

## PUBLIC RECORD

Date: 16/06/2022

Medical Practitioner's name: Dr Priya DAS  
GMC reference number: 7071586  
Primary medical qualification: MB ChB 2010 University of Birmingham

Type of case Outcome on impairment  
Review - Misconduct Not Impaired

Summary of outcome  
Suspension to expire

## Tribunal:

Legally Qualified Chair	Mrs Laura Paul
Medical Tribunal Members:	Dr Anita Clay
Medical Tribunal Members:	Dr Timothy Oakley
Tribunal Clerk:	Ms Jennifer Coakley

## Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Ms Iulia Saran, Counsel, instructed by Weightmans
GMC Representative:	Mr Nicholas Hall, 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 Impairment - 16/06/2022

1. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Das' fitness to practise is impaired by reason of misconduct.

### Background

2. Dr Das qualified in 2010 and, prior to the events which are the subject of the hearing, she undertook various medical posts between 2013 and 2018. Between 2016 and 2018, Dr Das worked at a variety of hospitals within the Imperial College Healthcare Trust ('the Trust'). At the time of the events, between August 2018 and November 2018, Dr Das was practising in Renal Medicine as a Core Trainee 2 (CT2) at Hammersmith Hospital ('the Hospital') within the Trust. Dr Das subsequently worked as a CT2 Acute Medicine Trainee in King's College Hospital from August 2020 to August 2021 and started her CT3 in General Acute medicine at Queen Elizabeth Hospital Lewisham in November 2021.

3. At Dr Das' MPT hearing which took place from 19 January to 1 February 2022, she made admissions to some paragraphs and sub-paragraphs of the Allegation.

4. She admitted that, on 26 October 2018, whilst working in the Renal Department of the Hospital, she prescribed drugs inappropriately to Patient A, failed to discuss prescriptions with senior colleagues and failed to keep adequate records in respect of these drugs.

5. Dr Das further admitted that, from the commencement of her employment with the Trust in August 2018, she failed to follow proper procedure to obtain an NHS Smart Card for access to patient records via the CERNER system

6. Dr Das also admitted that she posted inappropriate comments on social media during her employment at London North West Healthcare NHS Trust between 22 April 2016 and 22

August 2018. She admitted that the comments were in breach of the Trust's social media policy in force at the material time in that they could cause reputational damage to the Trust and were related to confidential work-related matters.

7. In addition to the facts which were admitted and found proved, the previous Tribunal determined and found proved that, on one or more occasion between 3 August 2018 and 1 November 2018, Dr Das inappropriately used a temporary locum NHS Smart Card at the Trust to access the CERNER system and inappropriately and dishonestly used the name of Dr B at the Trust to order prescriptions, conduct investigations and complete discharge summaries when she knew that Dr B was a different individual to herself, she did not have the permission of Dr B to use their details and Dr B was no longer working in the Renal Department at the Trust.

8. In relation to the inappropriate prescribing on 26 October 2018, the previous Tribunal noted that the incident involved a cluster of mistakes in relation to one patient and raised matters of considerable concern. The prescribing could have resulted in significant side effects for Patient A and it was only due to the various mistakes being noticed by a pharmacist that potentially serious consequences were avoided. The previous Tribunal concluded that the seriousness of the errors fell so far short of the standards of conduct reasonably expected of a doctor as to amount to misconduct. Given the evidence in relation to insight before the previous Tribunal, that Tribunal could not be certain that the misconduct in relation to inappropriate prescribing was highly unlikely to be repeated. It concluded that a finding of impairment was necessary in order to protect the public and maintain patient safety.

9. In relation to Dr Das' inappropriate use of a Temporary Smart Card to access the CERNER system, the previous Tribunal considered that this constituted poor performance but did not, in itself, amount to misconduct.

10. In relation to Dr Das' inappropriate and dishonest use of Dr B's name when ordering prescriptions, conducting investigations and completing discharge summaries, the previous Tribunal considered that this clearly amounted to misconduct. The previous Tribunal concluded that Dr Das' actions in this regard fell far below the standard to be expected from a medical practitioner, that public confidence in the medical profession would be undermined, and there would be a failure to uphold professional standards if a finding of impairment were not made.

11. In relation to Dr Das' use of social media to post inappropriate comments despite numerous warnings, the previous Tribunal considered that this was clearly unacceptable, far below the appropriate professional standard and amounted to misconduct. The previous Tribunal was concerned about the true extent of Dr Das' insight into the damage that could be caused by irresponsible comments of this kind on social media and about the risk of repetition. The previous Tribunal concluded that Dr Das' misconduct in relation to her inappropriate comments posted on social media were liable to affect public confidence in the

profession and, accordingly, determined that a finding of impairment was necessary to uphold proper professional standards and conduct.

12. The previous Tribunal determined to suspend Dr Das' registration for a period of four months. It concluded that this period would be sufficient to mark the seriousness of Dr Das' misconduct and would send a declaratory message to the medical profession and to the wider public that her misconduct was not acceptable. It considered that imposing conditions on Dr Das' registration would not send a sufficient message to the public or the profession as to the inappropriateness and seriousness of her misconduct; it would not send a marker to adequately address the public interest or uphold proper standards of conduct for members of the profession.

13. The previous Tribunal confirmed that a reviewing Tribunal may be assisted if Dr Das provided:

- A reflective statement in relation to her inappropriate prescribing in relation to Patient A; her dishonest use of Dr B's CERNER account; and her inappropriate postings on social media;
- Evidence of reflective learning on safer prescribing; and
- Any further information that might assist the reviewing Tribunal to conclude that she is fit to return to unrestricted practice.

## The Evidence

14. This Tribunal has taken into account all the evidence received, both oral and documentary.

15. Dr Das provided her own witness statement, dated 23 May 2022 and also gave oral evidence at the hearing.

16. In her oral evidence, Dr Das adopted her statement as her evidence in chief. In the statement, she confirmed that she accepts in full the findings of the previous Tribunal and would like to record her 'sincere and unqualified apology to the GMC and to the MPT for [her] past misconduct'. Dr Das set out her reflections and described her commitment to change, how she has developed insight into her past shortcomings and behaviours, and the changes she has made so that they will not be repeated.

17. The Tribunal also received a reflective learning document on safer prescribing, and an email from Dr D, XXX, dated 8 June 2022, confirming that Dr Das will stay at Queen Elizabeth Hospital from August 2022 onwards for the rest of her Internal Medicine training 3 ('IM3') year.

18. The Tribunal also had regard to Case-Based discussion documents dated February 2022, and various CPD certificates provided by Dr Das, dated between April and June 2022.

## Submissions

19. On behalf of the GMC, Mr Nicholas Hall, Counsel, submitted that the GMC is neutral with respect to whether Dr Das' fitness to practise remains impaired by reason of misconduct. He submitted that the decision is a matter for this Tribunal exercising its own independent judgement.

20. On behalf of Dr Das, Ms Iulia Saran, Counsel, submitted that Dr Das' fitness to practise is no longer impaired by reason of misconduct.

21. Ms Saran submitted that Dr Das has provided all of the evidence which was suggested by the previous Tribunal to assist this reviewing Tribunal. She submitted that Dr Das has reflected extensively on all aspects of her misconduct and accepts full responsibility for her actions.

22. Ms Saran submitted that Dr Das has taken the necessary steps to remediate and to minimise the risk of repetition of her prescribing errors, dishonest behaviour, and inappropriate use of social media. Such steps include the completion of courses relevant to prescribing and maintaining professional ethics, together with reading and reflecting on relevant guidance. Ms Saran stated that the steps Dr Das has taken to change her lifestyle and become more resilient also reduce the risk of repetition.

23. Ms Saran submitted that Dr Das has demonstrated consistent and safe practice for an extended period of time. No issues with regard to her performance or attitude have been raised since 2018. She also submitted that the Tribunal can be reassured that Dr Das has a plan to reintegrate into the workplace in a phased manner with appropriate systems in place to support her return.

## The Relevant Legal Principles

24. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that she would be safe to return to unrestricted practise.

25. This Tribunal must determine whether Dr Das' fitness to practise is impaired today, taking into account her conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

## The Tribunal's Determination on Impairment

26. The Tribunal bore in mind the findings of the previous Tribunal and the seriousness of Dr Das' misconduct, which involved errors in prescribing, dishonest behaviour and inappropriate comments posted on social media. It reminded itself that the previous Tribunal

considered that a finding of impairment by reason of misconduct was required to uphold public confidence and to maintain and uphold standards in the medical profession. The previous Tribunal was concerned about the extent of Dr Das' level of insight and therefore the risk of repetition.

27. The Tribunal bore in mind the primary reason the previous Tribunal made a finding of impaired fitness to practise and imposition of a sanction of suspension; namely to uphold public confidence and to maintain and uphold standards in the medical profession.

28. This Tribunal took into account the information suggested by the previous Tribunal to assist this reviewing Tribunal in reaching a decision as to her current fitness to practice. It noted that Dr Das has provided all of the suggested documents including a comprehensive reflective piece addressing all areas of her misconduct and evidence of reflective learning on safer prescribing.

29. The Tribunal considered that Dr Das' reflective piece is thorough in content and demonstrates that she has taken a detailed and logical approach by looking at the three areas of her misconduct, explaining how she accepts responsibility for her wrongdoings, and describing the impact of her actions on others, the reputation of the profession and on public confidence. Dr Das explains the steps she has taken to minimise the risk of repetition of her misconduct. This includes completion of CPD courses relevant to prescribing, and a course on maintaining professional ethics, seeking help from professional organisations, reading of social media guidelines and implementing lifestyle changes.

30. The Tribunal also had regard to all of the other evidence provided including CPD certificates and Case-Based Discussion documents.

31. The Tribunal was satisfied that Dr Das has undertaken a significant amount of reflection and demonstrated that she understands what she did was wrong, why it was wrong and has focussed on practical steps to prevent it from happening again. The Tribunal considered that Dr Das has fully acknowledged her faults and understands how her behaviour impacted on others, on the reputation of the profession and on public confidence.

32. The Tribunal was satisfied that Dr Das has demonstrated that she has developed further insight and taken the necessary steps to remedy her misconduct. The Tribunal was satisfied that Dr Das has addressed the previous Tribunal's concerns and has taken steps to ensure that such misconduct will not reoccur. It was satisfied that, through the evidence provided, Dr Das has demonstrated sufficient progress to fulfil the public interest in terms of her misconduct. It was of the view that a reasonable and fully informed member of the public would consider that it would be inappropriate to make a further finding of impairment at this stage. The Tribunal therefore concluded that Dr Das is safe to return to practice, and that it is in the public interest for her to do so.

33. The Tribunal was also reassured that no further concerns have been raised about Dr Das' prescribing or behaviour since the misconduct which occurred in 2018. It took into

account the encouraging comments of Dr D, who confirmed that she would be happy for Dr Das to work at Queen Elizabeth Hospital to complete her IM3 year. It also noted the positive comments contained within the case based discussion documents dated February 2022.

34. This Tribunal has therefore determined that Dr Das' fitness to practise is no longer impaired by reason of misconduct.

35. The substantive sanction of suspension imposed by the previous Tribunal remains in place until 7 July 2022. This Tribunal considered whether to revoke the suspension with immediate effect. The Tribunal noted that the suspension for a period of four months was imposed to mark the seriousness of Dr Das' misconduct, and to send a message to the profession. The previous Tribunal considered that a suspension of four months was necessary to maintain public confidence in the profession. This Tribunal was of the view that it is in the public interest for that sanction to remain in place for its entire duration.

36. That concludes the case.