate specialist training or qualification are required to allow doctors to safely prescribe Mimpara (or indeed most other drugs), in the UK. However, there is a very clear requirement that doctors prescribing drugs must have acquired familiarity with both the drugs that they prescribe and the conditions that these drugs are used to treat.'*

33. The Tribunal concluded that all of the above expert reports explicitly state that specialised training and/or experience is needed in order to prescribe the medications noted in the schedules. Dr Trivedi admitted that he did not have the specialised training and/or experience to prescribe the medications referred to in the schedules.

Sprycel Prescriptions

34. The Tribunal first considered Dr Trivedi's conduct with regard to the Sprycel prescriptions he issued in August 2015.

35. The Tribunal took into account the expert evidence provided with regard to his prescribing of Sprycel. It noted that Dr Trivedi had placed some reliance on the report provided by Dr U with regard to his prescribing of this medication. However, the Tribunal noted that Dr T's report specifically focused on Dr Trivedi's prescribing of Sprycel and that Dr T was a Consultant Haematologist. The Tribunal considered that Dr T's report was the most relevant and persuasive concerning the prescribing of Sprycel.

36. The Tribunal noted Dr T's opinion that Sprycel should only be prescribed by an oncologist or a haemato-oncologist, and then only for a maximum of 30 days and that the patient should return for assessment and blood tests.

37. The Tribunal went on to note Dr T's opinion that Dr Trivedi's prescribing of Sprycel was seriously below the standard expected when prescribing Sprycel. It particularly noted the following reasons stated in her report:

*'My reasons for stating this are:*
*1. There is no evidence that he received registrar training in haematology.*
*2. There is no evidence that he received training in prescribing chemotherapy.*
*3. There is no evidence that he has experience in managing patients with chronic myeloid leukaemia or Ph positive acute lymphoblastic leukaemia.*
*4. Having issued the prescriptions, he was not following up the patients as they all lived abroad. This is unacceptable.*

…
*7. According to him the follow-up of these patients was carried out by doctors in their country of residence. This is unacceptable, if you prescribe medication, you as the prescribing physician, take responsibility for providing information about the medicine, take written consent and monitor for response and side-effects.'*

38. The Tribunal further noted Dr T's comments which she wrote having received Dr Trivedi's Rule 7 response:

*'My opinion as stated in my report of 6 August 2020 is unchanged because Dr Trivedi when he accepted the job was fully aware that he would be prescribing oral chemotherapy for patients who lived abroad, for serious conditions (acute and chronic leukaemia) which he had no training. Having qualified and started training in neurophysiology in the UK, he would have been aware that having MRCP and clinical trials training did not allow him to safely prescribe repeat prescriptions of oral chemotherapy for haematology patients. He had received no training in haematology, oncology or in prescribing chemotherapy.*

…

*He accepted the job when it was made clear that he would be prescribing repeat prescriptions of oral chemotherapy to patients who lived abroad. He should have been fully aware that he had not received the necessary training to prescribe oral chemotherapy and alarm bells should have rung when he was told the patients lived abroad.'*

39. The Tribunal considered that Dr Trivedi's prescribing of Sprycel in circumstances where he knew nothing of the subsequent patient monitoring, or protective safeguards, in the patients' home countries was seriously below the standard expected. It further considered that it was not acceptable to put the onus on the relevant patients to take further tests when prescribing such a serious 'red drug'.

40. The Tribunal considered that Dr Trivedi's conduct in prescribing Sprycel, albeit repeat prescriptions, particularly for 3-month periods, which Dr Trivedi did not dispute, constituted conduct which was seriously below the standard expected. In the circumstances the Tribunal concluded that such prescribing of Sprycel was inappropriate, a departure from GMP, and fell seriously below acceptable standards of prescribing. It clearly amounted to misconduct.

Anti-retroviral Prescriptions

41. The Tribunal went on to consider Dr Trivedi's conduct with regard to the anti-retroviral prescriptions he issued in 2015 and 2016.

42. The Tribunal took account of Dr V's considered view that:

*'Dr Trivedi has admitted that he has not had any appropriate training or experience in HIV medicine and as this should be the standard of care and then this would fall seriously below the standard expected.'*

43. The Tribunal noted that Dr V had considered other aspects of the prescribing and taking all these aspects into account had concluded that *'overall standard of prescribing was below the standard that would be expected...'* However, the Tribunal did not consider that Dr V's overall assessment mitigated his assessment of the view to be taken of Dr Trivedi prescribing specialised HIV medication without appropriate training or experience. The Tribunal has therefore concluded that Dr Trivedi's prescribing of the HIV medications referred to in the schedules amounted to misconduct.

Advagraf Prescriptions

44. The Tribunal went on to consider Dr Trivedi's conduct with regard to the Advagraf prescriptions he issued on 2 September 2014 and 27 April 2015.

45. When considering Dr Trivedi's prescriptions for Advagraf the Tribunal noted the expert opinion of Dr U, Consultant Hepatologist, who provided an opinion in relation to the prescribing of Advagraf, a drug used in the treatment of patients with kidney or liver transplantation.

46. The Tribunal noted that Dr U's opinion in his report, dated 22 August 2019, had stated that Dr Trivedi's prescribing practice of Advagraf was seriously below standard and that *'in my 20 years of working in liver transplantation I have never seen this pattern of prescribing which appears careless and lacking consideration of the significance and extent of the prescriptions'*.

47. The Tribunal further noted that in his expert report, dated 4 September 2020, written after having received Dr Trivedi's Rule 7 response, Dr U stated that such prescribing as Dr Trivedi engaged in would not be of accepted standard, but would not be seriously below as there was *'some framework within which he was prescribing medications'*.

48. When considering Dr U's differing expert opinions in the light of having received Dr Trivedi's Rule 7 response, the Tribunal noted that Dr U had changed his opinion from 'seriously below standard' to 'below standard'.

49. In light of Dr U's opinion the Tribunal concluded that, although below standard, Dr Trivedi's prescribing of Advagraf did not constitute a serious departure from GMP and did not amount to misconduct.

Mimpara Prescription

50. The Tribunal went on to consider Dr Trivedi's conduct with regard to the Mimpara prescription he issued on 4 July 2015.

51. The Tribunal noted that Professor W's ultimate view, having considered Dr Trivedi's Rule 7 responses, was that the standard of prescribing in respect of this drug fell below the standard expected but not seriously below that standard. In those circumstances the Tribunal does not consider that the prescription of Mimpara amounted to misconduct.

## Impairment

52. Having found that the facts found proved amounted to misconduct in the respects set out above, in particular in relation to the prescribing of Sprycel and HIV medications, the Tribunal went on to consider whether, as a result of that misconduct, Dr Trivedi's fitness to practise is currently impaired.

53. In determining whether a finding of current impairment of fitness to practise is necessary, the Tribunal looked for evidence of remediation, insight and the likelihood of repetition, bearing in mind the three elements of the overarching statutory objective. It considered that insight is important in order for a doctor to recognise areas of their behaviour that require improvement, and to take appropriate and relevant steps to address them, thus reducing the likelihood of repetition.

### Remediation

54. The Tribunal considered that Dr Trivedi's misconduct was remediable. It further noted that Dr Trivedi's educational portfolio had been extensive and provided good evidence of initiative and remediation.

55. The Tribunal also noted Dr Trivedi's reflective piece and in particular his acknowledgement that at the time he formulated his Rule 7 responses he had not attained the required level of insight. His further submissions, entitled Rule 28 submission, did display a deeper level of insight.

56. The Tribunal further considered the evidence provided by Dr Trivedi's clinical supervisor regarding his performance as a GP trainee. It noted that no serious concerns had been raised regarding his performance or conduct. It further noted that, although Dr Trivedi is closely supervised and working with a system that flags up prescription errors, no serious concerns have been raised.

57. The Tribunal acknowledged that Dr Trivedi was fully engaged in the process of remediation in his role as a GP trainee. The Tribunal considered that Dr Trivedi's learning is in the process of being embedded in his practice and that he is currently being closely supervised as a trainee GP, with two further years of training ahead of him.

58. The Tribunal considered that Dr Trivedi had now shown insight into his misconduct and had shown remorse and regret for having prescribed the medications shown in the schedules and, indeed, for having worked at Kool Pharma Ltd in the first place. The Tribunal further considered that Dr Trivedi had shown an element of credulity whilst working for Kool Pharma Ltd. It considered that Dr Trivedi had been gullible in being persuaded by the assurances of safeguarding that were given to him upon commencement of his employment at the company. Dr Trivedi acknowledged in his evidence that he was untrained in these medications and had on occasion requested further training but did not pursue the matter when the training did not materialise.

59. However, Dr Trivedi had undertaken a significant amount of activity with a view to remediating his misconduct and the Tribunal concluded that there was a low risk of any repetition of the misconduct.

60. Given its assessment of risk, the Tribunal was satisfied that there was not an ongoing risk of harm to the public.

61. The Tribunal went on to consider, having regard to the cases of *Choudhury* and *Grant* whether a finding of impairment was required in order to uphold proper professional standards and public confidence in the profession. It recognised that in the case of the prescribing of Sprycel and HIV medications the relevant experts had considered that the circumstances in which Dr Trivedi came to prescribe these potent drugs fell far short of acceptable standards.

62. However, the Tribunal also took into account all of the surrounding circumstances which included Dr Trivedi's belief that there was an appropriate framework in place, the fact that these were repeat prescriptions sought by treating physicians who were unable to obtain the medication in their own countries and that each of the patients were seen in person and subject to appropriate physical assessment and discussion of their condition.

63. The Tribunal also had regard to the fact that five years had now elapsed since the conclusion of Dr Trivedi's involvement with Kool Pharma Ltd and that he had not been involved in any similar activity since then.

64. In the light of all the circumstances the Tribunal came to the view that the public interest did not require a finding of impairment to be made.

65. Furthermore, the Tribunal was content that a well-informed, reasonable, member of the public would accept that Dr Trivedi had demonstrated significant remediation and, in light of his adequate insight and current GP training, would not lose confidence in the profession upon a finding of Dr Trivedi's fitness to practise not being impaired.

66. The Tribunal concluded that standards in the profession have been maintained by the vigorous disciplinary process, which has been cooperated with fully by Dr Trivedi and during

which he had made significant efforts to express remorse and remediate as to minimise the risk of repetition.

67. Therefore, in all the circumstances of this case, the Tribunal determined that Dr Trivedi's fitness to practise is not impaired by reason of his misconduct.

## Determination on Warning - 09/04/2021

1. As the Tribunal determined that Dr Trivedi's fitness to practise was not impaired it considered whether in accordance with s35D(3) of the 1983 Act, a warning was required.

### Submissions

2. On behalf of the GMC, Mr Moran referred the Tribunal to *'Guidance on Warnings'* (March 2021) and submitted that a warning was required in this case as there was merit in a warning in a wider sense in that it would highlight that Dr Trivedi's conduct was unacceptable to the profession and the wider public.

3. Mr Moran submitted that Dr Trivedi's conduct involved a significant departure from GMP, particularly in relation to his prescribing of Sprycel and HIV medications. Mr Moran emphasised that given the seriousness of Dr Trivedi's conduct in prescribing such medications it would be appropriate to issue a warning to make it clear that such conduct was unacceptable.

4. On behalf of Dr Trivedi, Mr Gledhill submitted that if the Tribunal issued a warning Dr Trivedi would accept such a conclusion. He submitted, however that there were also reasons for not imposing a warning.

5. Mr Gledhill submitted that, although a warning might send a message to the public and profession, such a course of action was not always necessary and argued that a finding of misconduct would, in its own right, send such a message to the wider public, particularly given the passage of time.

6. Mr Gledhill stated that the index events took place some time ago and that the doctor had spent his time usefully engaging in remediation.

7. Mr Gledhill further argued that Dr Trivedi had gone through a lot of soul searching and recognises his naivety at the time of the index events. He further emphasised that Dr Trivedi is unlikely to ever return to a private practice that does not have an NHS-like governance model.

8. Mr Gledhill further submitted that the regulatory process had done its job and that, given Dr Trivedi's 'direction of travel', his insight, and his remediation, a warning was not necessary in the circumstances.

## The Tribunal's Determination on Warning

9. The decision whether or not to issue a warning is a matter for the Tribunal alone to determine, exercising its own professional judgement. In making its decision, the Tribunal had regard to the *Guidance on Warnings*, and in particular to paragraphs 13, 14, 16, 17 and 20 (a), (b), (c) and (d), 26, and 32 which state:

> *'13 Although warnings do not restrict a doctor's practice, they should nonetheless be viewed as a serious response, appropriate for those concerns that fall just below the threshold for a finding of impaired fitness to practise.'*
>
> *'14 Warnings should be viewed as a deterrent. They are intended to remind the doctor that their conduct or behaviour fell significantly below the standard expected and that a repetition is likely to result in a finding of impaired fitness to practise. Warnings may also have the effect of highlighting to the wider profession that certain conduct or behaviour is unacceptable.'*
>
> *'16 A warning will be appropriate if there is evidence to suggest that the practitioner's behaviour or performance has fallen below the standard expected to a degree warranting a formal response by the GMC or by a MPTS tribunal. A warning will therefore be appropriate in the following circumstances:*
>
> - *there has been a significant departure from Good medical practice, or*
> - *there is a significant cause for concern following an assessment of the doctor's performance.'*
>
> *'17 There is no definition of 'significant' in the Medical Act or in the Fitness to Practise Rules. The paragraphs below are therefore intended to help decision makers, at both the investigation and hearing stages, consider whether a warning is appropriate.'*
>
> *'20 The decision makers should take account of the following factors to determine whether it is appropriate to issue a warning.*
>
> *a There has been a clear and specific breach of Good medical practice or our supplementary guidance.*
>
> *b The particular conduct, behaviour or performance approaches, but falls short of, the threshold for the realistic prospect test or in a case before a tribunal, that the doctor's fitness to practise has not been found to be impaired.*
>
> *c A warning will be appropriate when the concerns are sufficiently serious that, if there were a repetition, they would likely result in a finding of*

*impaired fitness to practise. Warnings may be an appropriate response to any type of allegation… ; the decision makers will need to consider the degree to which the conduct, behaviour or performance could affect patient care, public confidence in the profession or the reputation of the profession. If the decision makers consider that a warning is appropriate, the warning should make clear the potential impact of the conduct, behaviour or performance in question, accordingly.*

*d There is a need to record formally the particular concerns (because additional action may be required in the event of any repetition).'*

*'26 In deciding whether to issue a warning the decision maker should apply the principle of proportionality, weighing the interests of the public with those of the practitioner. It is important to bear in mind, of course, that warnings do not restrict the practitioner's practice and should only be considered once the decision maker is satisfied that the doctor's fitness to practise is not impaired.'*

*'32 If the decision makers are satisfied that the doctor's fitness to practise is not impaired or that the realistic prospect test is not met, they can take account of a range of factors to determine whether a warning is appropriate. These might include:*

*a the level of insight into the failings*

*b a genuine expression of regret/apology*

*c previous good history*

*d whether the incident was isolated or whether there has been any repetition*

*e any indicators as to the likelihood of the concerns being repeated*

*f any rehabilitative/corrective steps taken*

*g relevant and appropriate references and testimonials.'*

10. The Tribunal applied the above *'Guidance on Warnings'* to the facts found proved.

11. The Tribunal also noted the following paragraphs from its determination on impairment:

*'23. In reaching its determination on whether Dr Trivedi's actions amounted to misconduct, the Tribunal considered its determination in relation to the facts and had regard to Good Medical Practice (2013) (GMP), and in particular the following requirements:*

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

*'14 You must recognise and work within the limits of your competence.'*

*'16 In providing clinical care you must:*

*a. prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs'*

*24. The Tribunal also considered 'Good practice in prescribing and managing medicines and devices' (March 2013), particularly the following paragraphs:*

*'6 Good medical practice says that you must recognise and work within the limits of your competence and that you must keep your knowledge and skills up to date. You must maintain and develop the knowledge and skills in pharmacology and therapeutics, as well as prescribing and medicines management, relevant to your role and prescribing practice.'*

*'37 If you prescribe at the recommendation of another doctor, nurse or other healthcare professional, you must satisfy yourself that the prescription is needed, appropriate for the patient and within the limits of your competence.'*

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

12. Throughout its deliberations, the Tribunal had regard to the statutory overarching objective and to its role in protecting the public. In that regard, it bore in mind its role in protecting the public, which includes: protecting patients; maintaining public confidence in the profession; and declaring and upholding proper standards of conduct and behaviour.

13. The Tribunal was satisfied that, given the nature of its findings in relation to Dr Trivedi's misconduct, his behaviour fell significantly below the standards expected as set out in GMP and warranted a formal response by the Tribunal.

14. Whilst the Tribunal has found that there is a low risk of Dr Trivedi repeating his misconduct, it determined that it was necessary to highlight to Dr Trivedi, the public and the medical profession that his misconduct was serious, potentially dangerous and unacceptable. The public interest required a warning to be given to Dr Trivedi to emphasise the unacceptability of his conduct to the doctor himself, the profession and the wider public.

15. Therefore, the Tribunal determined to issue the following warning in accordance with Section 35D(3) of the Medical Act 1983 and Rule 17(2)(m) of the Rules:

Dr Trivedi

16. The Tribunal has found that your actions in prescribing Sprycel and various anti-retroviral medications when you did not have appropriate training and/or experience, and when appropriate safeguards were not in place, amounted to misconduct.

17. This behaviour does not meet with the standards required of a doctor. It risks bringing the profession into disrepute and it must not be repeated. The required standards are set out in GMP and associated guidance. The Tribunal has referred in its determination to the relevant standards which are to be found at paragraphs 12, 14 and 16 of GMP and paragraph 6, 37 and 51 of *'Good practice in prescribing and managing medicines and devices'* (March 2013).

18. Whilst this failing, in view of the remediation you have undertaken, does not require any restriction on your registration today it is necessary in response to issue this formal warning.

19. This warning will be published on the medical register in line with our publication and disclosure policy.

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

21. That concludes this case.

Confirmed
**Date** 09 April 2021 Mr William Hoskins, Chair

ANNEX A – 29/03/2021

## Application to amend the Allegation

1. Mr Moran, on behalf of the GMC made an application, under the General Medical Council (Fitness to Practise) Rules Order of Council 2004, ('the Rules') Rule 17(6), to amend Schedule 5 of the Allegation.

2. Mr Moran requested that the quantity of Celsentri shown as having been prescribed to Patient I on 8 July 2015 be changed from 150mg to 300mg. He submitted that this be amended to correct an error.

Schedule 5

| Patient | Date of prescription | Medication | Quantity |
|---|---|---|---|
| Patient I | 8 July 2015 | Celsentri | ~~150mg~~ 300 mg tablets, 6 month supply **Amended under Rule 17(6)** |
| Patient J | 10 July 2015 | Celsentri | 150mg tablets, 5 month supply |

3. Mr Gledhill, on behalf of Dr Trivedi, did not oppose this application.

4. The Tribunal considered that the proposed amendments to the Allegation would not cause injustice to the parties. The Tribunal therefore determined to grant to the application to amend the Allegation as proposed.

Schedule 1

| Patient | Date of prescription | Medication | Quantity |
|---|---|---|---|
| Patient A | 3 August 2015 | Sprycel | 100mg tablets, 6 month supply |
| Patient B | August 2015<br><br>Dispensed on 29 September 2015 | Sprycel | 100mg tablets, 6 month supply |

Schedule 2

| Patient | Date of prescription | Medication | Quantity |
|---|---|---|---|
| Patient C | 2 September 2014 | Advagraf | 3mg, 150 capsules |
| Patient D | 27 April 2015 | Advagraf | 3mg, 150 capsules |

Schedule 3

| Patient | Date of prescription | Medication | Quantity |
|---|---|---|---|
| Patient E | 14 July 2015 | Kivexa | 30 tablets, 4 month supply |
| Patient F | 27 July 2015 | Kivexa | 4 packs for 4 months |

Schedule 4

| Patient | Date of prescription | Medication | Quantity |
|---|---|---|---|
| Patient G | 24 July 2015 | Truvada | 14 packs for 4 month supply |
| Patient H | 22 April 2016 | Truvada | 4 month supply |

Schedule 5

| Patient | Date of prescription | Medication | Quantity |
|---|---|---|---|
| Patient I | 8 July 2015 | Celsentri | ~~150mg~~ 300 mg tablets, 6 month supply **Amended under Rule 17(6)** |
| Patient J | 10 July 2015 | Celsentri | 150mg tablets, 5 month supply |

Schedule 6

| Patient | Date of prescription | Medication | Quantity |
|---|---|---|---|
| Patient K | 22 April 2016 | Viread | 245mg (tenofovir), 6 month supply |

Schedule 7

| | | | |
|---|---|---|---|
| Patient L | 14 July 2015 | Prezista/ Norvir | 800mg tablets of Prezista, 4 month supply<br><br>100mg tablets of Norvir, 4 month supply |

Schedule 8

| | | | |
|---|---|---|---|
| Patient M | Date of prescription not legible<br><br>Dispensed on 24 July 2015 | Prezista | 800g tablets, 4 month supply |

Schedule 9

| | | | |
|---|---|---|---|
| Patient N | October 2015 | Eviplera | 30 tablets, one a day, 4 month supply |
| Patient O | 30 January 2016 | Eviplera | 4 month supply |

Schedule 10

| Patient | Date of prescription | Medication | Quantity |
|---|---|---|---|
| Patient P | 10 July 2015 | Atripla | 3 month supply |
| Patient Q | 30 October 2015 | Atripla | 6 month supply |

Schedule 11

| Patient | Date of prescription | Medication | Quantity |
|---|---|---|---|
| Patient R | 4 July 2015 | Mimpara | 90mg tablets, 2 month supply |