

**Record of Determinations
Medical Practitioners Tribunal
Review on Papers**

PUBLIC RECORD



Date: 26 June 2020

Medical Practitioner's name: Dr Joanne RUDLING

GMC reference number:	4071035
Primary medical qualification:	MB BCh 1994 University of Wales
Type of case	Outcome on impairment
Misconduct	Not impaired

Summary of outcome

Revocation of Suspension

Tribunal/Legally Qualified Chair:

Legally Qualified Chair:	Ms Claire Sharp
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Review on the Papers

This case was reviewed on the papers, with the agreement of both parties, by a Legally Qualified Chair.

Overarching Objective

Throughout the decision making process the Legally Qualified Chair 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.

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Determination

1. I have noted the background to Dr Rudling's case, which was first considered by a medical practitioners tribunal in November 2019. The findings made by the tribunal arose from the death of Patient A on 8 December 2012, a minor who suffered from Addison's disease (which had not been diagnosed prior to his death). Dr Rudling was a general practitioner ("GP") who worked at the practice responsible for Patient A's primary care.

2. Dr Rudling was found by the tribunal to have failed to weigh Patient A or record a history of hyperpigmentation as reported by his mother in two consultations in November 2012, or record an examination she carried out. Dr Rudling was also found to have failed to review the record of an earlier telephone consultation that day with Patient A's mother or have appropriate regard to the fact that her call with Patient A's mother was the second call made on 7 December 2012. Dr Rudling was found to have failed to obtain an adequate history of Patient A's wellbeing or a change in colour of his genitalia in order to reach an appropriate conclusion. The tribunal concluded that Dr Rudling had failed to advise that Patient A should be urgently assessed, to offer a home visit to assess his condition and genitalia, or to make a contemporaneous note of the conversation.

3. Dr Rudling was found by the tribunal to have made a retrospective entry on 10 December 2012 (after being notified of Patient A's death) of her discussion with Patient A's mother on 7 December 2012 without recording that the entry was retrospective. She was also found to have failed to record being told that Patient A's genitalia had turned black and that this action was dishonest and undertaken to avoid criticism of her care and treatment of Patient A. The tribunal found that Dr Rudling on 13 November 2013 provided a statement to the police, supported by a statement of truth, but had dishonestly and incorrectly claimed that she had seen "*a summary of the notes made and the advice given but not the full detailed note*" before speaking to Patient A's mother on 7 December 2012.

4. In November 2019, the tribunal found Dr Rudling's fitness to practise to be impaired by reason of her misconduct. It concluded that her clinical failings during the telephone conversation with Patient A's mother did constitute serious misconduct, as was the dishonest failure to record having been told the colour of Patient A's genitalia in order to avoid criticism. The false statement given to the police was also found to amount to serious misconduct.

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5. The tribunal concluded that in respect of the clinical failings, Dr Rudling's fitness to practise was not currently impaired. It noted that she had practised for several years since 2012 without issue and concluded that Dr Rudling had remediated her failings and shown insight into them. In relation to Dr Rudling's dishonesty as found by the tribunal, it considered that it was highly unlikely that the particular circumstances that led to the dishonesty would be repeated. It noted that in the last seven years, there had been no repetition and the many positive testimonials before it commented on Dr Rudling's honesty and integrity. The tribunal judged though that Dr Rudling had not reflected on her dishonesty or her thought processes when she had been dishonest; it concluded that there was no evidence of remediation relating to dishonesty or insight before it. This led the tribunal to determine that it could not conclude that there was no risk of repetition. The tribunal determined to suspend Dr Rudling's registration for a period of 9 months to maintain public confidence in the profession and to declare and uphold proper professional standards.

6. In order to provide assistance at this review the tribunal at the previous hearing recommended that Dr Rudling provide:

- Any evidence of reflection on the Tribunal's findings and the impact of the findings of dishonesty on the reputation of the medical profession;
- Any evidence of CPD, training or courses undertaken;
- Evidence that Dr Rudling's knowledge and skills have been kept up to date;
- Any other evidence that may assist the Tribunal.

7. Dr Rudling and the GMC have agreed that this review should be considered on the papers in accordance with Rule 21B of the General Medical Council (Fitness to Practise) Rules 2004. They have provided agreed terms of a decision which I could make at this review. In addition, the GMC has referred this matter to the MPTS as an early review under Rule 21 on the basis that an early review would be desirable due to the information received from Dr Rudling regarding remediation and insight, and the testimonial evidence from the doctor's former GP practice which indicates that they are keen to have the doctor return, and especially given the current COVID-19 situation.

8. I have considered all of the evidence presented to me, and the agreed submissions made on behalf of Dr Rudling and by the GMC. In the submissions, Dr

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Rudling and the GMC agree that Dr Rudling's fitness to practise is not impaired and that the sanction currently in place should be revoked.

9. I have taken into account that since the previous order was made, there has been a change in circumstances. Dr Rudling has attended an intensive multi-day course with the Clinic for Boundary Studies on Maintaining Professional Ethics, which the evidence shows has enabled her to take the necessary steps to remediate and gain insight. She has availed herself of the opportunity for reflection given to her by the previous tribunal to reflect deeply on both her dishonesty and thought processes. She has created a framework designed to prevent repetition and maintained her clinical skills and knowledge through continuous professional development ("CPD"), despite working full-time as a key worker in a non-clinical role.

10. The second change is the Covid-19 pandemic, and I have borne in mind the GMC "*Guidance for decision makers on requests to relax or revoke sanctions or IOT orders in response to Covid-19*". Dr Rudling has explained that she wishes to contribute and offer her expertise, but cannot do so due to her suspension. I note that Dr Rudling was not suspended due to patient safety concerns and her fitness to practise was not impaired due to the clinical failings identified by the previous tribunal; her suspension was principally to maintain public confidence in the medical profession and is due to end on 20 September 2020 (subject to the outcome of a review).

11. I have borne in mind the statutory overarching objective which is 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 the medical profession.

12. I have determined that Dr Rudling's fitness to practise is no longer impaired by reason of her misconduct.

13. In reaching this decision, I observed that Dr Rudling had developed a deep insight into her dishonesty and was able to articulate her own responsibility and professional duties. One example was her comment that "*I know I have to take responsibility for my actions, accept my part in this tragic event, understand how this is perceived and try to understand how this affected the other people involved. I need to re-evaluate and make sure that I keep doing this, so as to never put myself*

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in this position again. This is an ongoing process and something which the ethics course has taught me to do. I have geared my CPD towards this with my development plan, core values, cognitive distortions.” This was supported by the evidence provided of Dr Rudling’s studies and CPD, and the detailed framework development plan she submitted.

14. The remediation and insight shown is of the depth that the previous tribunal is likely to have wished to see previously and indicated to Dr Rudling that she needed to develop during her suspension to be able to practise unrestricted in the future. I note that Dr Rudling has already been suspended for six months, which is a significant sanction in its own right. She has used her period of suspended registration to remediate and develop insight into her dishonesty, and to understand why she was suspended, as well as to maintain her clinical skills and confidence as much as is reasonably possible in both the current circumstances and while working full-time. Dr Rudling has been active in seeking support, though the pandemic has meant some services are currently unavailable. I conclude that it is highly unlikely Dr Rudling would act in the same dishonest manner again. Due to this, the remediation undertaken and the insight developed, I find that Dr Rudling’s fitness to practise is no longer currently impaired.

15. However, the period of suspended registration is in force until 20 September 2020. I note that Dr B, the lead GP of the practice where Dr Rudling used to work, has sent a further testimonial and has asked for her to be permitted to practise again. Within his letter, Dr B outlined that he is currently a single-handed GP with a list size of just under seven thousand patients, and the Covid-19 pandemic has placed his practice under a great deal of pressure. He describes Dr Rudling as having done *“an exceptional job as a GP”* and to be *“a very good clinician, efficient, honest and dedicated to her work”*. In addition, Mr C, the business manager of the practice, has written to say *“Since the MPT hearing in November, I have spoken and observed the intrinsic resolve which Dr Rudling has in learning, growing, and overcoming as a person and as a doctor. She has concentrated her efforts to rectify deficiencies which were identified throughout the tribunal and further developed the understanding of the expectations of a practitioner.”* Mr C also says that both patients and staff at the practice routinely ask when Dr Rudling is returning and that the community has been adversely affected by her absence.

16. The overarching objective is to protect the public. The public interest includes amongst other things, the protection of patients, the maintenance of public

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confidence in the profession, and declaring and upholding of proper standards of conduct and behaviour. Dr Rudling's suspension was imposed to maintain public confidence, as well as to declare and uphold proper professional standards. However, I have found that her fitness to practise is no longer currently impaired, that Dr Rudling has maintained her clinical skills and knowledge, and noted the evidence that the community she formerly served is suffering significantly given the global pandemic and is keen for her to return. I consider that public confidence in the medical profession would not be undermined if Dr Rudling was permitted to return to unrestricted practise now to assist her former practice and patients; neither would proper professional standards be undermined as six months suspension is a significant sanction and remediation has now been undertaken, with the insight required developed.

17. In light of my decision, I direct that Dr Rudling's current period of suspended registration be revoked with immediate effect.

18. Notification of this decision will be served on Dr Rudling in accordance with the Medical Act 1983, as amended.

Confirmed

Date 26 June 2020

Ms Claire Sharp, Legally Qualified Chair