

## PUBLIC RECORD

Dates: 17/01/2022 - 20/01/2022

Medical Practitioner's name: Dr Deborah STAITE

GMC reference number: 4113076

Primary medical qualification: MB BS 1994 University of Newcastle upon Tyne

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

## Summary of outcome

Conditions, 36 months.  
Review hearing directed

## Tribunal:

Legally Qualified Chair	Mrs Jayne Wheat
Lay Tribunal Member:	Ms Susan Disley
Medical Tribunal Member:	Professor Irving Benjamin
Tribunal Clerk:	Mrs Lorraine Cheetham

## Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Philip McGhee, Counsel, instructed by the MDU
GMC Representative:	Ms Laura Barbour, Counsel

## Attendance of Press / Public

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

## Overarching Objective

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

## Determination on Facts and Impairment - 19/01/2022

1. Dr Staite qualified in 1994 from the University of Newcastle upon Tyne. She undertook her post-graduate training, obtaining full registration with the GMC in 1995. In 2000 she took up a locum Senior House Officer position in psychiatry and continued with a career in psychiatry. Dr Staite is currently a Senior Speciality Doctor in an older inpatients psychiatric service within Gloucestershire Health and Care NHS Foundation Trust and has been working there since 2008.

2. The events that have led to these proceedings can be summarised as follows:

On 6 February 2020 at Cheltenham Magistrates Court Dr Staite pleaded guilty to consuming an amount of alcohol exceeding the prescribed limit contrary to section 5(1)(a) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988, driving a motor vehicle other than in accordance with a licence contrary to Section 87(1) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988 and using a motor vehicle when there was not in force in relation to that use such a policy of insurance or such a security in respect of third party risks as complied with the requirements of Part VI of the Road Traffic Act 1988, contrary to section 143 of the Road Traffic Act 1988, contrary to section 143 of the Road Traffic Act 1988 and Schedule 2 of the Road Traffic Offender Act 1988. Dr Staite was sentenced to 18 weeks imprisonment suspended for 12 months, with XXX to be completed within the 12 months supervision period. Dr Staite was disqualified from driving for 5 years.

## Determination on Facts

### The Outcome of Applications Made during the Facts Stage

3. At the outset of proceedings, Mr McGhee, counsel on behalf of Dr Staite, made an application pursuant to Rule 41 of the General Medical Council (Fitness to Practise) Rules Order of Council 2004 (the Rules). Mr McGhee applied to exclude the public from those parts of the proceedings where the facts of the case concern XXX.

4. The Tribunal granted Mr McGhee's application made pursuant to Rule 41 of the Rules and determined to hear in private all matters pertaining to XXX.

### The Allegation and the Doctor's Response

5. The Allegation made against Dr Staite is as follows:

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

1. On 6 February 2020 in the Cheltenham Magistrates Court you pleaded guilty that:
  - a. On 21 January 2020 at Stroud in the county of Gloucestershire you drove a motor vehicle, namely grey Vauxhall Viva on a road, namely Walkley Hill, Stroud, after consuming so much alcohol that the proportion of it in your breath, namely 116 microgrammes of alcohol in 100 millilitres of breath, exceeded the prescribed limit, contrary to Section 5(1)(a) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988; **Admitted and found proved**
  - b. On 21 January 2020 at Stroud in the county of Gloucestershire you drove a motor vehicle, namely grey Vauxhall Viva on a road, namely Walkley Hill, Stroud otherwise than in accordance with a licence authorising you to drive a motor vehicle of that class, contrary to Section 87(1) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988; **Admitted and found proved**
  - c. On 21 January 2020 at Stroud in the county of Gloucestershire you used a motor vehicle, namely grey Vauxhall Viva on a road, or other public place, namely Walkley Hill, Stroud, when there was not in force in relation to that use such a policy of insurance or such a security in respect of third party risks as complied with the requirements of Part VI of the Road Traffic Act 1988, contrary to section 143 of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offender Act 1988. **Admitted and found proved**

2. On 26 June 2020 you were sentenced to:
  - a. 18 weeks imprisonment suspended for 12 months; **Admitted and found proved**
  - b. XXX; **Admitted and found proved**
  - c. disqualification from driving for 5 years. **Admitted and found proved**

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

### The Facts to be Determined

6. At the outset of proceedings, through her counsel, Mr Philip McGhee, Dr Staite made admissions to the entirety of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs of the Allegation as admitted and found proved.

### Determination on Impairment

7. In light of Dr Staite's admissions to the Allegation, the Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts found proved, Dr Staite's fitness to practise is impaired by reason of her conviction.

### Documentary Evidence

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

- Certificate of conviction dated 5 August 2020;
- Bundle of documents from Gloucestershire police;
- Transcript of police interview dated 22 January 2020;
- A witness statements from Dr Staite (undated)
- Signed statement of Responsible Officer, Dr A;
- Copy of undertakings signed 02 June 2016;
- XXX;
- XXX;

- XXX;
- XXX;
- XXX;
- Supplemental witness statement of Dr Staite dated 22 December 2021;
- Workplace report from Dr C Consultant Old Age Psychiatrist dated 17 November 2021;
- Update letter of Dr C dated 21 December 2021.

9. In addition to her witness statements Dr Staite also gave oral evidence to the Tribunal.

## Submissions

### Submissions on behalf of the GMC

10. On behalf of the GMC, Ms Barbour submitted that Dr Staite’s fitness to practise is impaired by virtue of her conviction. The following is a brief summary of her submissions.

11. Ms Barbour submitted that Dr Staite has admitted the facts in this case and referred the Tribunal to the positive testimonials which the Tribunal has received. She told the Tribunal that XXX. However, due to XXX, there may be a risk of repetition.

12. Ms Barbour stated that Dr Staite’s convictions occurred at a time when undertakings were in place. XXX. The convictions that are the subject of this hearing occurred at a time when Dr Staite should not have been behind the wheel as she did not have a licence due to the previous driving with excess alcohol offence. Ms Barbour drew the Tribunal’s attention to the relevant paragraphs of Good Medical Practice (‘GMP’) which Dr Staite herself had referenced, and which Ms Barbour submitted were breached by Dr Staite’s actions.

*1) Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*

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

13. Ms Barbour further stated that a member of the public would be shocked if there was no finding of impairment where a doctor has been convicted of a second drink driving offence. She stated that members of the public are entitled to assume that the doctor

treating them abides by the law. Ms Barbour submitted that public confidence in the profession would be seriously damaged if there was no finding of impairment in this case.

#### Submissions on behalf of Dr Staite

14. In summary, on behalf of Dr Staite, Mr McGhee submitted that there are no patient safety concerns in this case and there has been no evidence that Dr Staite has ever been intoxicated at work. XXX. XXX. He stated that Dr Staite has learnt to recognise when she should not be at work and takes appropriate action herself. Mr McGhee told the Tribunal that there is no connection between the conduct which led to Dr Staite's conviction and her practice as a doctor. He stated that Dr Staite is well supported at work and has been working well with no safety concerns.

15. Mr McGhee stated that the conviction resulted from events which are now two years old and the requirements of the sentence imposed in June 2020 have been completed and the activation period has now ended. He submitted that a finding of impairment is not necessary in order to protect the public. Mr McGhee stated that Dr Staite accepts that it is necessary for a finding of impairment to be made to declare and uphold proper standards of conduct and behaviour and to maintain public confidence in the profession and its regulator. He referred the Tribunal to Dr Staite's witness statement and oral evidence where she stated that she recognises that a member of the public would be "outraged" to hear that she had been convicted for such offences and has received a custodial sentence, albeit suspended.

16. Mr McGhee stated that Dr Staite has worked very hard XXX. She has XXX whilst managing other very challenging personal circumstances.

17. Mr McGhee told the Tribunal that there is a risk of repetition in this case, XXX. However, it can be and is being properly and safely managed and there is sufficient and reliable evidence to suggest that Dr Staite both recognises and acknowledges the unacceptability of what has happened. Mr McGhee stated that the Tribunal can be reassured that she is determined that similar behaviour will not be repeated in the future. He told the Tribunal that Dr Staite is a competent and knowledgeable doctor who has patients' interests at the forefront of her practice.

#### **The Relevant Legal Principles**

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

19. In this case, where the Tribunal was considering impairment on the grounds of conviction, the Tribunal must determine whether Dr Staite’s fitness to practise is impaired today, taking into account her conduct at the time of the events and any relevant factors since then, such as whether the matters are remediable, have been remedied and the likelihood of repetition.

20. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*. The Tribunal noted that any of the following features are likely to be present when a doctor’s fitness to practise is found to be impaired:

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

21. The Tribunal had consideration to the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin)*, where Mr Justice Silber ruled that at the impairment stage, a tribunal ought to take account of evidence and/or submissions from both the doctor and the GMC that the doctor’s failing:

- a. *is easily remediable*
- b. *and that is has already been remedied*
- c. *and that it is highly unlikely to be repeated.*

## The Tribunal’s Determination

22. In making its decision on impairment, the Tribunal first considered the evidence and submissions on the seriousness of Dr Staite’s actions. The Tribunal noted that Dr Staite admitted the Allegation in its entirety. The Tribunal also had regard to the certificate of convictions included in the bundle as evidence of the offences committed.

23. The Tribunal took the view that the circumstances of Dr Staite’s conviction are serious and brought the medical profession into disrepute. It took into account Dr Staite’s previous convictions, the custodial sentence imposed, albeit suspended, XXX and the lengthy period of disqualification from driving. The Tribunal further considered that Dr Staite had breached fundamental tenets of the profession, to act within the law and with integrity. The Tribunal agreed with the submission of Ms Barbour that paragraphs 1 and 65 of GMP, referenced earlier, were breached by Dr Staite’s actions.

24. The Tribunal next considered what remediation and insight Dr Staite has shown in relation to her conviction. Regarding remediation, based on the information presented thus far, the Tribunal was of the view that Dr Staite has demonstrated a very high level of insight, which commenced following her conviction and has been developing ever since. Dr Staite has apologised for her behaviour and has demonstrated that she understands the impact her actions have had on the medical profession. The Tribunal noted that in her oral and written evidence Dr Staite has accepted that she brought the medical profession into disrepute. In her witness statement, Dr Staite stated:

*‘I have broken the law. I am deeply ashamed of my actions and fully accept the sentence given to me by the Court. I also recognise that regrettably this was my second conviction (for the same primary offence) and that a custodial sentence (albeit suspended) is significant. I appreciate that my actions, XXX, may cause the public concern and that their confidence needs to be restored. On that basis I do accept that by the offences that I committed in 2020, the Tribunal may well consider (particularly in light of the importance of the wider public interest) that my fitness to practise is impaired’.*

25. The Tribunal was mindful that Dr Staite has complied with the requirements of the sentence imposed and has done her utmost to remediate her conviction.

26. XXX.

27. The Tribunal was satisfied that Dr Staite posed no risk to patients at the time of the criminal offences, there being no evidence that she has ever been intoxicated at work, or driving to or from work. The Tribunal were also satisfied that she poses no current risk to

patient safety in light of her level of insight and the support available to her at work. The Tribunal had regard to the positive comments made in the various testimonials and the most recent comments from Dr Staite's workplace reporter, Dr C who states that:

*'Dr Staite is a very accomplished clinician, with a wealth of experience behind her. She is highly conscientious and has a kind and pleasant manner with our patients, who think very highly of her indeed. She is also a kind, generous and considerate colleague who is helpful and supportive to all the multidisciplinary team. Dr Staite is very good nowadays at recognising XXX and will come to me straightway to let me know so we can make a plan around this. She has made very good progress at getting her statutory and mandatory training up to date and she has started a 360 degree assessment and is planning an appraisal in the next few weeks'.*

28. Therefore, any finding of impairment of fitness to practise would be in order to uphold standards and maintain the public's confidence in the profession. The Tribunal had regard to the serious nature of the convictions, the previous similar convictions and the suspended sentence of imprisonment imposed. The Tribunal considered that if a finding of impairment by reason of conviction were not made in this case, this would undermine public confidence in the profession. The Tribunal concluded that a finding of impairment was required in order 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.

29. Accordingly, the Tribunal determined that Dr Staite's fitness to practise is impaired by reason of her conviction.

#### **Determination on Sanction - 20/01/2022**

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

#### **The Evidence**

2. The Tribunal has taken into account all the evidence received during the facts and impairment stages of the hearing, both oral and documentary.

#### **Submissions on behalf of the GMC**

3. On behalf of the GMC, Ms Barbour submitted that the imposition of any sanction on Dr Staite's registration is a matter for the Tribunal exercising its own independent judgement. Ms Barbour referred the Tribunal to various paragraphs of the Sanctions Guidance (November 2020) ('the SG') including those paragraphs detailing the relevant mitigating and aggravating factors which are specific to Dr Staite's case.

4. Ms Barbour submitted that in light of the Tribunal's findings in relation to impairment, this is a case where to impose no sanction would be wholly inappropriate and that there are no exceptional circumstances that justified no sanction being imposed.

5. Ms Barbour stated that undertakings are not agreed between the parties and therefore not available for the Tribunal to consider, but in any event would be insufficient to meet the seriousness and gravity of the case.

6. Ms Barbour referred the Tribunal to paragraphs 81 and 82 of the SG which deals with conditions. She submitted that while there is XXX in this case, Dr Staite's conviction is a very serious one, and moreover it is a second conviction for the same offence. Ms Barbour stated that because there was a suspended sentence imposed the Tribunal may be of the view that conditions would be insufficient for the purposes of upholding proper standards and protecting public confidence in the profession. Ms Barbour submitted that it will be for the Tribunal to consider what action a well informed and reasonable member of the public would expect from the regulator.

7. Ms Barbour referred the Tribunal to paragraphs 91 – 93 and 97 in relation to suspension. She submitted that a period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration. Ms Barbour stated that this is a case where the doctor's conduct was so serious that action must be taken to protect members of the public and maintain confidence in the profession.

8. Ms Barbour submitted that erasure would not be appropriate in this case and there are other options available for the Tribunal to consider.

### **Submissions on behalf of Dr Staite**

9. Mr McGhee submitted that in conducting herself in the way she did in January 2020, which led to a second criminal conviction for drink driving offences and a suspended custodial sentence, Dr Staite accepts that her conduct breached GMP. Mr McGhee stated that due to the confluence of XXX events in, and leading up to, January 2020, Dr Staite's judgment was plainly clouded.

10. Mr McGhee referred the Tribunal to the relevant paragraphs of the SG relating to aggravating and mitigating factors and detailed the relevant circumstances in this case. He reminded the Tribunal that there is no evidence of Dr Staite being intoxicated in the workplace or while on duty and there has been no impact on Dr Staite’s clinical performance which could have caused serious harm to patients or put public safety at serious risk. He stated that Dr Staite has demonstrated substantial insight and has made significant efforts to prevent XXX. He stated that Dr Staite has demonstrated “extraordinary personal mitigation”.

11. Mr McGhee referred the Tribunal to the various positive testimonials and references and requested that the Tribunal bear these in mind when making its decision. He stated that Dr Staite has been well supported at work and has proved to be clinically competent and is an asset to the team.

12. Mr McGhee submitted that the relevant issue to be considered in this case is Dr Staite’s criminal conviction. He stated that XXX is something which can properly be seen as a factor reducing her overall culpability.

13. Mr McGhee submitted that it would be potentially illogical and disproportionate to suspend Dr Staite in order to send a wider signal to the profession and the public about what behaviour is not acceptable, something which can be achieved with a lesser sanction. He further stated that this is because the conduct in this case, and the foundation for the impairment of Dr Staite’s fitness to practice, is linked to XXX.

14. Mr McGhee submitted that even a short period of suspension would have a severe and potentially devastating impact, not just on Dr Staite’s finances and her ability to remain in her home, but also on XXX, given the positive role her employment played in XXX.

15. Mr McGhee also submitted that a reasonable and properly informed member of the public would not expect Dr Staite to be punished by an order of suspension, even for a short period, given what she has already gone through and her substantially reduced culpability.

16. Mr McGhee submitted that a sanction of conditions would be appropriate, proportionate, workable and measurable. He stated that conditions could mirror the undertakings to which Dr Staite has been subject since June 2016. XXX. Mr McGhee stated that there is good evidence in support of the workability of conditions on Dr Staite’s registration. Dr Staite has said her undertakings have been an important reminder XXX, and an important reminder of the framework of support around her. She also stated that they have helped to establish a very clear pattern of communication with her consultant and she

benefits from the weekly supervision. He explained that the undertakings have further allowed Dr Staite to feel comfortable looking after herself, knowing she can be open and is supported. Mr McGhee submitted that this is a case where conditions can safely and properly be imposed the doctor's registration, further to the finding of impairment of her fitness to practise.

### The Relevant Legal Principles

17. The Legally Qualified Chair reminded the Tribunal that the decision as to the appropriate sanction, if any, is a matter for this Tribunal's own independent judgement. The Tribunal was reminded that it should consider the least restrictive sanction first, before moving on to consider the other available sanctions in ascending order of severity. The Tribunal should also consider the principle of proportionality by weighing the public interest against the interests of Dr Staite.

18. In reaching its decision, the Tribunal should take into account the SG and the statutory overarching objective, which includes protecting and promoting the health, safety and wellbeing of the public, promoting and maintaining public confidence in the profession, and promoting and maintaining proper professional standards and conduct.

### The Tribunal's Determination on Sanction

19. The Tribunal, in reaching its decision, had regard to relevant paragraphs of the SG. It has borne in mind that the purpose of a sanction is not to be punitive, although it may have a punitive effect.

### Aggravating Factors

20. The Tribunal was mindful of the following paragraphs when considering aggravating factors:

*54. Where the GMC, or another regulator, has previously made findings of impaired fitness to practise and imposed a sanction on the doctor's registration, the tribunal may wish to consider this as an aggravating factor in relation to the case before it.*

21. In taking this paragraph into account the Tribunal noted that whilst there were no previous findings of impairment, Dr Staite was subject to undertakings agreed by herself and the GMC at the time of the conviction.

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

...

XXX

XXX

22. The Tribunal therefore considered the following to be aggravating factors of Dr Staite's case:

- Dr Staite has previously been convicted for driving with excess alcohol, albeit taking place some time ago in March 2015;
- Dr Staite was sentenced to a custodial sentence, albeit suspended;
- In January 2020, she had consumed a large amount of alcohol, approximately 2 or 3 bottles of wine, XXX;
- XXX

### Mitigating Factors

23. The Tribunal balanced those aggravating factors against what it considered to be the mitigating factors in this case, whilst taking into consideration the following paragraph of the SG it thought to be relevant:

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

*a. Evidence that the doctor understands the problem and has insight, and of their attempts to address or remediate it.*

...

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

24. The Tribunal identified the following mitigating factors:

- Dr Staite has very good insight XXX;
- She has demonstrated an understanding of and insight into the effect of her criminal conduct on the reputation of the profession;
- Dr Staite has shown insight into her offending behaviour, in that she understands it was wrong and the potential impact on others of her actions, and has sought to remediate her conduct;

- It has been two years since the criminal offences and there was a significant period of time between the two separate sets of criminal convictions;
- There is clear evidence that Dr Staite is a good, competent doctor who has not put patient safety at risk XXX;
- Dr Staite has undertaken significant remediation, including complying with the requirements of her suspended sentence, the activation period for which has now ended. XXX;
- In terms of personal mitigation at the time of the criminal offending, the Tribunal was of the view that Dr Staite had experienced/was experiencing a number of extremely challenging events in her personal life which could properly be categorised as exceptional.

25. The Tribunal has placed great weight on the significant mitigating factors in this case. It has considered that Dr Staite's written and oral expressions of apology and remorse are genuine. It notes that Dr Staite has been open and honest throughout both the criminal investigation and court process and the GMC investigation, especially XXX. The Tribunal considered that XXX are intrinsically linked to the criminal offending. It was mindful that prior to and since the events of 2020, undertakings have been in place XXX.

## The Tribunal's Decision

### No action

26. The Tribunal first considered whether to conclude Dr Staite's case by taking no action. The Tribunal noted that following a finding of impairment, taking no action is only considered appropriate where there are exceptional reasons for doing so. The Tribunal determined that there were no exceptional circumstances which would justify such a decision. Furthermore, taking no action would not reflect the serious nature of the conviction. It therefore determined that taking no action would not be appropriate, proportionate or in the public interest.

### Conditions

27. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Staite's registration. The Tribunal bore in mind that any conditions imposed would need to be appropriate, proportionate, workable, and measurable.

28. The Tribunal had regard to the below paragraphs of the SG:

*'80. In many cases, the purpose of conditions is to help the doctor to deal with their health issues and/or remedy any deficiencies in their practice or knowledge of English, while protecting the public. In such circumstances, conditions might include requirements to work under supervision.*

*81. Conditions might be most appropriate in cases:*

*XXX*

*...*

*82. Conditions are likely to be workable where:*

*a. the doctor has insight*

*...*

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

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

*84. Depending on the type of case (eg health, language, performance or misconduct), some or all of the following factors being present (this list is not exhaustive) would indicate that conditions may be appropriate:*

*a. no evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage*

*...*

*XXX*

29. The Tribunal considered that these paragraphs are directly relevant to its consideration of conditional registration. The Tribunal has already found that Dr Staite has developed insight in to both her offending and XXX which underly the conviction. XXX. The Tribunal was mindful that Dr Staite was subject to undertakings when the drink driving offence occurred, but considered that undertakings are agreed to, not imposed after a finding of impairment, as a period of conditional registration would be. XXX. The Tribunal considered that the exceptionally stressful events in Dr Staite's past, and the Tribunal process, would no longer XXX in the future. Furthermore, the significant and ongoing

remediation undertaken by Dr Staite satisfied the Tribunal that at present XXX, and that a period of conditional registration would provide a framework to support Dr Staite.

30. The Tribunal was satisfied that Dr Staite would comply with conditions and would respond positively to being supervised. Dr Staite has commented that she has benefited from the undertakings in place, especially recently. The Tribunal therefore determined that it would be feasible to formulate a set of conditions that were workable in terms of addressing XXX, which the Tribunal considers to be intrinsically linked to the conviction.

31. In light of the matters set out above and the Tribunal's findings at Stage 2, the Tribunal was satisfied that there was no issue of patient safety to be addressed. It considered that conditions could be drafted which would adequately address any public interest concerns in this case, by allowing Dr Staite to continue with her valuable work in psychiatry while at the same time providing a framework of support to address XXX.

32. In this regard, the Tribunal was mindful of the submissions of Mr McGhee who referred to the case of *Giele v GMC [2005] EWHC 2143 (Admin)*. It was of the view that an informed and reasonable member of the public, fully apprised of the nature of the conviction and in particular, of the extensive mitigating factors in this case, would not expect a more serious sanction to be imposed. It concluded that a period of conditional registration was sufficient to maintain public confidence in the profession and uphold proper standards of conduct.

## Suspension

33. Having reached this conclusion, the Tribunal nonetheless gave consideration to the appropriateness of a suspension order. The Tribunal was satisfied that a period of suspension was unnecessary, disproportionate and punitive. The Tribunal was of the opinion that Dr Staite was a good and competent doctor valued by fellow professionals and patients. A period of suspension would deprive the public of such a doctor. The Tribunal did not consider that a period of suspension would serve any useful purpose in providing further time for reflection or remediation, as it has found that Dr Staite's insight is very well developed and remediation is extensive and continuing. In balancing the doctor's interests against the public interest, it determined that a period of suspension would be disproportionate, in particular because Dr Staite was assisted XXX by continuing her work as a doctor. The Tribunal considered that it was appropriate for Dr Staite to continue to practise safely as a doctor.

34. Therefore, the Tribunal determined that a period of conditional registration should be imposed.

35. The following conditions relate to Dr Staite's employment and will be published:

1. She must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:

- a. the details of her current post, including:
  - i. her job title
  - ii. her job location
  - iii. her responsible officer (or their nominated deputy)
- b. the contact details of her employer and any contracting body, including her direct line manager
- c. any organisation where she has practising privileges and/or admitting rights
- d. any training programmes she is in

2. She must personally ensure the GMC is notified:

- a. of any post she accepts, before starting it
- b. that all relevant people have been notified of her conditions, in accordance with condition 8
- c. if any formal disciplinary proceedings against her are started by her employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
- d. if any of her posts, practising privileges, or admitting rights have been suspended or terminated by her employer before the agreed date within seven calendar days of being notified of the termination
- e. if she applies for a post outside the UK.

3. She must allow the GMC to exchange information with any person involved in monitoring her compliance with her conditions.
4.
  - a. She must have a workplace reporter appointed by her responsible officer (or their nominated deputy).
  - b. She must not work until:
    - i. her responsible officer (or their nominated deputy) has appointed her workplace reporter
    - ii. she has personally ensured that the GMC has been notified of the name and contact details of her workplace reporter.
5.
  - a. She must get the approval of her GMC Adviser before accepting any post.
  - b. She must keep her professional commitments under review and limit her work if her GMC Adviser tells her to.
  - c. She must stop work immediately if her GMC Adviser tells her to and must get the approval of her GMC Adviser before returning to work.
6.
  - a. She must be supervised in all of her posts by a clinical supervisor, as defined in the *Glossary for undertakings and conditions*. Her clinical supervisor must be appointed by her responsible officer (or their nominated deputy).
  - b. She must not work until:
    - i. her responsible officer (or their nominated deputy) has appointed her clinical supervisor and approved her supervision arrangements
    - ii. she has personally ensured that the GMC has been notified of the name and contact details of her clinical supervisor and her supervision arrangements.
7.
  - a. She must get the approval of her 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. She must not work until:
    - i. her responsible officer (or their nominated deputy) and the GMC Adviser has confirmed approval
    - ii. she has personally ensured that the GMC has been notified of the approval of her responsible officer (or their nominated deputy) and the GMC Adviser.
- 8. She must personally ensure the following persons are notified of the conditions listed at 1 to 7:
  - a. her responsible officer (or their nominated deputy)
  - b. the responsible officer of the following organisations:
    - i. her place(s) of work, and any prospective place of work (at the time of application)
    - ii. all of her contracting bodies and any prospective contracting body (prior to entering a contract)
    - iii. any organisation where she has, or has applied for, practising privileges and/or admitting rights (at the time of application)
    - iv. any locum agency or out of hours service she is registered with
    - v. if any of the organisations listed at (i to iv) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify that person, she must contact the GMC for advice before working for that organisation.

- c. the approval lead of her regional Section 12 approval tribunal (if applicable) - or Scottish equivalent
- d. her immediate line manager and senior clinician (where there is one) at her place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

XXX

### Duration of Conditions

36. In determining the length of the conditions to impose on Dr Staite's registration, the Tribunal took account of the need to recognise the serious nature of her conviction, bearing in mind the aggravating factors it had found, and XXX. It therefore concluded that a period of 36 months was appropriate and proportionate and would offer Dr Staite a period of stability and supervision XXX.

### Directing a review

37. In reaching its decision on whether to direct a review, the Tribunal bore in mind paragraph 164 of SG, which provides:

*"164. ... in all cases where conditions have been imposed, the tribunal will need to be reassured that the doctor is fit to resume practice – either unrestricted or with conditions or further conditions. A review hearing is therefore likely to be necessary, so that the tribunal can consider whether the doctor has shown all of the following (by producing objective evidence):*

- a. they fully appreciate the gravity of the offence*
- b. they have not reoffended*
- ..."*

38. The Tribunal determined that there is a need for a review hearing in this case. The Tribunal considers it important that Dr Staite demonstrate XXX to ensure that she does not re-offend.

39. Shortly before the end of the period of conditions Dr Staite's case will be reviewed by a Medical Practitioners Tribunal. A letter will be sent regarding the arrangements for the review hearing. At the next hearing, the review Tribunal will be assisted by the following:

- A reflective statement from Dr Staite;
- XXX;
- Evidence of continued professional development and recent appraisals;
- Any other evidence that she feels will assist the Tribunal in reviewing her case.

#### Determination on Immediate Order - 20/01/2022

1. Having determined to impose conditions, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Staite's registration should be subject to an immediate order.

#### Submissions

2. On behalf of the GMC, Ms Barbour submitted that there is no need for an immediate order in this case. She stated that there are undertakings in place and an immediate order is not necessary.

3. On behalf of Dr Staite, Mr McGhee submitted that he endorses the position of the GMC and submitted that an immediate order is not necessary.

#### The Tribunal's Determination

4. In its deliberations, the Tribunal had regard to the relevant paragraphs of the SG, including 172 and 178 of SG which states:

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

**178** *Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the*

*substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'*

5. The Tribunal was mindful that there are no patient safety concerns in this case. It concluded that the finding of impaired fitness to practise and substantive conditions would sufficiently protect the public interest.
6. The Tribunal noted that Dr Staite has been subject to undertakings since 2016 and these are still currently in place and are working well. It also noted that Dr Staite has not been subject to an interim order.
7. In light of the relevant paragraphs of the SG and the absence of any compelling reason to impose an immediate order under the circumstances, the Tribunal determined that an immediate order was not necessary in this case.
8. This means that Dr Staite's registration will be subject to conditions, 28 days from when notice of this decision is deemed to have been served upon her, unless she lodges an appeal. If Dr Staite does lodge an appeal she will remain free to practise unrestricted until the outcome of any appeal is known. The Tribunal notes that in the meantime the undertakings are still in place.
9. There is no interim order to revoke.
10. That concludes this case.