

PUBLIC RECORD

Dates: 04/12/2023 - 06/12/2023

Medical Practitioner's name: Dr Malgorzata MADDUX

GMC reference number: 7050310

Primary medical qualification: Vrach 1993 1st Leningrad Medical Institute

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Ian Comfort
Lay Tribunal Member:	Mr Andrew Waite
Medical Tribunal Member:	Dr Suzanne Joels

Tribunal Clerk:	Mrs Anne Bhatti
-----------------	-----------------

Attendance and Representation:

Medical Practitioner:	Not present, not represented
GMC Representative:	Ms Rina Hill, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts and Impairment - 05/12/2023

Background

1. Dr Maddox qualified in 1993 from Vrach 1st Leningrad Medical Institute. At the time of the events Dr Maddox was practising as a locum at Grainger Medical Group (Intrahealth), Newcastle since 2016.
2. The allegation that has led to Dr Maddox's hearing can be summarised as between 1 and 25 June 2018, Dr Maddox failed to provide appropriate care and treatment to three patients, including providing incorrect advice, failing to inform of an abnormal x-ray result, failing to make a timely referral and inappropriate prescribing.
3. It is further alleged that, between June and November 2018, Dr Maddox failed to inform two different employers, Wall Street Surgery ('WSS') and Alnwick Medical Group ('AMG'), that she had signed a Voluntary Undertakings agreement ('VU Agreement') with NHS England, which was a breach of that VU Agreement. It is also alleged that, on 24 July 2018, during a meeting with representatives of NHS England, Dr Maddox failed to inform them that she had been suspended by a third employer, Nelson Medical Group ('NMG'). It is alleged that Dr Maddox's actions were dishonest.
4. NHS England had referred Dr Maddox to the GMC on 13 March 2019. NHS England had suspended Dr Maddox from the performer's list on 12 March 2019, due to patient safety concerns. NHS England provided the GMC with a report prepared by its performer's list decision panel, which was held on 9 April 2019. In the report it set out concerns that had initially been raised in 2016 and throughout 2017 and 2018. The Performance Advisory Group had opened an investigation into the initial concerns that were made in December 2016.
5. In January 2018, the Performance Advisory Group considered the outcome of the local investigation into the concerns raised. It was agreed that Dr Maddox had fully engaged

with NHS England and had shown at that time a degree of insight. Dr Maddox agreed to sign a VU Agreement.

The Outcome of Applications Made during the Facts Stage

6. Dr Maddox was not present, nor was she represented, at the hearing. Ms Rina Hill, on behalf of the GMC, made submissions under Rules 15 and 40 of the General Medical Council (Fitness to Practise) Rules 2004, ('the Rules') and Schedule 4, Paragraph 8 of the Medical Act 1983 (as amended) inviting the Tribunal to find that Dr Maddox had been properly served with notification of this hearing. Ms Hill also applied for the Tribunal to proceed to hear the case in Dr Maddox's absence. The Tribunal determined that the notice of the hearing had been served in accordance with the Rules and also granted Ms Hill's application to proceed in the absence of Dr Maddox, pursuant to Rule 31. The Tribunal's decisions and reasons relating to both of these matters are contained in Annex A.

The Allegation and the Doctor's Response

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

Patient A

1. On 1 June 2018 you consulted with Patient A and you:
 - a. failed to obtain a history of any symptoms of depression and/or anxiety, including:
 - i. mood; **Admitted and found proved**
 - ii. sleep; **Admitted and found proved**
 - iii. appetite; **Admitted and found proved**
 - iv. poor concentration; **Admitted and found proved**
 - v. thoughts of deliberate self-harm; **Admitted and found proved**
 - b. failed to assess their memory issues with a validated assessment tool, including:
 - i. Patient Health Questionnaire-9 for depression; **Admitted and found proved**
 - ii. General Anxiety Disorder-7 for anxiety; **Admitted and found proved**
 - c. failed to consider depression and/or anxiety as a possible diagnosis for their memory issues; **Admitted and found proved**

- d. diagnosed familial hypercholesterolaemia when this was not clinically indicated as:
 - i. their total cholesterol level was not greater than 7.5mmol/l; **Admitted and found proved**
 - ii. there was no personal or family history of premature coronary heart disease; **Admitted and found proved**

- e. prescribed atorvastatin 20mg when it was not clinically indicated as:
 - i. they did not have familial hypercholesterolaemia; **Admitted and found proved**
 - ii. their overall QRISK score of 6.5% was low; **Admitted and found proved**

- f. provided incorrect advice by:
 - i. giving them a diagnosis of familial hypercholesterolaemia; **Admitted and found proved**
 - ii. advising them to start taking statins to lower their cholesterol and cardiovascular risk; **Admitted and found proved**

Patient B

- 2. On 8 June 2018 you were sent an urgent radiological report for Patient B and you failed to:
 - a. inform them of the abnormal chest x-ray result; **Admitted and found proved**

 - b. inform them that an appointment for a computerised tomography chest scan had been arranged for 15 June 2018; **Admitted and found proved**

Patient C

- 3. On 18 June 2018 you consulted with Patient C at home and you failed to:
 - a. document the consultation until 25 June 2018; **Admitted and found proved**

 - b. make a referral for a colonoscopy until 25 June 2018. **Admitted and found proved**

Probity concerns

- 4. On 21 February 2018, you signed a Voluntary Undertakings agreement (the 'VU agreement') with NHS England which included the clauses as set out in Schedule 1. **Admitted and found proved**

5. On or around 20 June 2018 and around November 2018 you failed to notify Wawn Street Surgery ('WSS') of the VU agreement. **Admitted and found proved**

6. On or around 11 October 2018 and around November 2018 you failed to notify Alnwick Medical Group ('AMG') of the VU agreement. **Admitted and found proved**

7. You knew you were required to notify both WSS and AMG of your VU agreement. **Admitted and found proved**

8. Your actions at paragraphs 5 and 6 were, by reason of paragraphs 4 and 7:
 - a. dishonest; **Admitted and found proved**

 - b. in breach of the VU agreement. **Admitted and found proved**

9. On 24 July 2018, at a meeting with representatives of NHS England you:
 - a. failed to inform them that you had been suspended by Nelson Medical Group ('NMG') on 2 July 2018; **Admitted and found proved**

 - b. said that you continued to work four sessions per week at NMG, or words to that effect. **Admitted and found proved**

10. You knew that the statement you made at paragraph 9b was untrue. **Admitted and found proved**

11. Your actions as set out in paragraph 9 were dishonest by reason of paragraph 10. **Admitted and found proved**

12. Between on or around 9 August 2018 and March 2019 you:
 - a. failed to notify WSS that NHS England had commenced a further investigation into concerns raised by NMG; and **Admitted and found proved**

 - b. failed to notify AMG that NHS England had commenced a further investigation into concerns raised by NMG. **Admitted and found proved**

The Admitted Facts

8. On behalf of Dr Maddox, her representatives, in their letter dated 25 October 2023, confirmed that Dr Maddox '*admits all of the allegations*'. The Tribunal considered this as an admission to 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 and sub-paragraphs of the Allegation as admitted and found proved.

Determination on Impairment

9. In light of Dr Maddox's response to the Allegation made against her, the Tribunal proceeded to determine whether Dr Maddox's fitness to practise is impaired by reason of misconduct.

Witness Evidence

10. The Tribunal received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:
 - Dr D, GP clinical advisor to NHS England (North East & Yorkshire), witness statement dated 19 July 2023;
 - Ms E, Practice Lead, Nelson Medical Group, witness statement dated 28 July 2023.
11. Dr Maddox had not provided a witness statement.

Summary of evidence

Dr Maddox

12. Dr Maddox had not provided a witness statement. The Tribunal considered the information provided by Dr Maddox's representatives on her behalf.
13. Dr Maddox says that she fully understood the importance of being honest with all parties, including NHS England and the GMC. She recognised that honesty was a fundamental tenet of a registered Medical Practitioner. In relation to her conversation with NHS England on 24 July 2018, she says that this needed to be seen in the context of the surrounding circumstances. On 2 July 2018 she had been asked to leave the practice pending an internal investigation. However, she was still employed by the NMG at that time. On 16 July 2018 she attended a meeting at the NMG to discuss the issues. As a

result of that meeting it was agreed that Dr Maddox and her BMA representative would look to bring her role with the NMG to an end. However, by the 24 July 2018 the settlement agreement had not been finalised and she was still employed by the practice.

14. Dr Maddox fully accepted that what was noted was misleading. Whilst she was still contracted to work four sessions a week at the NMG she was not actually working any sessions at that time. She says that this misunderstanding may have arisen from her anxiety at the developments with the NMG or as a result of XXX. Once the situation was put to her on 31 July 2018, Dr Maddox confirmed the position was that she was not doing any work at the NMG. With regards to disclosure to the WSS and AMG practices Dr Maddox accepted that she did not inform these practices of the VU Agreement with NHS England and fully accepts it was wrong not to do so.
15. Dr Maddox accepted that her actions in respect of the clinical matters fell below the requisite standard. Dr Maddox is currently residing in Poland. She is not practising as a Medical Practitioner in Poland and recognised that given the passage of time since she practised in the UK the chances of her returning to clinical practice here are low.
16. Dr Maddox accepted that on 21 February 2018 she signed the VU Agreement with NHS England. She further accepted that in line with allegations 5 and 6, she failed to notify either the WSS or AMG of VU Agreement. Dr Maddox accepted, pursuant to allegation 7 that she knew that she was required to notify both WSS and AMG of the VU agreement.
17. Dr Maddox further accepted that in respect of allegations 5 and 6 by reason of allegations 4 and 7 her actions in this regard were both dishonest and in breach of the voluntary agreement.
18. In relation to allegation 9(a) whilst Dr Maddox disputed the word ‘suspension’ she accepted that she failed to update NHS England about the difficulties with her employment at NMG following discussions on 2 July 2018. Dr Maddox also accepted that pursuant to allegation 9(b) NHS England understood from the meeting that she continued to work four sessions a week at NMG or words to that effect.
19. In relation to allegation 10, when she met with NHS England she was still contracted to work four sessions a week at the NMG but appreciates that her comments in this regard not fully clarifying the position are misleading. In relation to allegation 11, Dr Maddox had no clear recollection of events on 24 July 2018 or why matters were discussed at that time in the way they were. Finally, in relation to allegation 12 this was accepted by Dr Maddox.

20. In a letter dated 25 October 2023, it stated that in respect of the allegations to be considered by the Tribunal Dr Maddox admits all of the paragraphs of the Allegation.

Expert Witness Evidence

21. The Tribunal also received evidence from Dr F on behalf of the GMC, expert report dated 13 July 2022. He was not called to give oral evidence as his evidence was accepted by Dr Maddox. Dr F assisted the Tribunal in understanding the professional standards to be expected of a GP.

Documentary Evidence

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

- Patient's medical records, various dates;
- VU Agreement dated 21 February 2018;
- Completed 'Responding to Fitness to Practise concerns' form from Alnwick Medical Group dated 27 July 2019;
- Email from Locum Staffing to Alnwick Medical Group dated 11 October 2023;
- Emails from Locum Staffing, Warn Street Surgery to GMC dated 16 October 2023 and 23 October 2023;
- Notes of meeting between NHS England and Dr Maddox and Nelson Medical Group and Dr Maddox dated 24 July 2018 and 2 July 2018;
- Dr Maddox rule 4 and 7 comments dated 14 December 2020, 8 September 2022 and 15 February 2023;
- Letter from Dr Maddox solicitor dated 25 October 2023.

Submissions

23. On behalf of the GMC, Ms Rina Hill, Counsel submitted that Dr Maddox's fitness to practise is impaired. She submitted in relation to Patients A, B and C, it was Dr Maddox's own opinion that the treatment and care given to these three fell seriously below the standard expected of a reasonably competent GP in several respects. She submitted that this amounted to misconduct which was serious. She submitted that the probity misconduct amounted to misconduct which was serious.

24. Ms Hill submitted that Dr Maddox does not have any relevant fitness to practise history. She referred the Tribunal to the background in relation to the Interim Orders Tribunal. Ms Hill submitted that all four paragraphs as set out in *CHRE v NMC and P Grant [2011] EWHC 927 (Admin)* ('Grant') had been engaged.
25. Ms Hill submitted that there was no signs of remediation or insight in the GMC's submission, and that the likelihood of repetition was high given the facts of the case. She submitted because of the clinical concerns and the persistent dishonesty by Dr Maddox, her fitness to practice is impaired by reason of misconduct.

The Relevant Legal Principles

26. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.
27. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct and that the misconduct was serious and then whether the finding of that misconduct which was serious, could lead to a finding of impairment.
28. The Tribunal considered the case of *Roylance v. The General Medical Council (Medical Act 1983) [1999] UKPC 16*:

'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word "serious". It is not any professional misconduct which will qualify. The professional misconduct must be serious.'
29. The Tribunal must determine whether Dr Maddox's fitness to practise is impaired today, taking into account Dr Maddox's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

30. The Tribunal considered Dame Janet Smith's test in The Fifth Shipman Report, cited in Grant:

'a) Whether the registrant 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;

b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;

c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.

d) Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.

...

74 In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

The Tribunal's Determination on Impairment

Misconduct

31. The Tribunal first considered whether the facts found proved against Dr Maddox amount to misconduct. Misconduct can be found in circumstances where there have been serious departures from expected standards of conduct and behaviour, often identified by reference to the paragraphs of Good Medical Practice dated April 2019 ('GMP').

32. The Tribunal identified that the following paragraphs of GMP 1, 15, 16, 19, 21, 65, 66 and 68 are relevant:

'1 ...Good doctors...are honest and trustworthy, and act with integrity and within the law.

...

15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

a adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient

b promptly provide or arrange suitable advice, investigations or treatment where necessary

c refer a patient to another practitioner when this serves the patient's needs.

16 *In providing clinical care you must:*

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

b provide effective treatments based on the best available evidence

c take all possible steps to alleviate pain and distress whether or not a cure may be possible

d consult colleagues where appropriate

e respect the patient's right to seek a second opinion

f check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications

g wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.

...

19 *Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.*

...

21 *Clinical records should include:*

a relevant clinical findings

b the decisions made and actions agreed, and who is making the decisions and agreeing the actions

c the information given to patients

d any drugs prescribed or other investigation or treatment

e who is making the record and when.

...

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

66 *You must always be honest about your experience, qualifications and current role.*

...

68 *You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.'*

33. The Tribunal determined that all the above paragraphs had been breached by Dr Maddox.

Patient A

34. The Tribunal considered Dr F's expert report dated 13 July 2022 which stated:

'Dr Maddox failed to fully assess and diagnose the possible cause/ causes of Patient [A]'s memory issues. It is highly likely that the forgetfulness could have been related to anxiety and depression, particularly as Patient [A] was stressed at work. If an adequate assessment had been carried out, Patient [A] could have been referred for counselling or if more severe started on medication to help with his symptoms, rather than allowing his mental health to potentially deteriorate. Dr Maddox also erroneously diagnosed Patient [A] with familial hypercholesterolaemia even though his blood test result and family history did not fit the criteria for the condition. This resulted in Patient [A] unnecessarily starting statins which is a medication that is taken lifelong.'[sic]

35. The Tribunal bore in mind that Dr Maddox had not challenged Dr F's expert evidence. The Tribunal accepted Dr F's opinion and concluded to find misconduct which was serious in relation to Patient A.

Patient B

36. The Tribunal considered Dr F's expert report dated 13 July 2022 which stated:

'The overall standard of care was seriously below the standard expected of a reasonably competent General Practitioner because Dr Maddox failed to action an urgent task that was sent to her as the duty doctor. Patient [B] needed to be informed of the abnormal chest x-ray result and told that an appointment for a CT chest scan had been arranged. It would have been important to investigate Patient [B] as soon as possible in case the scan showed cancer of the lung which required subsequent treatment as a matter of urgency. At her Performers List Panel meeting, Dr Maddox explained that she was overworked and unable to deal with the workload, but she would be required to prioritise urgent clinical issues and deal with them appropriately.'
[sic]

37. Dr Maddox had not challenged the expert's opinion. The Tribunal accepted the expert's opinion and determined that Dr Maddox's conduct related to Patient B amounted to misconduct which was serious.

Patient C

38. The Tribunal considered Dr F's expert report dated 13 July 2022 which stated:

'The overall standard of care was seriously below the standard expected of a reasonably competent General Practitioner because Dr Maddox was unable to provide a sound clinical reason for the delay in writing up the consultation, making a referral and prescribing for Patient [C]. Her working pattern should not have been a barrier to ensuring that clinical records were entered contemporaneously or at least by the time she left the surgery that day to ensure continuity of care and avoid the risk of Patient MN coming to harm.'[sic]

39. Dr Maddox had not challenged the expert's opinion. The Tribunal accepted the expert's opinion and determined that Dr Maddox's conduct related to Patient C amounted to misconduct which was serious.

Probity

Paragraphs 4, 5, 6, 7 and 8

40. The Tribunal bore in mind the probity concerns as set out in paragraph 4, 5, 6, 7 and 8 of the Allegation. The Tribunal took into consideration that the VU Agreement was put in place during concerns raised in 2016 and 2018 which were in relation to safeguarding, record keeping, communication and consultation skills.
41. Dr Maddox had admitted that her actions were dishonest. Dr Maddox having signed the VU Agreement, concealed the fact that she had worked at WSS and AMG and had not disclosed this information to NMG. As a result, Dr Maddox placed patients at real risk of harm by doing so. NHS England had put VU Agreement in place so that Dr Maddox would not practise unless she was supervised. However, Dr Maddox had decided not to have supervision. Therefore, the Tribunal concluded that this amounted to misconduct which was serious.

Paragraphs 9, 10, 11

42. The Tribunal bore in mind that Dr Maddox admitted that she was dishonest by failing to inform NHS England that she was suspended by NMG and had notified NHS England that she had continued to work at NMG.
43. The Tribunal determined that this was another act of dishonesty which was misconduct that was serious. The Tribunal was of the view that there had been a pattern of dishonesty.

Paragraph 12

44. The Tribunal was of the view that Dr Maddox had a disregard to the concerns that had been raised against her by NHS England. Dr Maddox had a duty to notify WSS and AMG, that NHS England had commenced further investigation into concerns raised by NMG, and she had failed to do so. The Tribunal determined that this was misconduct which was serious.
45. The Tribunal concluded that Dr Maddox's conduct in relation to both the clinical failings and the dishonesty, fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to serious misconduct.

Impairment

46. The Tribunal, having found that the facts found proved amounted to misconduct went on to consider whether, as a result of that misconduct, Dr Maddox's fitness to practise is currently impaired.
47. The Tribunal was satisfied that Dr Maddox's clinical and probity concerns brought the medical profession into disrepute. Dr Maddox had breached the profession's fundamental tenet of acting honestly. The Tribunal bore in mind that dishonesty, can be difficult, but not impossible, to remediate.
48. The Tribunal went on to consider whether the misconduct had been remedied. Dr Maddox had not provided any evidence of remediation such as self-reflection, CPD, or any courses that she had attended.
49. Dr Maddox had acknowledged that her behaviour had fell below standards. However, there was no evidence before the Tribunal of insight into her behaviour.
50. In the absence of any remediation and insight, the Tribunal concluded that there was a high risk of repetition.
51. The Tribunal determined that Dr Maddox's misconduct engaged all four limbs of the test set out in Grant.
52. The Tribunal considered that a finding of impairment was necessary 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 proper professional standards and conduct for members of the profession. The Tribunal determined that public confidence in the medical profession would be undermined if there were no finding of impairment in this case.
53. The Tribunal has therefore determined that Dr Maddox's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 06/12/2023

1. Having determined that Dr Maddox’s fitness to practise is impaired by reason of misconduct, 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 evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

3. On behalf of the GMC, Ms Hill, Counsel submitted that the appropriate sanction was erasure from the Medical Register. She submitted that Dr Maddox admitting the facts relating to the case could be evidence that Dr Maddox understands the problem and has some insight. However, Dr Maddox had not demonstrated insight into her behaviour, nor has she made any attempts to remediate it.
4. Ms Hill submitted that Dr Maddox had no fitness to practise history. In relation to her employment with the NMG, although she had been suspended by the time of the meeting with Dr D, and on 24 July 2018, it was worth noting that Dr Maddox explained that she had found the workload difficult and that she had tried to speak to the practice manager about it. Dr Maddox submitted that the length of time elapsed since the incident was four to five years.
5. Ms Hill submitted that the aggravating factor was Dr Maddox’s lack of insight beyond admitting the Allegation and knowing her behaviour had fallen below expected standards. She submitted that the Tribunal had already determined Dr Maddox’s clinical and probity concerns had brought the profession into disrepute and that she had breached the profession’s fundamental tenet of acting honestly.
6. Ms Hill submitted that the dishonesty in this case was designed to mislead and further that it was repeated, such that it has been described by the Tribunal as a pattern of dishonesty and, which the GMC submitted, was persistent. In the absence of any remediation and insight the Tribunal had concluded that there was a high risk of repetition.
7. Ms Hill submitted that there were no exceptional circumstances in this case to justify taking no action against Dr Maddox. Conditions were not appropriate in this case, the Allegation was serious and involved both clinical and probity issues, which suggested

significant risk both to the public interest and patient safety. She submitted that conditions would not be sufficient and proportionate to address those risks. In addition, other pertinent considerations include failure to comply with the VU Agreement and repeated dishonesty cause concern over whether she would comply with any conditions.

8. Ms Hill submitted that a period of suspension will be appropriate for conduct that was serious but fell short of being fundamentally incompatible with continued registration. She submitted that the conduct was wide ranging in nature, involving both clinical concerns and probity issues. She submitted that the factors set out in the Sanctions Guidance dated November 2020 ('SG') weigh against suspension.
9. Ms Hill submitted that there was a particularly serious departure from the principles set out in GMP, where the behaviour was fundamentally incompatible with being a doctor. The Tribunal had determined that Dr Maddox had breached a number of paragraphs of GMP and there was a deliberate or reckless disregard for the principles as set out in GMP. She submitted that Dr Maddox had abused her position of trust.
10. Ms Hill submitted that the dishonesty was persistent and covered up. She submitted that the Allegation was some four to five years ago and there has been no repetition since. She submitted that Dr Maddox was not currently practising as a medical practitioner in Poland and noted through her legal representative that Dr Maddox had recognised that given the passage of time since she has practiced in the UK, that her chances of returning to clinical practice here are low.
11. Ms Hill submitted that Dr Maddox's conduct has had an impact on patient safety and that she has demonstrated persistent dishonesty. She submitted it required appropriate action to maintain public confidence in the profession and also public confidence in the ability of the GMC as a regulator to act appropriately in circumstances to protect patients. She submitted that Dr Maddox's actions were fundamentally incompatible with continued medical registration and that erasure is the appropriate response to protect patient safety, maintain public confidence in the medical profession and to maintain proper standards of conduct for members of the profession.

The Tribunal's Approach

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 had regard to the overarching objective and 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 Maddox'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 first sought to identify any aggravating and mitigating factors in Dr Maddox's case, and to then assess, on a scale of dishonest behaviour, where the doctor's dishonest misconduct fell. In the course of assessing the appropriate and proportionate sanction, the Tribunal evaluated and balanced the aggravating and mitigating factors it has identified.

The Tribunal's Determination on Sanction

Aggravating factors

15. The Tribunal identified the aggravating factors in this case. Dr Maddox had shown a lack of insight beyond admitting the Allegation, there had been no attempt to apologise, show remorse, remediate or promise to remediate. Dr Maddox had little or no understanding of what she had done was wrong. There was persistent dishonesty designed to frustrate the restrictions NHS England had placed on Dr Maddox's practice to protect patients. She knew she was suspended and knew she should have informed NHS England of that fact. She knew that VU Agreement set out that she needed to inform her employers and she did not do that. This dishonesty put patients at risk.

Mitigating factors

16. Having identified the aggravating factors in this case, the Tribunal considered the mitigating factors. Dr Maddox had engaged with the GMC and made full admissions to the Allegation prior to the case being heard by the MPTS. Dr Maddox had no previous fitness to practise history.
17. The Tribunal balanced the aggravating and mitigating factors, with the aggravating factors outweighing the mitigating factors.

18. The Tribunal considered each sanction available to it in ascending order of severity, starting with the least restrictive.

No action

19. The Tribunal first considered whether to conclude the case by taking no action. The Tribunal was of the view that, having regard to the serious clinical concerns and dishonesty in this case, taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances. The Tribunal determined that there are no exceptional circumstances in this case and that, given the seriousness of its findings, it would not be sufficient, proportionate, or in the public interest to conclude this case by taking no action.

Conditions

20. The Tribunal next considered whether to impose conditions on Dr Maddox's registration. Although conditions for clinical failings could be formulated, dishonesty does not fall into the categories of misconduct identified in the SG where conditions are likely to be appropriate.
21. There was evidence before the Tribunal that even if conditions were appropriate Dr Maddox would not comply with them, because she had failed to comply with the VU Agreement she had made with NHS England.
22. The Tribunal concluded that it would not be possible to formulate appropriate and workable conditions addressing the concerns in this case. The Tribunal determined that given the seriousness of its findings, conditions would not be sufficient to promote or maintain either public confidence in the medical profession or proper professional standards and conduct for members of the medical profession.

Suspension

23. The Tribunal then went on to consider whether imposing a period of suspension on Dr Maddox's registration would be proportionate and sufficient to satisfy the overarching objective.
24. The Tribunal considered paragraphs 91, 92, 93, 97 (a), (e), (f) and (g) of SG to be particularly relevant to its consideration of suspension:

'91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.

92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).

93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions (see paragraphs 24–49)

...

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.

...

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. No evidence of repetition of similar behaviour since incident.

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

25. The Tribunal considered that all of these paragraphs applied in this case and considered the aggravating and mitigating factors it had identified. Whilst there had been a lapse of time of some four to five years, Dr Maddox had not shown any insight beyond admitting the Allegation. There was no evidence before the Tribunal that Dr Maddox had any desire to remediate or to participate in any training. The misconduct had been persistent and there was a high risk of repetition. Whilst there had been no evidence of repetition, Dr Maddox's licence had been removed so she was not able to work as doctor.
26. In these circumstances, the Tribunal was satisfied that a sanction of suspension would be inappropriate and insufficient to mark the seriousness of Dr Maddox's misconduct. The Tribunal was of the view that it was fundamental to public trust in the profession that doctors are honest, the standards of care provided are not seriously below the standard expected of a doctor, and that there was no risk to patient safety. For these reasons the Tribunal concluded that a period of suspension would be insufficient to promote and maintain public confidence in the medical profession and proper standards of conduct or to safeguard the health, safety and wellbeing of the public.

Erasure

27. Having considered the SG in relation to erasure, the Tribunal was of the view that paragraphs 109 a, b and h, and 128 of the SG were particularly relevant in Dr Maddox's case:

'109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.

b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.

...

h Dishonesty, especially where persistent...

i Putting their own interests before those of their patients...

j Persistent lack of insight into the seriousness of their actions or the consequences.

...

128 Dishonesty, if persistent and/or covered up, is likely to result in erasure...'

28. For the reasons set out above, the Tribunal was of the view that it was fundamental to public trust in the profession that doctors are honest and do not put patients at risk. The dishonesty was persistent and covered up, Dr Maddox had a deliberate disregard for the principals set out in GMP. Accordingly, the Tribunal concluded that Dr Maddox's misconduct and failure to demonstrate insight or to remediate associated with a high risk of repetition were fundamentally incompatible with continued registration as a doctor.
29. The Tribunal therefore determined that Dr Maddox's name should be erased from the Medical Register.
30. Unless Dr Maddox exercises her right of appeal, her name will be erased from the Medical Register 28 days from the date on which written notice of this decision is deemed to have been served upon her. A note explaining her right of appeal will be sent to her.

Determination on Immediate Order - 06/12/2023

1. Having determined to erase Dr Maddox's name from the Medical Register the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Maddox's registration should be subject to an immediate order.

Submissions

2. On behalf of the GMC, Ms Hill submitted that an immediate order of suspension was not necessary. Dr Maddox did not currently have a license to practice, it had been withdrawn in October 2021. Dr Maddox had not practised in the UK since 2018. In the circumstances, the GMC considered that the risk to the public could be appropriately managed and therefore no immediate order would be sought in those circumstances.

The Tribunal's Determination

3. The Tribunal had careful regard to the submissions made by Ms Hill and to the guidance contained within the SG at paragraphs 172, 173 and 178 which states that:

'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.

173. An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.

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.'

4. In light of all the circumstances of the case and in particular having regard to the seriousness of the misconduct and the risk of repetition, the Tribunal determined that it was necessary to impose an immediate order of suspension on Dr Maddox's registration to protect members of the public and it was in the public interest.
5. This means that Dr Maddox's registration will be suspended from the date on which notification of this decision is deemed to have been served upon her. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.
6. The interim order of conditions currently in place, will be revoked when the immediate order takes effect.
7. This concludes the case.

ANNEX A – 04/12/2023

Determination on service and proceeding in Dr Maddox's absence

Service

1. Dr Maddox is neither present nor represented at this Medical Practitioners Tribunal ('MPT'). The Tribunal therefore considered whether notice of this hearing has been properly served in accordance with Rules 15 and 40 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004 ('the Rules') and paragraph 8 of Schedule 4 to the Medical Act 1983.
2. The Tribunal was provided with a copy of a service bundle. This included: a screenshot of Dr Maddox's registered address and email address; an email from Dr Maddox dated 19 October 2023 confirming her registered address and telephone number; and a copy of the GMC's Rule 34(9) Letter and notice of allegation sent to her by email on 20 October 2023. Dr Maddox's representative and Dr Maddox confirmed receipt of this letter on 23 October 2023.
3. The MPTS Notice of Hearing was sent to Dr Maddox and her representative on 20 October 2023 and subsequently a hard copy of this letter on 24 October 2023. Dr Maddox's representative confirmed receipt of the Notice of Hearing by email on 23 October 2023.
4. On behalf of the GMC, Ms Rina Hill, Counsel, submitted that based on the documentary evidence before the Tribunal in the service bundle, service had been effected in accordance with the Rules. She submitted that in Dr Maddox's representative's letter dated 25 October 2023, they had no comments with regards to the contents of the draft bundle and attendance form.
5. Ms Hill submitted that the Notice of Hearing was sent 44 days prior to the hearing and therefore served in good time. Dr Maddox's representative confirmed receipt of correspondence on 23 October 2023. She submitted that in the circumstances that this Tribunal can be satisfied that Dr Maddox has been served with the appropriate notice of today's hearing in accordance with that Rule, 15.

6. The Tribunal had regard to the service bundle provided by the GMC, as well as the submissions made by Ms Rina Hill. The Tribunal also noted that Dr Maddox and her representative had confirmed receipt of GMC's Rule 34(9) letter. In addition, Dr Maddox's representative had confirmed receipt of the MPTS Notice of Hearing. The Notice of Hearing had been posted to Dr Maddox's home address, which Dr Maddox had confirmed in an email on 19 October 2023 to the GMC, to be her registered address.
7. In the circumstances, the Tribunal was satisfied that all reasonable steps had been made to serve the notice of this hearing in accordance with Rules 15 and 40 and Dr Maddox was aware of the hearing today.

Proceeding in Absence

8. Having determined that notice of this hearing had been properly served, the Tribunal went on to consider whether it would be appropriate to proceed with the hearing in Dr Maddox's absence in accordance with Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.
9. Ms Hill referred the Tribunal to the history of the Interim Orders Tribunal ('IOT') and the orders that Dr Maddox had received. She submitted that Dr Maddox had historically been perfectly content to make representations through her legal representatives at two of the interim order hearings. Dr Maddox was aware of, and indeed has, direct experience of a tribunal proceeding in her absence. Dr Maddox had today deliberately and voluntarily absented herself from these proceedings. She had done so by providing notice of the same to the GMC through her legal representatives. Dr Maddox had confirmed that she had received the documentation relevant to this hearing, including the notice of allegation. In her email of 23 October 2023, Dr Maddox stated she had received all correspondence from the GMC and indicated her decision not to attend.
10. Ms Hill invited the Tribunal to proceed in Dr Maddox's absence and reminded the Tribunal of the contents of Dr Maddox's representative's letter dated 25 October 2023:

'We confirm that Dr Maddox will not be attending the Hearing in this case. Dr Maddox will neither be present nor represented at the Hearing and therefore does not require any witnesses to attend as no cross-examination will be put to them. We do not intend to call any witnesses in this matter.'

11. Ms Hill submitted that an adjournment would not result in Dr Maddox's attendance and further that there was no disadvantage in proceeding in her absence as she has indicated through her legal representatives that she admits all of the paragraphs of the Allegation. Dr Maddox had not, in her submission, sought in any way to frustrate the disciplinary process by failing to engage in it. Quite the opposite, Dr Maddox had been candid enough to admit all of the Allegation through her legal representative as well as indicate that she will not be attending the hearing, so she had engaged with the regulator. She submitted that the Tribunal should proceed in Dr Maddox's absence, having regard to all of the circumstances.
12. The Tribunal noted the relevant case law in determining whether to proceed in the absence of a practitioner, in particular the case of *GMC v Adeogba [2006] EWCA Civ 162*. The Tribunal reminded itself that there was a public interest in ensuring the expeditious hearing of cases. Further, all relevant documents had been sent by email and post to Dr Maddox's registered email address and registered postal address. In addition, Dr Maddox on 23 October 2023 had acknowledged the GMC's email which attached Rule 34(9) letter, the Notice of Allegation and information about the MPTS hearing and had confirmed that she would not be attending via her representative. The Tribunal took into account that there would be potential disadvantage to Dr Maddox in proceeding in her absence, however this must be weighed against the wider public interest.
13. The Tribunal considered the response of Dr Maddox in her representative's email dated 25 October 2023, as set out above, which the Tribunal considered was clear that Dr Maddox would not be attending. The Tribunal was satisfied that Dr Maddox had voluntarily absented herself from these proceedings.
14. Further, it concluded that there was no evidence before it that an adjournment would secure her attendance at a later date. No application for an adjournment had been received and no useful purpose would therefore be served by an adjournment. Having regard to the public interest, the Tribunal decided that it was fair and in the interests of justice to proceed with this hearing in the absence of Dr Maddox. It therefore determined to proceed in Dr Maddox's absence in accordance with Rule 31.

SCHEDULE 1

1	<i>'I understand that it is my professional responsibility to notify my employer(s), including any potential employers at the time of application, of this VU agreement.'</i>
2	<i>'I understand that failure to comply with this Voluntary Undertakings agreement may result in NHS England taking formal action in respect of my continued inclusion in the Medical Performers List, in accordance with the NHS (Performers Lists) (England) Regulations 2013(as amended).'</i>