

PUBLIC RECORD

Date: 02/11/2023 and 09/11/2023

Medical Practitioner's name: Dr Jane HORNSEY

GMC reference number: 2577474

Primary medical qualification: MB ChB 1982 University of Leeds

Type of case **Outcome on impairment**

Review - Conviction Impaired
XXX XXX

Summary of outcome
Conditions, 12 months
Review directed

Tribunal:

Legally Qualified Chair	Miss Debi Gould
Lay Tribunal Member:	Mr Paul Hepworth
Medical Tribunal Member:	Mr John Hayward
Tribunal Clerk:	Ms Angela Carney

Attendance and Representation:

Medical Practitioner:	Present, not represented
GMC Representative:	Ms Susie Kitzing, 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 Impairment - 09/11/2023

1. This determination will be handed down in private. However, as this case concerns Dr Hornsey's conviction, a redacted version will be published at the close of the hearing.
2. At this review hearing the Tribunal now 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 Hornsey's fitness to practise is impaired by reason of a conviction and XXX.

The Outcome of Applications Made during the Impairment Stage

3. The Tribunal refused Dr Hornsey's application, made pursuant to Rule 41 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that the whole of the hearing be held in private. The Tribunal determined that some parts of the hearing would be heard in private. The Tribunal's full decision on the application is included at Annex A.

Background

4. Dr Hornsey qualified in 1982 from the University of Leeds and prior to the events which are the subject of the hearing, she worked as a General Practitioner (GP) until 2009 and then again in 2016.
5. Dr Hornsey's hearing took place in October 2020. She admitted, and the Tribunal (2020 Tribunal) found proved, the Allegation in its entirety.

Conviction

6. On 20 July 2018, members of security staff at a supermarket in Skipton were monitoring the CCTV covering the store's car park when they observed a vehicle enter. After the vehicle parked in a parking bay, the driver, Dr Hornsey, entered the store. Staff believed that she smelt of alcohol and consequently security staff contacted North Yorkshire Police. After purchasing a bottle of wine Dr Hornsey exited the store and returned to her vehicle

where she was approached by police officers. She was then arrested on suspicion of driving with excess alcohol. When later questioned by police, Dr Hornsey admitted she had consumed 2-3 glasses of wine prior to driving to the store having had an argument with her mother. A sample of blood was taken and examined. This showed that Dr Hornsey was driving with almost twice the legal limit of alcohol in her blood.

7. Dr Hornsey appeared at Harrogate Magistrates' Court on 9 August 2018 when she pleaded guilty to, and was convicted of, driving a motor vehicle after consuming an amount of alcohol exceeding the prescribed limit contrary to s.5(1)(a) and Schedule 2 of the Road Traffic Offenders Act 1988. Dr Hornsey was disqualified from holding or obtaining a driving licence for 36 months and fined £120.00.

8. In an email sent on 21 November 2018 Dr Hornsey self-referred to the GMC.

XXX

9. XXX

10. XXX

11. XXX

12. XXX

The 2020 Tribunal

Conviction

13. The 2020 Tribunal considered that Dr Hornsey's actions, by driving whilst intoxicated, were very serious and had put the lives of the public at risk. XXX

14. The 2020 Tribunal noted that Dr Hornsey had not expressed any apology or remorse for her conviction, and it had not received any formal reflective piece from her in relation to that conviction.

15. The 2020 Tribunal considered that although Dr Hornsey had demonstrated some insight into her conviction and the causes of it, her insight was incomplete and there was some way to go until it would be fully developed. The 2020 Tribunal therefore determined that Dr Hornsey's fitness to practise was impaired by reason of her conviction.

XXX

16. XXX

17. XXX

18. The 2020 Tribunal concluded that it was appropriate and proportionate to impose conditions on Dr Hornsey's registration for a period of 36 months. It noted that Dr Hornsey has XXX, and she had been out of clinical practice for a lengthy period. The 2020 Tribunal considered that a period of 36 months of conditional registration was necessary to meet all three limbs of the overarching objective and to give Dr Hornsey a significant period of support, both to XXX and to resume working safely.

19. Notwithstanding the seriousness of Dr Hornsey's conviction for drink driving, the 2020 Tribunal considered that XXX. It also considered that she would respond positively to refreshing her professional skills and knowledge and making efforts to safely return to clinical practice.

20. The 2020 Tribunal considered that the reviewing Tribunal may be assisted if Dr Hornsey provided the following:

- Up to date appraisal documents
- Evidence of an up to date and ongoing PDP
- XXX
- XXX
- XXX
- XXX
- Any relevant testimonials including, for example, from her Mentor
- Any other information that Dr Hornsey considered would assist.

The Evidence

21. The Tribunal has taken into account all the evidence received, both oral and documentary.

22. The Tribunal received the following documentary evidence:

- Record of Determination, dated 23 October 2020
- XXX
- XXX
- XXX
- XXX
- XXX
- XXX

23. Dr Hornsey did not provide a witness statement but gave oral evidence.

Dr Hornsey's oral evidence

24. Dr Hornsey accepted that she made what she described as a “*flippant comment*” to XXX, namely that that she had not enjoyed paid work as a GP since “*the GMC started interfering.*” Dr Hornsey said that she regretted making this comment and apologised for doing so. She confirmed that she believes that the GMC’s role is entirely legitimate. Dr Hornsey said she has not undertaken any appraisals and has not provided an up-to-date PDP as she has not yet returned to work. She accepted that she would need to complete a PDP before returning to work.

25. XXX.

26. XXX.

27. Dr Hornsey said that she does not have a mentor but felt Professor B had been very helpful. Dr Hornsey said she has spoken to Professor B every couple of months and found her very supportive. XXX

28. On questioning from Ms Kitzing, Dr Hornsey said that she wished to return to work as being a doctor is part of her identity. She also feels that she has a useful role to play. She said that she has discussed with GP colleagues the stresses and difficulties GPs currently face and how clinical practice has changed.

29. Dr Hornsey acknowledged that GP practices are under pressure, and she believes that employing a doctor with conditions would be difficult for such practices. She accepted that she would have to ensure that she was up-to-date with current clinical practice. Dr Hornsey said that she had not sought work since the 2020 Tribunal due to COVID and a number of personal and XXX reasons.

30. Dr Hornsey described the XXX difficulties and XXX she has experienced in the last year as the primary reason why she had not attempted to return to work. She acknowledged that she had not taken any significant step to return to clinical practice, however, it was her intention to reapply to join the National Performers List (“NPL”) and join a GP returners scheme. XXX. Dr Hornsey confirmed that she would like to work six sessions per week due to XXX commitments as full-time work would be impractical. She said that she had decided to await the outcome of the review hearing before doing so.

31. Dr Hornsey said that based on experience, obtaining a position would be easier if she was not subject to restrictions, however, she also agreed that she felt that some of the current conditions are necessary and supportive.

32. XXX

33. In answer to a question from the Tribunal, Dr Hornsey confirmed that she last worked in General Practice on a part time basis for 10 months in 2016. Prior to that she had not worked as a GP since 2009.

34. XXX

35. In relation to Continuing Professional Development (“CPD”) Dr Hornsey said she keeps a handwritten log of her CPD. She also does an hour per day reading medical journals or on-line courses. She accepted that she could have provided this log to the Tribunal but said she had not done so due to personal circumstances. Dr Hornsey accepted that returning to clinical practice after such a long break will be difficult but added that all she could do was try. Dr Hornsey told the Tribunal that she did not need to return to clinical practice for financial reasons but wished to do so because being a doctor was part of her identity and she feels that she has something positive to contribute.

36. Dr Hornsey said that she had not undertaken any reflective work as recommended by the 2020 Tribunal because she did not know what a reflective statement was. She said, “*you write down all the things you are supposed to say; they are artificial and fabricated*”. When asked whether she understood the importance of reflective pieces in relation to clinical practice, Dr Hornsey said that it is something she would have to learn to address.

37. XXX

Submissions

38. On behalf of the GMC, Ms Kitzing accepted that XXX.

39. Ms Kitzing referred to the comment made by Dr Hornsey, that “*the GMC started interfering*”, noting that the 2020 Tribunal were concerned that Dr Hornsey showed a level of aggression and a lack of insight when presenting her case to them. Ms Kitzing reminded the Tribunal that the purpose of conditions was to support and assist Dr Hornsey. Ms Kitzing reminded the Tribunal that Dr Hornsey has not provided a reflective piece regarding her latest conviction and how her period of being out of practice affects the issue of current impairment. Ms Kitzing acknowledges however, that the GMC accepted that Dr Hornsey has had a number of personal issues to deal with since the 2020 hearing. Ms Kitzing submitted that there is a persuasive burden on the doctor to satisfy this Tribunal that previous concerns have been addressed. She further submitted that Dr Hornsey’s fitness to practise remains impaired by reason of her conviction and XXX.

40. Dr Hornsey submitted that she is now more realistic about her own limitations. She further submitted to the Tribunal that her fitness to practise is not currently impaired.

The Relevant Legal Principles

41. The Tribunal reminded itself that it had to decide in accordance with Rule 22(1)(f) of the Rules whether Dr Hornsey’s fitness to practise remains currently impaired and that the decision concerning impairment is a matter for the Tribunal alone, exercising its judgement. The Tribunal would determine whether Dr Horney’s fitness to practise is impaired today,

taking into account her conduct at the time of original misconduct, her XXX and any other relevant factors including whether Dr Hornsey has demonstrated insight and remediation. The Tribunal would also consider any likelihood of repetition.

42. When determining the issue, the Tribunal reminded itself that it must take have regard to the statutory overarching objective to protect the public, which includes the need to:

- a. Protect, promote and maintain the health, safety and well-being of the public,*
- b. Promote and maintain public confidence in the medical profession, and*
- c. Promote and maintain proper professional standards and conduct for members of that profession.*

43. Finally the Tribunal reminded itself that it is for the doctor to satisfy it that she is no longer impaired and that she is safe to return to unrestricted practise.

The Tribunal's Determination on Impairment

Conviction

44. The Tribunal noted that in August 2018 Dr Hornsey pleaded guilty to, and was convicted of, driving a motor vehicle after consuming an amount of alcohol exceeding the prescribed limit. Dr Hornsey was disqualified from holding or obtaining a driving licence for 36 months and fined £120.00.

45. The Tribunal has received no reflective piece from Dr Hornsey concerning that conviction. When asked about this, Dr Hornsey said that she did not really know what a reflective piece was but that she had reflected deeply.

46. The Tribunal was concerned that Dr Hornsey did not appear to fully understand, or appreciate, the importance of reflection nor how it would benefit her as well as others. It also considered that Dr Hornsey does not have a proper regard for the role of her regulator. She appears to regard her conviction as no longer relevant rather than addressing the implications of it. In particular, the Tribunal noted that Dr Hornsey still appears to attribute responsibility for her actions to NHS England. Furthermore, Dr Hornsey did not apologise for the events which led to her conviction.

47. The Tribunal therefore concluded that Dr Hornsey still lacks proper insight into the impact her conviction may have had on all three limbs of the overarching objective. Accordingly, the Tribunal could not be satisfied that Dr Hornsey has fully remediated or that there is a sufficiently low risk of repetition, demonstrated through proper insight and reflection, that her fitness to practise is no longer impaired.

48. The Tribunal therefore determined that Dr Hornsey's fitness to practise remains impaired by reason of her conviction.

XXX

49. XXX

50. XXX

51. XXX

52. XXX

53. XXX

54. XXX

55. XXX

56. XXX

57. XXX

58. XXX

59. XXX

60. XXX

61. XXX

62. The Tribunal noted that Dr Hornsey has been out of clinical practice since 2009 save for ten months working on a part time basis in 2016. The Tribunal received no evidence of Dr Hornsey's CPD apart from the oral assertions that she has kept her skills and knowledge up to date by reading the British Medical Journal, occasional articles in the Lancet and some online courses. The only specific article she referenced related to Epigenetics. The Tribunal was of the opinion that whilst this is a very important area of research it showed that Dr Hornsey had not prioritised relevant learning nor sought advice as to how to do so. Dr Hornsey did not appear to appreciate the importance of providing evidence to the Tribunal to support her assertions and it was concerned that she had not used the opportunity provided by the period of restricted practise since the 2020 Tribunal to demonstrate regular and relevant CPD.

63. In her oral evidence, Dr Hornsey accepted that the conditions on her registration had not prevented her from seeking a position as a GP. Whilst the Tribunal accepted that Dr Hornsey has experienced difficulties in her personal life in the last year, she had made no attempts to seek employment or clinical attachment since the conditions were imposed on

her registration. The Tribunal was concerned that Dr Hornsey has become de-skilled and she does not appreciate the extent to which her clinical skills will have deteriorated over time. She appears to have little insight into the clinical challenges which she will face on returning to clinical practice and how this might affect patient care and safety. The Tribunal also concluded that Dr Hornsey has not made a realistic assessment of the personal stress of returning to practice and how she will recognise, address and cope effectively with this XXX.

64. The Tribunal was satisfied that public confidence in the medical profession would be significantly undermined, and the public would be extremely concerned, if a finding of impaired fitness to practise was not made. The Tribunal took into account Dr Hornsey's long absence from clinical practice, the lack of evidence that she has kept her skills and knowledge up to date and her lack of insight regarding these matters. The Tribunal therefore determined that a finding of current impairment is necessary in respect of all three limbs of the overarching objective.

65. This Tribunal has therefore determined that Dr Hornsey's fitness to practise is also impaired by reason of her XXX.

Determination on Sanction - 09/11/2023

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

2. Having determined that Dr Hornsey's fitness to practise is impaired by reason of conviction and XXX, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to her registration.

The Evidence

3. 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 Hornsey's registration.

Submissions

4. On behalf of the GMC, Ms Kitzing submitted that Dr Hornsey's registration should be subject to a further period of conditions.

5. Ms Kitzing referred the Tribunal to paragraph 21 in the Sanctions Guidance (November 2020) ("the SG"):

'21 However, once the tribunal has determined that a certain sanction is necessary to protect the public (and is therefore the minimum action

required to do so), that sanction must be imposed, even where this may lead to difficulties for a doctor. This is necessary to fulfil the statutory overarching objective to protect the public.'

6. Ms Kitzing reminded the Tribunal of the aggravating and mitigating factors identified in its impairment determination.

7. XXX

8. XXX

9. Ms Kitzing submitted that imposing conditions for a period of 12 months would be helpful and would allow Dr Hornsey the opportunity to progress and return to work. She submitted that a review would be necessary at the end of any sanction.

10. Dr Hornsey suggested that undertakings would be appropriate and that she would comply with undertakings. She suggested a period of 18 months with a review if appropriate. XXX.

11. Dr Hornsey accepted that she had not provided any evidence of keeping her skills and training up to date or that she had developed her insight further. The 2020 Tribunal recommended that it would assist the next Tribunal if Dr Hornsey provided evidence of CPD undertaken, produced a PDP and reflective piece. Dr Hornsey has not provided any documentary evidence that she has undertaken CPD or approached learning in a structured manner. She accepted that she should have recorded her CPD and provided her evidence in an organised way. Dr Hornsey said that she has started a Personal Development Plan (PDP) to identify her shortcomings, however, this was not provided to the Tribunal. Dr Hornsey said that she has identified the returner and refresher scheme as being potentially helpful to her and she would be appointed a supervisor under that scheme.

The Tribunal's Determination

12. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken account of the SG. It has borne in mind that the purpose of the sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

13. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Hornsey's interests with the public interest. The public interest includes, amongst other things, the protection of patients, the maintenance of public confidence in the profession, and the declaring and upholding of proper standards of conduct and behaviour.

14. The Tribunal has already given a detailed determination on impairment, and it has taken those matters into account during its deliberations on sanction.

Mitigating factors

15. The Tribunal noted that Dr Hornsey has continued to engage with the GMC and these proceedings. XXX. She has achieved this despite XXX and personal XXX difficulties. XXX. The Tribunal considered that these were all mitigating factors.

Aggravating factors

16. The Tribunal received no evidence that Dr Hornsey has reflected on her conviction. It noted that she said that she did not really know what a reflective piece was but had reflected deeply. It found that Dr Hornsey does not have a proper regard for the role of her regulator and regarded her conviction as no longer relevant. It also found that Dr Hornsey still appears to attribute responsibility for her actions to NHS England. Furthermore, Dr Hornsey has not apologised for the events which led to her conviction.

17. XXX

18. XXX

19. The Tribunal noted that Dr Hornsey has been out of clinical practice since 2009 save for ten months working on a part time basis in 2016. The Tribunal received no evidence of Dr Hornsey's CPD apart from her oral assertions that she reads medical journals on a daily basis. The Tribunal found that she had not used the opportunity provided by the period of restricted practice since the 2020 hearing to maintain her clinical skills. It is concerned that Dr Hornsey has become de-skilled and does not appreciate the extent to which her clinical skills will have deteriorated over time.

Undertakings

20. The Tribunal noted that in her submissions Dr Hornsey mentioned undertakings.

21. Paragraph 72 of the SG states:

'72 Undertakings can be agreed at two stages in the fitness to practise process: by the case examiners before a matter is referred to a hearing; and at a hearing, after the tribunal has made a finding of impairment. In the latter, the doctor and the GMC may agree undertakings which the tribunal, if it considers the undertakings sufficient to protect the public, can then take into account when considering the appropriate sanction.'

22. Dr Hornsey has not provided any undertakings to the GMC, nor have they been agreed. Therefore, the Tribunal did not consider undertakings.

No Action

23. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Hornsey’s case, the Tribunal first considered whether to conclude the case by taking no action.

24. The Tribunal considered that there are no exceptional circumstances in which it might be justified in taking no action against Dr Hornsey’s registration. The Tribunal determined that in view of its findings on impairment in relation to Dr Hornsey’s conviction and XXX, it would be neither sufficient, proportionate nor in the public interest, to conclude this case by taking no action.

25. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Hornsey’s registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

Conditions

26. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Hornsey’s registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

Conviction

27. The Tribunal was mindful that Dr Hornsey has failed to provide any evidence of reflection about, or insight into, the impact which her conviction may have had concerning all three limbs of the overarching objective.

28. The Tribunal considered that it would be difficult to formulate conditions that are workable and measurable in relation to her conviction. However, as the Tribunal was satisfied that Dr Hornsey’s conviction was XXX, it concluded that proportionate and appropriate conditions could be formulated that would be sufficient to protect the public or meet the public interest by maintaining professional standards and upholding public confidence in the medical profession.

XXX

29. XXX

30. XXX

31. Paragraph 82 of the SG states:

“82 Conditions are likely to be workable where:

a the doctor has insight

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

*c the tribunal is satisfied the doctor will comply with them
d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.*

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

b identifiable areas of their practice are in need of assessment or retraining

c willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout their working life, improving the quality of their work and promoting patient safety (Good medical practice, paragraphs 7–13 on knowledge, skills and performance and paragraphs 22–23 on safety and quality)

...

XXX

32. Although the Tribunal considered that Dr Hornsey has still not demonstrated that she fully appreciates the gravity of her conviction, XXX. The Tribunal noted that Dr Hornsey has continued to engage with the GMC, with these proceedings and XXX. Finally, the Tribunal had regard to Dr Hornsey's own evidence to the Tribunal that she felt that some of the current conditions are necessary and supportive.

33. The Tribunal also noted, however, that Dr Hornsey last worked in General Practice on a part time basis for 10 months in 2016 and prior to this time had not worked as a GP since 2009. The Tribunal was concerned that Dr Hornsey had not specifically discussed how she would manage the stress associated with returning to work with XXX, Professor B. XXX. The Tribunal was concerned, however, as to how she would cope with the additional and different stressors associated with the steep learning curve which will be required to enable her to return to clinical practice and clinical practice itself.

34. The Tribunal was very concerned that Dr Hornsey has become de-skilled. It found that she does not appreciate the extent to which her clinical skills will have deteriorated over time. The Tribunal found that Dr Hornsey has little insight into the challenges which she will face on returning to clinical practice and how this might affect patient care and safety. The Tribunal noted that Dr Hornsey herself now recognises her current lack of structure, organisation and planning around returning to clinical practice. The Tribunal did, however, accept that she is willing to retrain. It will be for Dr Hornsey to demonstrate, however, whether she has the motivation, time and commitment to put this into practice.

35. The Tribunal noted that Dr Hornsey's previous conditions included supervision. Given the Tribunal's concerns that Dr Hornsey has become de-skilled, the additional stressors of returning to clinical practice, particularly in a digital age, and the risks associated with increased stress, it considered that a condition of direct supervision is necessary in order to ensure patient safety.

36. In reaching this conclusion, the Tribunal also took into account that Dr Hornsey failed to provide a PDP, which was a condition imposed by the 2020 Tribunal. Although the GMC has accepted that Dr Hornsey has experienced XXX and personal difficulties, the Tribunal concluded that she could have started on her PDP but had not done so. In her oral evidence, Dr Hornsey accepted that she had not provided a PDP, remediated in a structured, organised and balanced way and that she had not provided documentary evidence of her CPD. The Tribunal determined that designing a PDP will assist Dr Hornsey in her return to clinical practice.

37. The Tribunal was satisfied that conditions would be appropriate and proportionate in Dr Hornsey's case and that it could formulate conditions that would address the concerns identified. Therefore, the Tribunal determined to impose conditions on Dr Hornsey's registration for a period of 12 months. This period will allow her the opportunity to reflect on her conviction and reduce those reflections to writing. XXX. It also considered that 12 months will allow Dr Hornsey to complete the GP Returners and Refresher course, observe current GP practice and apply for employment. These steps will assist a future Tribunal and demonstrate Dr Hornsey's commitment to securing a safe return to clinical practice.

38. The following conditions relate to Dr Hornsey's employment and will be published:

1. 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 12
 - 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.

2. She must allow the GMC to exchange information with any person involved in monitoring her compliance with her conditions.
3.
 - 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.
4.
 - a She must design a Personal Development Plan (PDP), with specific aims to address the following areas of her practice:
 - Engaging with the appraisal process
 - Being up to date in all relevant clinical, prescribing and legal procedures and all other areas as recommended in the Royal College of General Practitioners curriculum
 - Attending a formally recognised Refresher Programme
 - Mentoring and engaging with the Royal College of General Practitioners and any other relevant professional bodies
 - b Her PDP must be approved by her responsible officer (or their nominated deputy).
 - c She must give the GMC a copy of her PDP after approval by her responsible officer.
 - d She must give the GMC a copy of her approved PDP on request.
 - e She must meet with her responsible officer (or their nominated deputy), as required, to discuss her achievements against the aims of her PDP.
5.
 - a She must get the approval of her GMC Adviser before accepting any post.
 - b She must keep her professional commitments under review and limit her work if her GMC Adviser tells her to.

- c She must stop work immediately if her GMC Adviser tells her to and must get the approval of her GMC Adviser before returning to work.
- 6. She must get the approval of the GMC before working in a non-NHS post or setting.
- 7. She must only work in a group practice setting where there is a minimum of two GP partners or employed GPs (excluding herself). The GPs must be partners or permanently employed GPs who are on the GP register (this excludes locum staff).
- 8. She must not work in any post for more than 6 sessions per week equating to three days.
- 9.
 - a She must be directly supervised in all of her posts by a clinical supervisor, as defined in the Glossary for undertakings and conditions. Her clinical supervisor must be approved 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.
- 10. She must not work:
 - a as a locum
 - b out-of-hours
 - c on-call.
- 11. She must have a Mentor who is approved by her responsible officer (or their nominated deputy).
- 12. She must personally ensure the following persons are notified of the conditions listed at 1 to 11:
 - 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 if any of the organisations listed at (i to iii) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify that person, she must contact the GMC for advice before working for that organisation.
- c the responsible officer for the medical performers list on which she is included or seeking inclusion (at the time of application)
- d 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).

XXX

Suspension

39. The Tribunal noted paragraph 97 of the SG which state:

“ 97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

a A serious breach of Good medical practice, but where the doctor’s misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.

b...

c XXX.

d

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

f...

g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour."

40. The Tribunal noted Domain 1 of Good Medical Practice under "*Knowledge, skills and performance*" that Doctors must "*Keep your professional knowledge and skills up to date*".

41. XXX. It was concerned, however, that Dr Hornsey may have become de-skilled, and the absence of evidence concerning keeping up to date or CPD save for references to reading medical journals. While the Tribunal accepted that Dr Hornsey has experienced personal XXX difficulties, it also noted that she has been under conditional registration for almost three years. In that time she has made no significant progress to returning to clinical practice.

42. The Tribunal considered that the decision whether to impose a further period of conditional registration or impose a period of suspension was very finely balanced. The Tribunal determined, however, that imposing conditions would support Dr Hornsey's safe return to clinical practice and that suspension would be disproportionate at this time.

Review

43. The Tribunal determined to direct a review of Dr Hornsey's case. A review hearing will convene shortly before the end of the period of conditional registration, unless an earlier review is sought. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Hornsey to provide evidence to XXX and improved and developed her knowledge and skills so as to bring them up to date. It therefore may assist the reviewing Tribunal if Dr Hornsey provided the following:

- A reflective piece to demonstrate her understanding of the impact her conviction had on the public interest and public confidence in the profession
XXX
- XXX
- XXX
- XXX
- XXX
- XXX
- XXX
- XXX
- XXX
- Organised and structured evidence of CPD

- Engagement with any professional bodies;
- Any relevant testimonials including for example from her Mentor
- any other information that she considers will assist.

44. The MPTS will send Dr Hornsey a letter informing her of her 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.

108. That concludes this case.

ANNEX A – 02/11/2023

Application Under Rule 41

Submissions

1. Dr Hornsey made an application under Rule 41 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), for the entire hearing to be heard in private. She submitted that her conviction and XXX. She further submitted that the conviction is significantly in the past, she has served her sentence and there has been no further convictions, her driving licence has been returned and she is now driving without any problems.
2. On behalf of the GMC, Ms Kitzing submitted that it clearly appropriate that anything relating to XXX should be heard in private. In terms of the conviction the starting point is that it should be in public. Ms Kitzing reminded the Tribunal that the previous Tribunal found that Dr Hornsey's fitness to practise was impaired by the conviction and XXX. She reminded the Tribunal that the conviction is already in the public domain and the previous Tribunal were able to hear the case in public and private. Ms Kitzing submitted that any mention of XXX should also be in private.

The Tribunal's Decision

3. The Tribunal has considered the submissions made by Dr Hornsey and Ms Kitzing.
4. The Tribunal has borne in mind Rule 41 which states:

'Rule 41

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

XXX

5. The Tribunal balanced Dr Hornsey's interests with the public interest in deciding whether any or all of the hearing should be held in private, noting that the presumptive position is that a hearing will be heard in public. The Tribunal took account of fairness to Dr Hornsey, the GMC, the overarching objective, and the wider public interest. The Tribunal determined that matters relating to XXXX should be heard in private, notwithstanding the general public interest in hearings being in public. The Tribunal considered, however, that the fact and facts of the conviction are matters which should be in the public domain. The Tribunal further determined that it is as possible to move between the issues which should be dealt with in public and private issues relating to XXX without making the hearing unwieldy.

Accordingly, the Tribunal determined that public interest outweighs Dr Hornsey's interests and all matters save those relating to XXX will be heard in public.

6. Accordingly, the Tribunal determined to refuse Dr Hornsey's that all of the hearing be heard in private but granted the application that matters relating to XXX will be heard in private.