

PUBLIC RECORD

Dates: 25/06/2024

Medical Practitioner's name: Dr David ADAMS

GMC reference number: 6145745

Primary medical qualification: MB ChB 2006 University of Bristol

Type of case	Outcome on impairment
XXX Review - Misconduct	XXX Impaired

Summary of outcome
Conditions, 12 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Mrs Zeenat Islam
Lay Tribunal Member:	Mr Michael Glickman
Medical Tribunal Member:	Dr Nagarajah Theva
Tribunal Clerk:	Mr Sewa Singh

Attendance and Representation:

Medical Practitioner:	Present, not represented
Medical Practitioner's Representative:	None
GMC Representative:	Ms Victoria Young, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Impairment - 25/06/2024

1. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Adam's fitness to practise is impaired by reason of misconduct XXX.

The Outcome of Applications Made during the Impairment Stage

2. The Tribunal granted the GMC's application, made pursuant to Rule 41 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that the hearing should be heard in private. However, as this case concerns Dr Adams' misconduct a redacted version will be published at the close of the hearing.

Background

3. Dr Adams qualified in 2006 from the University of Bristol. He worked from 2006 to 2012 at Bristol Royal Infirmary, and in 2012 was working as a Senior Registrar in the Emergency Department. In 2014 he started working as CEO of Ranvier Health Ltd (a start-up company developing a diagnostic tool to assist in the diagnosis and management of depression). On 25 March 2015 Dr Adams was erased from the medical register due to non-payment of the annual retention fee but was restored to the medical register on 17 December 2019.

4. On 10 October 2019, Dr Adams was convicted of an offence at Bristol Magistrates' Court that, on 21 September 2019, he drove a motor vehicle with excess alcohol and was found to be driving two times over the legal limit with 61 micrograms of alcohol in 100 millilitres of breath. He was sentenced to a fine of £440 and disqualified from holding or obtaining a drive licence for 17 months.

5. On 7 December 2019, Dr Adams submitted an application to the GMC to restore his name to the medical register and failed to inform the GMC in that application of his conviction.

The 2022 Tribunal

6. Dr Adams was referred to a Medical Practitioners Tribunal ('MPT') which concluded in June 2022. ('the 2022 Tribunal'), to hear allegations comprising XXX separate grounds of impairment: an alleged criminal conviction, alleged misconduct, XXX.

7. The 2022 Tribunal found that Dr Adams had been convicted of a criminal offence on 10 October 2019. It also determined that Dr Adams had acted dishonestly by failing to declare his criminal conviction during his application to the GMC to restore his name to the medical register. It also found that he had failed to inform the GMC of his conviction after being restored to the medical register on 17 December 2019.

8. XXX

9. The 2022 Tribunal accepted that Dr Adams had shown genuine remorse for his drink-driving, had served his sentence and shown insight, such that he was not impaired by his conviction.

10. The 2022 Tribunal found that his dishonesty and failure to declare or otherwise notify the GMC of his conviction amounted to serious misconduct. Having found that Dr Adams had shown only partial insight into his dishonesty, a finding was made that his fitness to practise was impaired by misconduct.

11. XXX

12. The 2022 Tribunal determined to suspend Dr Adams' registration for a period of 12 months and directed a review. It determined that this was necessary to XXX, and to give him the best opportunity both to demonstrate insight and remediate his misconduct. Further, 12 months suspension would mark the gravity of his misconduct. It also imposed an immediate order of suspension.

The 2023 Review on the Papers ('RoP')

13. On 1 June 2023, a review of Dr Adams' case took place as a ROP. A joint proposal had been provided to the Legally Qualified Chair ('LQC') by both Dr Adams and the GMC.
14. Dr Adams and the GMC agreed that his fitness to practise remained impaired due to his misconduct XXX but that he was fit to practise with restrictions. It was proposed that the order of suspension should be revoked and replaced with an order of conditions.
15. The LQC considered the proposal made by the parties, alongside the evidence presented including XXX, a reflective statement and Continuing Professional Development ('CPD') certificates relating to courses on insight, reflection and remediation. XXX.
16. The LQC determined to revoke the suspension in place, reflecting the progress in Dr Adams' developing insight and XXX. The LQC determined to impose an order of conditions for a period of 12 months' to provide a framework in which to establish stability and to allow Dr Adams to progress towards a return to unrestricted practice. XXX.

Today's Review Hearing

17. This Tribunal has reviewed Dr Adams' case and has considered, in accordance with Rule 22(1)(f) of the Rules, whether his fitness to practise remains currently impaired.

The Evidence

18. The Tribunal has considered all the evidence received, both oral and documentary.
19. Dr Adams provided his reflections dated 25 April 2024 and although he did not give evidence formally, answered questions from the Tribunal amplifying matters raised in his reflective statement.
20. In his reflections Dr Adams provided a background to him becoming a doctor and to his career history, and XXX. He stated that this included working in busy hospital medical departments and his personal family circumstances. He stated:

'Below I have written my reflection XXX, the damage it has caused me, and people close to me. I have written how I have overcome the worst period of my life and how I intend to live for the rest of my life.'

This reflection is completely honest. It has been written after reading some of my own old journals and, most importantly by discussing with the people close to me who have been affected by me.'

21. Dr Adams went on to explain XXX of his XXX upon him and his family, friends, colleagues. He set out what had occurred over the past twelve months or so. XXX. Dealing with what matters pertinent to the previous Tribunal hearing, Dr Adams stated:

'XXX'

22. Referring to the previous Tribunal, Dr Adams stated:

'The panel said it was common sense that I should have declared the DUI, and with XXX hindsight it is clear to me now. I deluded myself into a lie because I was not in a normal frame of mind XXX and this led me to make a false claim of having no relevant convictions and of being fit to practice. I am now ready to state that the declaration that I was fit to practice was a lie, one I told because I had not acknowledged even to myself that I was unfit.

The lies I told to friends, family and the GMC meant I was not fit for anyone's trust and XXX.'

23. Dr Adams stated that he fully accepted that 'XXX.' He said:

'XXX. I have been XXX and that has been far more helpful because it has helped me understand myself better and develop new strategies for dealing with difficult times in future. It has also helped me avoid blaming others for problems and look to see how I can resolve issues myself. I have also realised that forgiving myself for past failings is a necessary step to being a better person and doctor, XXX.'

And

'Life always has its problems and none of us has a say in when these will arise and how difficult they will be to cope with, XXX. Life has been (in every way) better XXX, with improvements in my relationship with my partner, friends, colleagues and XXX. I am told that I am nicer to be around. XXX.'

24. XXX

25. Dr Adams apologised to his friends, his partner and his family, and the GMC for making false declarations and XXX.

26. In today's hearing, Dr Adams spoke at length about his current role as CEO of Ranvier, explaining that it did not involve any interaction with patients.

27. He also spoke about the impact XXX had upon him and his family. XXX.

28. Dr Adams told the Tribunal that he had XXX. Dr Adams explained that he has the wider support of his loved ones and colleagues. He added that he had fortnightly sessions with XXX to discuss issues XXX and that this he found this support helpful. He said that he shared the reflective statement that he prepared for this hearing, with his family and colleagues. XXX.

29. XXX

30. XXX

31. Dr Adams seemed to accept that he had breached his conditions XXX. He explained that XXX.

32. In relation to maintaining knowledge and skills, he said that he had completed CPD relevant to his industry practice, including ethics, data protection and good research. He said that he had not completed clinical CPD as he was not currently in a clinical role, a single course cost £2000 and it may have gone out of date by the time he was in such a role. He accepted that he would need to undertake training and further courses if he returned to clinical practice, but had not yet given this 'any active thought'.

33. The Tribunal received documentary evidence which included but was not limited to:

- Record of Determination of the MPT hearing dated 7-16 March 2022 & 8-9 June 2022
- Record of Determination of the Review on the Papers dated 1 June 2023
- XXX
- XXX

- XXX
- XXX
- Email correspondence from Dr Adams to the GMC
- XXX

34. XXX

35. XXX

36. XXX

37. XXX

38. XXX

39. XXX

40. XXX

41. XXX

42. XXX

43. XXX

44. XXX

Submissions

45. On behalf of the GMC, Ms Victoria Young, Counsel submitted that Dr Adams continued to be unfit to practise by reason of his misconduct XXX.

46. It was not entirely clear whether Dr Adams' accepted that he was currently impaired. He said that he would be fit to practise if he was trained up again, XXX.

The Relevant Legal Principles

47. The Tribunal reminded itself that impairment involved a two-step process:
- a) the Tribunal must find “serious misconduct”; and
 - b) the Tribunal must decide as a result of that serious misconduct, if the doctor’s fitness to practice is impaired.
48. In a review case, in practical terms, there is a persuasive burden upon the doctor to demonstrate that all the concerns which had been identified had been adequately addressed, and that remediation had taken place. If so, a Tribunal might then conclude that the doctor’s fitness to practise is no longer impaired.
49. The Tribunal was mindful that the decision in relation to impairment is a matter for the Tribunal’s judgement alone. As noted above, the 2022 Tribunal set out the evidence that a future Tribunal may be assisted by. The Tribunal was aware that it was for the doctor to satisfy it that he would be safe to return to unrestricted practice.
50. The Tribunal reminded itself of the questions posed by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of CHRE v NMC and Grant [2011] EWHC 927 (Admin), as follows:

‘Do our findings of fact in respect of the doctor’s misconduct...show that his/her fitness to practise is impaired in the sense that s/he:

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or...*
- d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.’*

51. This Tribunal must determine whether Dr Adams’ fitness to practise is impaired today, taking into account his 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.

52. XXX

53. In reaching its decision, the Tribunal bore in mind that its primary responsibility is to the statutory overarching objective which is as follows:

- To protect, promote and maintain the health, safety and well-being of the public;
- To promote and maintain public confidence in the medical profession;
- To promote and maintain proper professional standards and conduct for members of that profession.

54. The Tribunal considered the evidence before it, as well as the submissions made by the GMC and by Dr Adams.

The Tribunal's Determination on Impairment

55. The Tribunal was mindful that in this case, the matters found proved and which were found to amount to serious misconduct are XXX. It therefore considered whether Dr Adams' fitness to practise is impaired by reason of his XXX misconduct.

56. XXX

57. The Tribunal has considered the evidence and submissions before it. It considered that there was some evidence of insight and remediation, but that this had not yet, progressed sufficiently. Whilst Dr Adams XXX and expressed regret and apology, the Tribunal was not entirely persuaded that Dr Adams has taken all the necessary steps to understand and address the root causes of his behaviour. XXX.

58. XXX

59. The Tribunal was mindful that in his reflections, he apologised for his actions and the impact they had on his family, colleagues and the regulator. However, the Tribunal considered that in the circumstances, in the absence of any further evidence, that whilst Dr Adams had shown he had some further insight, there was more he could have done to remediate the misconduct found.

60. The Tribunal therefore determined that Dr Adams' fitness to practise is impaired today by reason of misconduct XXX.

Determination on Sanction - 25/06/2024

1. Having determined that Dr Adams' fitness to practise is impaired by reason of misconduct XXX, the Tribunal has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to his registration.

The Evidence

2. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Dr Adams' registration.

Submissions

3. On behalf of the GMC, Ms Young submitted that in the circumstances of this case, it was appropriate for the current conditions to be continued, although she acknowledged that it was a matter for the Tribunal making its own independent judgement. She referred to the Tribunal to paragraphs 57 and 58 of its determination on impairment where it noted the insufficient progress made by Dr Adams to date and that a further period of conditions may allow him to make further improvement and progress.

4. Dr Adams submitted that he was content for the current order of conditions to be continued. XXX. Dr Adams added that he had no intention of undertaking clinical work anytime soon and that if he were to undertake any clinical work, he would ensure he was up to date with his medical knowledge and skills. Further, Dr Adams added that he XXX and would continue to undertake his work as best as he could.

The Relevant Legal Principles

5. The decision as to the appropriate sanction to impose, if any, in this case was a matter for this Tribunal exercising its own judgement.

6. In reaching its decision, the Tribunal took account of the Sanctions Guidance (February 2024 version) ('the SG'). It had borne in mind that the purpose of sanctions was not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect. It had also taken account of the submissions made by the GMC and by Dr Adams.

7. Throughout its deliberations the Tribunal applied the principle of proportionality, balancing Dr Adams' interests with the public interest. It reminded itself that it should only impose the minimum sanction necessary to achieve the over-arching objective. In deciding what sanction, if any, to impose the Tribunal considered each of the sanctions available, starting with the least restrictive.

The Tribunal's Determination

8. The Tribunal noted the submissions made by Ms Young and by Dr Adams and considered the evidence received.

No action

9. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Adams' case, the Tribunal first considered whether to conclude the case by taking no action.

10. The Tribunal determined that, in view of the Tribunal's findings on impairment, it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action. It was unable to identify any exceptional circumstances that would justify taking no action and there remained unresolved issues with a risk of repetition.

Conditions

11. The Tribunal considered that since the last review hearing, there has been some progress in terms of insight and remediation, but there was still further work to be done. XXX. In the Tribunal's view, a further period of conditions, with continued supervision and XXX, will provide further time for Dr Adams to demonstrate that he has addressed the underlying causes to his conduct.

12. The Tribunal has taken account of the aggravating and mitigating factors in this case as identified by the 2022 Tribunal. The Tribunal had regard to the relevant paragraphs of the SG.

13. The Tribunal was mindful of Dr Adams' personal reflections in which he apologised for the impact his actions had on his family and colleagues and to the regulator. It also considered the efforts Dr Adams has begun to make in developing his insight. In its determination on impairment, the Tribunal accepted that Dr Adams had made some improvement albeit there was more he could do to remediate the matters which led to these proceedings.

14. The Tribunal has not been provided with any evidence to suggest that the current conditions are not workable, appropriate or proportionate to manage the risks identified. In the circumstances, therefore, the Tribunal determined to extend the current order of conditions on Dr Adams' registration for a further period of twelve months.

15. The following conditions are public and will be published:

1. He must personally ensure that the GMC is notified of the following information within 7 calendar days of the date these conditions become effective:
 - a. The details of his current post, including:
 - i. His job title;
 - ii. His job location;
 - ii. His responsible officer (or their nominated deputy)
 - b. The contact details of his employer and any contracting body, including his direct line manager
 - c. Any organisation where he has practising privileges and/or admitting rights
 - d. Any training programmes he is in

- e. Of the contact details of any locum agency or out of hours service he is registered with
2. He must personally ensure that the GMC is notified:
 - a. Of any post he accepts, before starting it
 - b. That all relevant people have been notified of his conditions in accordance with condition 8
 - c. If any formal disciplinary proceedings against him are started by his employer and/or contracting body, within 7 calendar days of being formally notified of such proceedings
 - d. If any of his posts, practising privileges or admitting rights have been suspended or terminated by his employer before the agreed date within 7 calendar days of being notified of the termination.
 - e. If he applies for a post outside the UK
3. He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
4.
 - a. He must have a work place reporter appointed by his responsible officer (or their nominated deputy);
 - b. He must not work until:
 - i. His responsible officer (or their nominated deputy) has appointed his workplace reporter;
 - ii. He has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter
5.
 - a. He must get the approval of his GMC adviser before accepting any post

- b. He must keep his professional commitments under review and limit his work if his GMC Adviser tells him to
 - c. He must stop work immediately if his GMC Adviser tells him to and must get the approval of his GMC Adviser before returning to work.
6. He must get the approval of the GMC before starting work in a non-NHS post or setting.
7. a. He must get the approval of his responsible officer (or their nominated deputy) and the GMC Adviser, before working as:
- i. A locum/in a fixed term contract
 - ii. Out-of-hours
 - iii. On-call
- b. He must not work until:
- i. His responsible officer (or their nominated deputy) and the GMC Adviser have confirmed approval
 - ii. He has personally ensured that the GMC have been notified of the approval of his responsible officer (or their nominated deputy) and the GMC Adviser
8. He must personally ensure that the following persons are notified of the conditions listed at 1 to 7:
- a. His responsible officer (or their nominated deputy)
 - b. The responsible officer of the following organisations:
 - i. His place(s) of work, and any prospective place of work (at the time of application)

- ii. All his contracting bodies and any prospective contracting body (prior to entering a contract)
 - iii. Any organisation where he has or has applied for, practising privileges and/or admitting rights (at the time of application)
 - iv. Any locum agency or out of hours service he is registered with.
 - v. If any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify this person, he must contact the GMC for advice before working for that organisation.
- c. His immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

XXX

16. In determining the period the conditions should be imposed, the Tribunal took into account that Dr Adams had made some, albeit limited, improvements in his insight and remediation.

Review Hearing

17. The Tribunal determined to direct a review of Dr Adams' case. A review hearing will convene shortly before the end of the period of conditional registration. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Adams to demonstrate how he has developed further insight into the matters before this Tribunal and the steps he has taken to remediate his misconduct XXX. It determined therefore that it may assist the reviewing Tribunal to receive the following from Dr Adams:

- XXX;
- Further reflective evidence on the impact his actions had on the medical profession, his colleagues, the public confidence in the medical profession;
- XXX;

- XXX;
- Evidence of CPD undertaken and steps he has taken to ensure his medical knowledge and skills are kept up to date, this should include efforts in respect of clinical practice; and
- Any other evidence which Dr Adams considers may assist the reviewing Tribunal such as testimonials from his former and/or current colleagues.

18. The MPTS will send a letter to Dr Adams informing him of his right of appeal and when the direction and the new sanction will come into effect. The current order of conditions will remain in place during the appeal period.

19. That concludes the case.