

Dates: 26/11/2018 - 27/11/2018

Medical Practitioner's name: Dr Nathan RIDDELL

GMC reference number: 7515840

Primary medical qualification: BM BCh 2016 Oxford University

Type of case
New - Misconduct

Outcome on impairment
Not Impaired

Summary of outcome

Warning

Tribunal:

Legally Qualified Chair	Miss Sally Cowen
Lay Tribunal Member:	Mr MickTurner
Medical Tribunal Member:	Dr Saqib Anwar
Tribunal Clerk:	Dr Joshua Kirby

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Scott Ivill, Counsel, instructed by the Medical Protection Society
GMC Representative:	Mr Peter Warne, 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

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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 - 26/11/2018

Background

1. Dr Riddell qualified in 2016 with a BM BCh from the University of Oxford. Prior to the events which are the subject of the hearing Dr Riddell completed his FY1 training at the University Hospital of Wales ('UHW'), part of the Cardiff and Vale University Health Board ('CVUHB'). Dr Riddell completed his FY2 training at the Royal Gwent Hospital, Newport, and Part A of the exam for Membership of the Royal College of Surgeons ('MRCs') in September 2016. At the time of the events Dr Riddell was an academic FY1 doctor at UHW.

2. The allegation that has led to Dr Riddell's hearing relates to an incident in a Nando's restaurant in Cardiff on 14 December 2016 whilst Dr Riddell was heavily intoxicated with alcohol. It is alleged that on that date Dr Riddell struck Ms A to the face. It is further alleged that on 20 December 2016, at Cardiff Bay Police Station, Dr Riddell entered into an Adult Community Resolution Agreement in respect of the offence of Assault by Beating.

The Allegation and the Doctor's Response

3. The Allegation made against Dr Riddell is as follows:

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

1. On 14 December 2016 you struck Ms A to the face. **Admitted and found proved**
2. On 20 December 2016 at Cardiff Bay Police Station you entered into an Adult Community Resolution Agreement in respect of the offence of Assault by Beating. **Admitted and found proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **To be determined**

The Admitted Facts

4. At the outset of these proceedings, through his Counsel, Mr Ivill, Dr Riddell made admissions to both paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules').

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5. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced the entirety of the Allegation as admitted and found proved.

Impairment

6. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Riddell's fitness to practise is impaired by reason of misconduct.

The Evidence

7. 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:

- PC B; and
- Ms A.

8. Dr Riddell provided a reflective statement, dated 1 March 2018, and his own witness statements, dated 10 August 2018 and 19 November 2018 respectively. Dr Riddell also gave oral evidence at the hearing.

9. In addition, the Tribunal received testimonial evidence from the following on Dr Riddell's behalf, who were not called to give oral evidence:

- Dr C, an FY2 doctor working at Leeds Teaching Hospitals Trust who studied medicine with Dr Riddell;
- Dr D, a Consultant in Emergency Medicine at the Royal Gwent Hospital in Newport;
- Ms E, Associate Clinical Director of Clinical Studies at the University of Oxford Medical School;
- Dr F, a Consultant Cardiologist and Clinical Director for Cardiac Services at UHW;
- Dr G, Foundation Programme Director at CVUHVB;
- Dr I, a Consultant in Intensive Care Medicine at UHW;
- Dr H, Advanced Critical Care Practitioner at UHW;
- Mr J, a Consultant in intensive care medicine at UHW;

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- Dr K, Clinical Fellow in Intensive Care Medicine at UHW;
- Ms L, a UK Chartered Patent Attorney and a European Patent Attorney and friend of Dr Riddell;
- Dr N, a lecturer in music at New College, Oxford, and friend of Dr Riddell;
- Mr O, Consultant Vascular Surgeon at the Royal Gwent Hospital; and
- Dr M, Executive Medical Director at CVUHB and Dr Riddell’s Responsible Officer.

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

- information regarding the Triage 18-25 Programme on which Dr Riddell was enrolled after the events in question;
- professional feedback for Dr Riddell; and
- evidence of Dr Riddell’s continuing professional development since the events in question.

Witness Evidence

11. In the course of his oral evidence to the Tribunal, Dr Riddell expanded on the contents of his written reflective statement and his witness statements.

12. Dr Riddell told the Tribunal that the event in question took place following a work Christmas party during which he had been drinking with colleagues. Dr Riddell told the Tribunal that he had not eaten dinner before attending the party (erroneously thinking that food would be provided) and that he had consumed a number of alcoholic cocktails in a short period of time, something he was not accustomed to. Dr Riddell told the Tribunal that he has no recollection of the event in question and that all he knows of it derives from the CCTV footage which was shown to him by the Police afterwards. Dr Riddell told the Tribunal that the CCTV footage showed him approaching Ms A and her boyfriend in the Nando’s restaurant, a brief exchange taking place between him and Ms A, and him then striking Ms A with his open hand. Ms A’s boyfriend then retaliated, punching Dr Riddell once in the chest and four times to side of his face. The Police were then called, and Dr Riddell was taken to hospital. When he awoke in the A&E department he was informed of what had happened and arrested. In respect of the injuries sustained, Ms A suffered a burning sensation and reddening of her right cheek. Dr Riddell suffered a laceration and bruising to his left eye, a broken nose, blurred vision and concussion.

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13. Dr Riddell told the Tribunal that, having never been involved in any violence or alcohol-related trouble before, he first found it hard to believe that it was he who had struck Ms A. He accepted it, once he had been shown the CCTV footage, of him striking Ms A to the face. His evidence was that upon viewing the CCTV footage he was 'petrified', 'horrified' and 'absolutely appalled' by what he had done. Dr Riddell could not explain the reasons for him acting as he did – something which he still cannot do given he lacks any recollection of the events in question.

14. Dr Riddell went on to tell the Tribunal that he had found the fact that he had assaulted a young lady to be particularly difficult for him to come to terms with as the incident in question was so out of character and at odds with the values he tried to embody not just as a doctor but also as a person. Dr Riddell expressed regret and remorse for having acted as he did and he apologised for his actions. In addition, Dr Riddell told the Tribunal that he understands the impact of his actions and their consequences not just on Ms A, but upon the reputation of the medical profession as a whole and the public's confidence in it.

15. Dr Riddell's actions were disposed of non-criminally by the Police without him receiving a caution and/or a conviction for striking Ms A to the face. Instead, Dr Riddell agreed to take part in an Adult Community Resolution Agreement, by enrolling on the 'Triage 18-25' programme, a project that works with young adults who have committed low-level criminal offences. Dr Riddell told the Tribunal that as part of that programme he attended a 'Consequences of Crime' workshop and a workshop on violence. He told the Tribunal that these aspects of the programme had given him a better understanding of the impact of his violent actions – both physical and psychological – on Ms A and a better awareness of alcohol consumption and its effects. Further, Dr Riddell told the Tribunal that as part of the programme Ms A had been invited to attend a meeting so that he could apologise to her face to face. Dr Riddell said that Ms A had declined that offer – which he understood – and that he had in any event written an apology to her.

16. Referring to what has happened since the events of 14 December 2016, Dr Riddell told the Tribunal that he had undergone 'a journey of self-improvement and reflection'. Dr Riddell's evidence was that whilst he will not ever be able to explain what occurred, he has since gained a greater understanding of what led him to being in that situation in the first place – namely his excessive consumption of alcohol on the evening in question. Dr Riddell told the Tribunal that he now rarely drinks alcohol, that when he does he does not drink cocktails, and that he more often than not will nominate himself to be the 'designated driver' on nights out with colleagues and friends. He told the Tribunal that he is now very cautious about his alcohol intake and that whenever he does drink the events of 14 December 2016 are at the forefront of his mind. He ensures he also has non-alcoholic drinks throughout an evening out. In addition, Dr Riddell told the Tribunal that he has undertaken a number of courses, some of which are aimed at the improvement of communication skills, in order to try to gain a better understanding of how people act in emotional

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situations and how to communicate in challenging interactions. Dr Riddell told the Tribunal that he thought courses such as those had a benefit to his personal life as well as his professional life.

17. Dr Riddell concluded his evidence by assuring the Tribunal that his actions on 14 December 2016 were wholly out of character and that he had taken steps to remediate his conduct. He told the Tribunal that no further incidents of violence or alcohol related trouble have occurred since this incident and that, by significantly revising his alcohol intake, he has taken steps to ensure that the type of violent and unprovoked conduct he exhibited towards Ms A will not happen again.

Submissions on Behalf of the GMC

18. In summary, on behalf of the GMC Mr Warne submitted that Dr Riddell's conduct on 14 December 2016 amounted to serious misconduct and that Dr Riddell's fitness to practise is impaired by reason of that misconduct. Mr Warne submitted that this was a serious incident, aggravated by alcohol, which involved the unprovoked striking of an innocent member of the public's face possibly in view of those in the Nando's restaurant in question at the material time. Mr Warne submitted that the witnesses of the assault would be shocked if they were to hear it was a doctor who had struck Ms A and that a reasonably informed member of the public would expect action to be taken as a result.

19. Mr Warne submitted that whilst Dr Riddell's actions did not result in him receiving a criminal conviction, his aggressive and physically threatening behaviour warranted action being taken by the Tribunal. He further submitted that notwithstanding the fact that the events in question took place outside of Dr Riddell's professional environment, his actions breached the professional standards expected of a doctor and they had risked the reputation of the profession and the public's confidence in it. Referring the Tribunal to Dame Janet Smith's recommendations in the fifth report to the Shipman Inquiry, Mr Warne submitted that Dr Riddell's actions had in the past brought the profession into disrepute. Referring the Tribunal to the case of *CHRE v NMC & Grant* [2011] EWHC 927 (Admin), Mr Warne submitted that public confidence in the medical profession would be undermined if a finding of impaired fitness to practise were not made in this case.

Submissions on Behalf of Dr Riddell

20. In summary, on behalf of Dr Riddell, Mr Ivill submitted that Dr Riddell accepts his actions fell below the standards to be expected of a doctor and amounted to misconduct but that his fitness to practise is not currently impaired by reason of that misconduct.

21. Mr Ivill submitted that Dr Riddell's actions on 14 December 2016 were a brief and impulsive act which involved a single slap with an open hand which took place

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within a matter of seconds. Mr Ivill reminded the Tribunal that Ms A did not suffer any serious or permanent injury as a result. Mr Ivill also reminded the Tribunal that Ms A had been satisfied that the incident be disposed of in a non-criminal way, by Dr Riddell entering into the Adult Community Resolution Agreement. Mr Ivill submitted that a prerequisite for offences such as this one being disposed of in that manner is that they are 'low-level' and that the perpetrator accepts full responsibility for their actions. Referring the Tribunal to the 'Triage 18-25' programme on which Dr Riddell was enrolled, Mr Ivill submitted that upon completion of it the organisers were of the view that 'no further action was necessary' in respect of Dr Riddell. Mr Ivill went on to submit that Dr Riddell has not at any stage sought to deny responsibility for his actions, or to try and justify them or excuse them. He submitted that Dr Riddell expressed genuine remorse from the outset and he reminded the Tribunal that Dr Riddell wrote a letter of apology to Ms A.

22. Referring the Tribunal to the number of professional and personal testimonials provided on Dr Riddell's behalf, he submitted that they all attest to Dr Riddell's good character and attitude and show that he was, at the time of the events, a decent and law-abiding young man. Mr Ivill submitted that the testimonials show that Dr Riddell's conduct on 14 December 2016 was out of character and that Dr Riddell has good insight into their seriousness and their consequences not just for Ms A, him and his colleagues, but also the wider profession and the public's confidence in it.

23. Mr Ivill went on to submit that the incident on 14 December 2016 arose from a very particular set of circumstances and constituted a short-lived lack of control on Dr Riddell's part. Referring to the steps that Dr Riddell has taken to remediate since then, he submitted that Dr Riddell now has a better understanding of the effects of alcohol and full insight into his actions. Mr Ivill submitted that Dr Riddell has acknowledged the potential impact of his actions on Ms A, the profession and the public's trust in it, and that he has provided a lengthy reflective piece about the lessons he has learned. He submitted that Dr Riddell's misconduct was remediable, that it has been remedied and that it was an isolated error which will not be repeated. Referring the Tribunal again to the documentary evidence, Mr Ivill submitted that Dr Riddell's feedback shows that this incident is not in any way reflective of his good character. Mr Ivill submitted that the need to declare and uphold standards for members of the profession and the need to maintain public confidence in the professional will be upheld by the fitness to practise process and a finding of misconduct and that, in the circumstances of this case, a finding of impairment was neither necessary nor appropriate.

The Relevant Legal Principles

24. 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.

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25. 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.

26. The Tribunal must determine whether Dr Riddell's fitness to practise is impaired today, taking into account Dr Riddell'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.

The Tribunal's Determination on Impairment

27. The Tribunal first considered whether Dr Riddell's actions on 14 December 2016 amounted to misconduct which was serious. In his witness statements and his oral evidence, Dr Riddell accepted that his actions fell below the standards to be expected of a doctor. The Tribunal agreed. Dr Riddell's actions towards Ms A constituted an aggressive, violent, and unprovoked attack on an innocent member of the public. The Tribunal was in no doubt whilst in criminal terms the offence may be considered 'low-level' – hence its disposal via a restorative justice scheme and not with a caution or conviction – it was serious and brought the profession into disrepute.

28. Having regard to the 2013 edition of 'Good Medical Practice', the Tribunal was satisfied that Dr Riddell's actions breached the following principles set out therein:

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

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

29. The Tribunal was therefore satisfied that Dr Riddell's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

30. The Tribunal having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Riddell's fitness to practise is currently impaired. In so doing, it considered whether Dr Riddell's conduct is remediable, whether it has been remedied, and the likelihood of any repetition. It also considered the level of Dr Riddell's insight into the seriousness of his misconduct and its consequences.

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31. The Tribunal was satisfied that the aggressive and unprovoked violent behaviour exhibited by Dr Riddell towards Ms A is capable of being remedied, albeit it may be difficult to demonstrate. Having accepted that Dr Riddell's conduct is remediable, the Tribunal considered what steps Dr Riddell has taken since 14 December 2016 to remediate it.

32. The Tribunal found Dr Riddell to be a credible, reliable, open and honest witness. It was satisfied that in the course of his evidence he did not seek to justify his actions or their consequences, nor to minimise them. Nor did Dr Riddell express any negative views about Ms A's partner's response. The Tribunal accepted that Dr Riddell is a person of previous good character who has never been involved in an incident of this sort either before or since. In addition, the Tribunal considered Dr Riddell's expressions of regret, remorse and his apologies to be wholly genuine and sincere. In particular, the Tribunal noted Dr Riddell's recognition, throughout his evidence, of the impact and consequences of his actions not just in respect of Ms A and himself, but also in respect of the wider profession and the public's confidence in it. The Tribunal was satisfied that Dr Riddell has full insight into his actions and their seriousness.

33. Having had regard to the numerous positive and supportive testimonials provided on behalf of Dr Riddell, the Tribunal was satisfied that his actions towards Ms A on 14 December 2016 were an isolated, one-off incident which, however serious, was out of character for him. The Tribunal accepted that since then Dr Riddell has indeed been on 'a journey of self-improvement and reflection' and that he has sought to understand as best he can his actions towards Ms A and the 'drivers' behind them and their root cause – namely the level of his alcohol consumption that evening. The Tribunal found Dr Riddell's explanations as to how he now limits his alcohol consumption and his eagerness to nominate himself to be the 'designated driver' to be compelling. It was satisfied that Dr Riddell's insight, the steps he has taken to moderate his alcohol intake and the impact on the events on him and his career are sufficient to ensure that the risk of him repeating this kind of misconduct are extremely low. The Tribunal was satisfied from Dr Riddell's evidence that this event and the subsequent investigation and fitness to practise process culminating in this hearing have reinforced the fact that he must uphold good medical practice in both his personal and professional life. In the course of his evidence, Dr Riddell apologised profusely for his actions and the Tribunal was satisfied that, as a promising doctor with a bright future ahead of him, he will not jeopardise his GMC registration in a similar way again. The Tribunal therefore concluded that a finding of impairment should not be made in this case.

34. The Tribunal did consider whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impaired fitness to practise were not made in the particular circumstances of this case. The Tribunal concluded that it would not. The Tribunal considered that a fully informed

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member of the public who had seen and heard all of the evidence in this case would appreciate that Dr Riddell's actions were wholly out of character, isolated, and are extremely unlikely to happen again. In those circumstances, the Tribunal was satisfied that a finding of impaired fitness to practise is not needed to uphold proper professional standards and maintain public confidence in the profession.

35. The Tribunal has therefore determined that Dr Riddell's fitness to practise is not impaired.

Determination on Warning - 27/11/2018

1. As the Tribunal determined that Dr Riddell's fitness to practise was not impaired it considered whether, in accordance with s35D(3) of the 1983 Act, a warning was required.

Submissions on Behalf of the GMC

2. In summary, Mr Warne submitted that the issuing of a warning is appropriate and necessary in this case. In the course of his submissions, Mr Warne referred the Tribunal to its determination on impairment and the 'Guidance on Warnings' (February 2018 edition), and in particular the following paragraphs contained in the latter:

- 10** The power to issue warnings, together with other powers available to the GMC and to MPTS tribunals, is central to their role of protecting the public which includes protecting patients, maintaining public confidence in the profession and declaring and upholding proper standards of conduct and behaviour.
- 11** Warnings allow the GMC and MPTS tribunals to indicate to a doctor that any given conduct, practice or behaviour represents a departure from the standards expected of members of the profession and should not be repeated. They are a formal response from the GMC and MPTS tribunals in the interests of maintaining good professional standards and public confidence in doctors. The recording of warnings allows the GMC to identify any repetition of the particular conduct, practice or behaviour and to take appropriate action in that event. Breach of a warning may be taken into account by a tribunal in relation to a future case against a doctor, or may itself comprise misconduct serious enough to lead to a finding of impaired fitness to practise.
- 14** Warnings should be viewed as a deterrent. They are intended to remind the doctor that their conduct or behaviour fell significantly below the standard expected and that a repetition is likely to result in a finding of impaired fitness to practise. Warnings may also have the

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effect of highlighting to the wider profession that certain conduct or behaviour is unacceptable.

- 16** A warning will be appropriate if there is evidence to suggest that the practitioner's behaviour or performance has fallen below the standard expected to a degree warranting a formal response by the GMC or by a MPTS tribunal. A warning will therefore be appropriate in the following circumstances:
- there has been a significant departure from *Good Medical Practice*
- [...]
- 19** Once the decision makers are satisfied that the doctor's fitness to practise is not impaired, they will need to consider whether the concerns raised are sufficiently serious to require a formal response from the GMC or MPTS tribunals, by way of a warning. When doing so the decision makers must have regard to the public interest.
- 20** The decision makers should take account of the following factors to determine whether it is appropriate to issue a warning.
- a** There has been a clear and specific breach of Good medical practice or our supplementary guidance.
 - b** The particular conduct, behaviour or performance approaches, but falls short of, the threshold for the realistic prospect test or in a case before a tribunal, that the doctor's fitness to practise has not been found to be impaired.
 - c** A warning will be appropriate when the concerns are sufficiently serious that, if there were a repetition, they would likely result in a finding of impaired fitness to practise. Warnings may be an appropriate response to any type of allegation (subject to the comments in paragraph 7 regarding cases solely relating to a doctor's health); the decision makers will need to consider the degree to which the conduct, behaviour or performance could affect patient care, public confidence in the profession or the reputation of the profession. If the decision makers consider that a warning is appropriate, the warning should make clear the potential impact of the conduct, behaviour or performance in question, accordingly.
 - d** There is a need to record formally the particular concerns (because additional action may be required in the event of any repetition).

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- 23** Examples of convictions and cautions that have resulted in a warning include one-off drink driving offences where we are satisfied that there are no underlying health concerns, disorderly behaviour (without violence) while drunk and minor criminal damage. As stated earlier, each case must be considered on its own merits and the response will depend on the particular circumstances of the case. The decision maker will need to consider, in addition to the illegality of the conduct, if there are any other reasons why repetition may cause concern, having in mind any issues of patient protection, the public's confidence in the profession or the reputation of the profession (for example, whether in relation to a conviction or caution for affray, this reveals a tendency towards violence in confrontational situations).

3. In respect of paragraph 23 of the Guidance, Mr Warne submitted that the facts of this case are more serious than those envisaged therein. Referring the Tribunal to its determination on impairment, Mr Warne reminded it that it has found that Dr Riddell's conduct on 14 December 2016 breached paragraphs 1 and 65 of GMP, thereby falling below the standards to be expected of a doctor, and amounted to misconduct. Mr Warne also reminded the Tribunal of its conclusion that whilst in criminal terms the offence may be considered 'low-level' – hence its disposal via a restorative justice scheme and not with a caution or conviction – it was nevertheless serious and brought the profession into disrepute. Mr Warne further reminded the Tribunal that it noted Dr Riddell's recognition, throughout his evidence, of the impact and consequences of his actions not just in respect of Ms A and himself, but also in respect of the wider profession and the public's confidence in it.

4. Mr Warne submitted that notwithstanding Dr Riddell's remorse and regret for his actions, a formal response is needed. He submitted that the issuing of a warning in this case would highlight to Dr Riddell, the wider profession and the public that the type of behaviour Dr Riddell exhibited on 14 December 2016 was unacceptable. Given the significant departures from the principles of GMP which Dr Riddell's actions constituted, Mr Warne submitted that it is necessary for the Tribunal to issue a warning in this case.

Submissions on Behalf of Dr Riddell

5. Mr Ivill began by submitting that he acknowledged on Dr Riddell's behalf that his actions on 14 December 2016 did breach principles contained in GMP. He submitted, however, that Dr Riddell's actions on that date should be balanced against the mitigating factors in this case. In that regard, Mr Ivill referred the Tribunal to the following paragraph in the Guidance:

- 33** However, if the decision makers are satisfied that the doctor's fitness to practise is not impaired or that the realistic prospect test is not met,

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they can take account of a range of aggravating or mitigating factors to determine whether a warning is appropriate. These might include:

- a** A genuine expression of regret/apology.
- b** Previous good history.
- c** Whether the incident was isolated or whether there has been any repetition.
- d** Any indicators as to the likelihood of the concerns being repeated.
- e** Any rehabilitative/corrective steps taken.
- f** Relevant and appropriate references and testimonials.

6. Mr Ivill submitted that each of the factors listed in paragraph 33 of the Guidance are met in this case and fall in Dr Riddell's favour. In respect of paragraph 20(d) (as set out above), Mr Ivill submitted that there is no need for the Tribunal to formally record the concerns, as the conclusions it drew in its determination on impairment would sufficiently inform a member of the public that Dr Riddell's conduct was unacceptable. Referring the Tribunal to its determination on impairment, Mr Ivill went on to submit that issuing a warning in this case would not have any additional deterrent given the Tribunal has already determined that it is highly unlikely that Dr Riddell will jeopardise his GMC registration by acting in such a way again. Mr Ivill submitted that the Tribunal should consider the matter of proportionality and the potential impact a warning may have on the progression of Dr Riddell's career. He concluded by submitting that issuing a warning is neither proportionate nor necessary in this case.

The Tribunal's Approach

7. The decision whether or not to issue a warning is a matter for the Tribunal alone to determine, exercising its own professional judgement. In making its decision, the Tribunal had regard to the 'Guidance for Warnings', and in particular the relevant test to be applied as set out at paragraph 16 of it.

8. Throughout its deliberations, the Tribunal was mindful of the public interest. In that regard, it bore in mind that its power to issue a warning is central to its role of protecting the public, which includes: protecting patients, maintaining public confidence in the profession, and declaring and upholding proper standards of conduct and behaviour.

The Tribunal's Determination on Warning

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9. The Tribunal found that on 14 December 2016 Dr Riddell struck Ms A to the face and that on 20 December 2016, at Cardiff Bay Police Station, Dr Riddell entered into an Adult Community Resolution Agreement in respect of the offence of Assault by Beating. The Tribunal found that Dr Riddell's actions breached paragraphs 1 and 65 of GMP, fell below the standards of conduct expected of a doctor, and risked bringing the profession into disrepute. It was satisfied that his actions amounted to misconduct which was serious.

10. In all the circumstances, the Tribunal was satisfied that, given the nature of its findings, Dr Riddell's conduct fell below the standard expected to a degree which warrants a formal response by the Tribunal.

11. The Tribunal took account of circumstantial and personal mitigation at the impairment stage of these proceedings. The Tribunal's decision that Dr Riddell's fitness to practise is not currently impaired was predicated in part on the existence of those mitigating factors and remediation since the events in question took place. Whilst the Tribunal accepted that there was an extremely low risk of Dr Riddell repeating his misconduct, it determined that it was necessary for it to highlight to Dr Riddell, the public, and the wider profession, that the type of misconduct Dr Riddell exhibited on 14 December 2016 was serious and unacceptable.

12. The Tribunal therefore determined that it would be appropriate to issue a warning in this case. The Tribunal was satisfied that it would not be fulfilling the duty it has to promote and maintain public confidence in the profession and declare and uphold proper conduct and behaviour for members of the profession if it did not do so.

13. The Tribunal anticipates that the warning will act as a deterrent and it is intended also to remind Dr Riddell that his conduct fell significantly below the standard expected and that a repetition is likely to result in a finding of impaired fitness to practise.

14. The Tribunal has therefore determined to issue the following warning in accordance with Section 35D(3) of the Act:

"On 14 December 2016 Dr Riddell struck Ms A to the face. On 20 December 2016, at Cardiff Bay Police Station, Dr Riddell entered into an Adult Community Resolution Agreement in respect of the offence of Assault by Beating.

This conduct does not meet with the standards required of a doctor. It risks bringing the profession into disrepute and it must not be repeated. The required standards are set out in Good Medical Practice and associated guidance. In this case, paragraphs 1 and 65 of Good Medical Practice are particularly relevant:

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

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

Whilst this failing in itself is not so serious as to require any restriction on Dr Riddell's registration, it is necessary in response to issue this formal warning.

This warning will be published on the List of Registered Medical Practitioners (LRMP) in line with our publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy."

15. That concludes this case.

Confirmed

Date 27 November 2018

Miss Sally Cowen, Chair