

PUBLIC RECORD

Dates: 21/02/2022 - 17/03/2022

Medical Practitioner's name: Dr Sajan PATEL

GMC reference number: 7049803

Primary medical qualification: MB BS 2009 Imperial College London

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 Andrew Lewis
Lay Tribunal Member:	Mr Inderjeet Gill
Medical Tribunal Member:	Dr Ranjana Rani

Tribunal Clerk:	Mr Michael Murphy
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Attendance and Representation:

Medical Practitioner:	Not present and not represented
GMC Representative:	Ms Zoe Dawson, 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 - 15/03/2022

Background

1. Dr Patel qualified with an MBBS (Distinction) from Imperial College School of Medicine in 2009. He achieved membership of the Royal College of Physicians (MRCP) in 2011 and completed his GP training in 2014. From August 2014 he was a salaried GP in St Albans.
2. In July 2014, Dr Patel registered with the Lantum Locum Agency (Lantum), which is an online platform which connects GP practices with locum doctors. He began working as a locum GP in August 2014.
3. Dr Patel was approved to work as a Locum GP at the Extended Access City and Hackney GP Confederation (“the CH Hubs”), on 18 November 2017 and was employed there from April 2018 until 7 February 2019. Dr Patel was also employed as a Locum GP at Tower Hamlets GP Care Group (“the TH Hubs”) from November 2016 until April 2019. He worked for both the CH Hubs and TH Hubs, through Lantum.
4. Both the CH Hubs and the TH Hubs were providing an after-hours and weekend GP service at which appointments could be booked by referring GPs or NHS 111 using the electronic appointment management system called “EMIS”. The service was provided at a number of GP practices, which are referred to throughout the evidence as “hubs”.
5. The Allegation that has led to this hearing is that, whilst working as a Locum GP at the CH Hubs and the TH Hubs, Dr Patel accessed EMIS and manipulated patient appointments in a way which allowed him to arrive late for a session, work less during the session or leave a session early. It is also alleged that Dr Patel submitted invoices to Lantum claiming full payment for sessions at the CH Hubs, that he had not worked in full or at all.
6. The GMC alleged that Dr Patel knew he did not have permission to do this and that his conduct was dishonest. In addition, it was alleged that Dr Patel logged into his EMIS

account after he was removed from the list of approved practitioners for the CH Hubs and the TH Hubs and reported the suspected theft of his login details.

7. The initial concerns were raised with the GMC on 23 May 2019 by Dr A, GP Clinical lead at the CH Hubs, following a local investigation, conducted by the CH Hubs.

The Outcome of Applications Made during the Facts Stage

8. At the start of the hearing, Dr Patel was neither present nor represented. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the Rules, to proceed with the case in Dr Patel's absence. The Tribunal's full decision on the application is included at Annex A.

The Allegation and the Doctor's Response

9. The Allegation made against Dr Patel is as follows:

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

City and Hackney GP Confederation

1. Between April 2018 and February 2019, whilst working as a locum GP at the City and Hackney GP Confederation ('the CH Hubs'), you accessed the electronic appointment and clinical note system called EMIS Community system ('EMIS'):
 - a. as set out in Schedule 1, and you:
 - i. booked appointments; **To be determined**
 - ii. cancelled appointments; **To be determined**
 - iii. moved appointment slot times; **To be determined**
 - iv. removed NHS 111 slot appointments; **To be determined**
 - b. and on one or more occasion you:
 - i. accessed contact details for a patient originally booked to attend the CH Hub site where you were working, whereupon you called and advised them to attend an alternative CH Hub site for their appointment; **To be determined**

- ii. deleted a four-hour appointment session you were booked to work ('a Session'). **To be determined**
- 2. When you carried out the actions set out in paragraph 1, you knew:
 - a. you did not have permission from the CH Hubs to do this; **To be determined**
 - b. it was not within your remit to do this; **To be determined**
 - c. altering an appointment slot within a Session would mean:
 - i. this slot would be unavailable to other patients who required an appointment; **To be determined**
 - ii. your workload could be reduced for that Session; **To be determined**
 - d. moving an appointment slot time would enable you to:
 - i. arrive late for a Session at the CH Hubs; **To be determined**
 - ii. leave a Session at the CH Hubs before it had finished; **To be determined**
 - e. advising a patient to attend another CH Hub site instead of the site where you were working, as described in paragraph 1bi, would mean you:
 - i. did not have to see the patient; **To be determined**
 - ii. could arrive late for a Session at the CH Hubs, if the patient had been booked for an appointment with you at the start of your Session; **To be determined**
 - iii. could leave the CH Hubs before a Session had finished, if the patient had been booked for an appointment with you at the end of your Session. **To be determined**
- 3. Your actions as described at paragraphs 1 were dishonest by reason of paragraph 2. **To be determined**

4. On the occasions set out in Schedule 2, you:
 - a. submitted an invoice to Lantum Locum Agency ('Lantum') requesting payment for a Session you had purportedly worked at the CH Hubs; **To be determined**
 - b. accepted payment from Lantum for a Session you had purportedly worked at the CH Hubs. **To be determined**
5. When you undertook the actions set out in paragraph 4 you knew that you had either:
 - a. not worked the relevant Session at all; or **To be determined**
 - b. worked less time than the four hours for which you had invoiced. **To be determined**
6. Your actions as described at paragraph 4 were dishonest by reason of paragraph 5. **To be determined**
7. On the occasions set out in Schedule 3, you logged on to your EMIS account for the CH Hubs when you knew that you had:
 - a. been told on 7 February 2019 you were no longer working at the CH Hubs; **To be determined**
 - b. no clinical reason for accessing EMIS. **To be determined**
8. On 18 April 2019 you reported the suspected theft of your EMIS login details to the Police and NHS England and you failed to report this suspected theft to the CH Hubs until 12 June 2019. **To be determined**

Tower Hamlets GP Care Group

9. Between 2016 and April 2019, whilst working as a locum GP at Tower Hamlets GP Care Group ('the TH Hubs') you accessed EMIS, as set out in Schedule 4, and you:
 - a. booked a patient appointment; **To be determined**
 - b. cancelled a patient appointment; **To be determined**

- c. added an appointment into another GP's clinic; **To be determined**
 - d. blocked an appointment slot on the system and then unblock this after the time for the appointment slot had passed. **To be determined**
10. When you carried out the actions, as set out in paragraph 9, you knew:
- a. you did not have permission from the TH Hubs to do this; **To be determined**
 - b. it was not within your remit to do this; **To be determined**
 - c. altering an appointment slot would mean:
 - i. this slot would unavailable to other patients who required an appointment; **To be determined**
 - ii. your workload could be reduced for that Session; **To be determined**
 - d. moving an appointment slot time would enable you to:
 - i. arrive late for a Session at the TH Hubs; **To be determined**
 - ii. leave your Session at the TH Hubs before it had finished. **To be determined**
11. Your actions as described at paragraphs 9 were dishonest by reason of paragraph 10. **To be determined**
12. On one or more occasion, you logged on to your EMIS account for the TH Hubs when you:
- a. were not working at the TH Hubs; **To be determined**
 - b. knew that you should only log into your EMIS account when you were working at the TH Hubs. **To be determined**

Witness Evidence

10. Ms Dawson invited the Tribunal to receive the evidence of 5 GMC witnesses by reading their signed witness statements alone, unless the Tribunal had any questions for the witnesses, because the GMC had no further questions for the witnesses and Dr Patel had not engaged in the hearing.
11. The Tribunal considered all the written statements, had regard to rule 34 of the Rules and decided that it had questions only for Ms B, Assistant Director of Operations for the Primary Care Service at Tower Hamlets. Accordingly, the Tribunal heard her evidence via a video link. Ms B confirmed to the Tribunal that she had not had access in 2019 to any material that was not now before the Tribunal. She confirmed that the TH Hubs had reinstated Dr Patel on 12 June 2019 because the TH Hubs had found there had been no harm to the patients by his actions, and he had been a reliable GP with a good reputation in a service where vacancies were hard to fill. She confirmed that Dr Patel had not returned to work at the TH Hubs and she had had no further contact with him.
12. The Tribunal also received evidence on behalf of the GMC by reading the witness statements of the following witnesses who were not called to give oral evidence:
 - Dr A, GP Clinical lead at CH Hubs;
 - Dr D, Head of Clinical Governance at Lantum;
 - Ms C, Project Manager for the CH Hubs;
 - Ms E, a receptionist at Richmond Road Medical Centre until March 2019;
 - Dr F, Medical Director for TH Hubs;
 - Ms G, Operations Manager at Lantum.
13. Dr Patel did not provide a witness statement of his own or seek to put any documents before the Tribunal. Nevertheless, the Tribunal read a statement and timeline that he had submitted to NHS England in January 2020 and which was put before the Tribunal by the GMC as disclosure of unused material.

Documentary Evidence

14. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:
 - Summary of conversation between Dr A and Dr Patel 7 February 2019;
 - Reviews of Dr Patel's clinics at TH Hubs on 2 and 8 April 2019;
 - Email from Dr D to Dr Patel setting out the concerns of the CH Hubs, dated 12 April 2019;

- Email from Ms B to Dr Patel dated 13 April 2019 setting out TH Hubs' reasons for suspending him;
- Email from Dr D to Dr Patel setting out the concerns of the CH Hubs and response from Dr Patel dated 15 April 2019;
- Email from Dr Patel to Lantum regarding return of XXX 15 April 2019;
- Email from Dr Patel replying to Ms B dated 17 April 2019;
- Email from Dr Patel to Lantum regarding over payment to him attaching a Schedule of invoices marked as overpaid: 18 April 2019;
- Email from Dr Patel to Dr D raising the issue of the role of Dr C, dated 26 April 2019;
- Schedule (7 pages) of invoices overpaid to Dr Patel, marked by him in yellow, dated April 2019;
- Minutes of the meeting between Dr Patel and Ms B on 2 May 2019;
- 2 letters supplied to TH Hubs by Dr Patel by email of 13 May 2019, purporting to come from Dr C;
- Email from Dr D informing Dr Patel that he had been referred to the GMC and NHS England, dated 12 June 2019;
- Dr Patel's reply to Dr D, dated 18 June 2019;
- Email Dr Patel to Dr D responding to being reported to NHS England, dated 25 April 2019;
- Schedule XXX schedule of 6 appointments where alterations had been made to appointments made at the CH Hubs;
- Schedule XXX, a schedule of altered appointments at the CH Hubs;
- Schedule XXX, a schedule of invoices submitted by Dr Patel;
- Dr A's email raising concerns about probity and fraud regarding Dr Patel, date 2 May 2019;
- Work Details Form supplied by Dr Patel to the GMC, dated 1 July 2019;
- Dr Patel's statement submitted to NHS England in or around January 2020 with a timeline of the events, disclosed to the Tribunal as unused material;
- A third letter purporting to come from Dr C, which Dr Patel supplied to NHS England, saying he had received it on 26 June 2019. This was also disclosed to the Tribunal as unused material;
- The GMC's chronology of events and timeline and written submissions.

The Tribunal's Approach

15. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Patel does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it is more likely than not that the events occurred.

16. The Tribunal accepted the advice of the Legally Qualified chair that it should not draw an adverse inference from the fact that Dr Patel did not attend the hearing and give evidence. The Tribunal accepted that it would be procedurally unfair to do so in circumstances where Dr Patel had not been warned that failure to attend and give evidence could lead to an adverse inference being drawn by the Tribunal. Ms Dawson did not seek an adverse inference.
17. The Tribunal considered the submission of Ms Dawson that the Tribunal should, nonetheless, draw an adverse inference from Dr Patel's failure to comply with the case management directions given in this case. The Tribunal found that it would not be appropriate to do so in this case for the following reasons. First, it would be procedurally unfair because the case management directions contained no warning on their face that an adverse inference could be drawn. The Tribunal found that it was not sufficient to send the doctor a printed document containing what would be a hyperlink in the electronic version directing him to a document on which he could find such a warning if he read it with care. Secondly, the Tribunal found that there was no appropriate adverse inference it could fairly draw where Dr Patel had not sought to manipulate the procedure to gain an unfair advantage but had simply disengaged.
18. The Tribunal treated Dr Patel as a man of good character and bore in mind that this was not a defence to any of the allegations but it would be borne in mind in his favour when considering whether it was likely that he would behave in a way that amounted to misconduct or dishonesty and when considering what weight to attach to any explanations he gave at the time his conduct was investigated and in the statement he submitted in 2020 to NHS England.
19. The Tribunal considered each paragraph of the Allegation separately. Nonetheless, it accepted the advice of the legally qualified chair that if it was satisfied that the allegations at paragraphs 1-8 of the Allegation, relating to the CH Hubs were proved it was entitled to ask whether this demonstrated a propensity to act in this way. If it found that its findings did demonstrate a propensity, it could ask itself if that propensity made it more likely that he acted in the way alleged in paragraphs 9-12 of the Allegation, relating to the TH Hubs.
20. With regard to the allegations of dishonesty, the Tribunal reminded itself that the burden of proving dishonesty was on the GMC to the same standard of proof, i.e. the balance of probabilities. There is no enhanced standard or proof. Nonetheless, the Tribunal reminded itself of the guidance given to Tribunals by the High Court that an allegation of dishonesty should be approached with caution and a Tribunal should be aware of the need for "cogent evidence".

21. The Tribunal applied the test laid down by the Supreme Court in *Ivey v Genting Casinos (UK) Ltd 2017 UKSC 67* :

“When dishonesty is in question the fact-finding Tribunal must first ascertain- (subjectively) the actual state of the individual’s knowledge or belief as to the facts.

The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held.

When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.”

The Tribunal’s Analysis of the Evidence and Findings

22. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

Paragraph 1 of the Allegation

23. Before turning to the individual matters set out in paragraph 1, the Tribunal records the evidence it has read and accepted regarding the way the CH Hub was arranged.
24. The Tribunal accepted the evidence that there were 5 Hub sites in the Hackney and City area. The Hubs were staffed over weekends from 08:00 to 20:00, each session ran for 4 hours, from 08:00-12:00, 12:00-16:00 and 16:00-20:00. During the sessions there was one GP and one receptionist at each Hub. Utilisation was only 30% but the Hackney and City Federation kept the service available from 08:00 to 20:00.
25. CH Hubs used the EMIS system to book appointments which were either booked by GP practices into slots (of 12 minutes) known as routine appointments, or NHS 111 who had reserved slots, which only NHS 111 could book. The Tribunal found that the significance of this distinction was that GP slots could not be booked after 5:00 PM on Friday, when the GP practices closed but NHS 111 slots could be booked at any time during the weekend by NHS 111 on behalf of patients who had called that service.
26. The Tribunal also accepted Dr A’s evidence that when the locums did their first shift at the Hubs they would be shown around by the receptionist and be given a paid 30 minute

induction to familiarise themselves with City and Hackney guidelines and pathways, to ensure they can communicate any referrals and actions to the patient's originating GP practice. The receptionists would get the locums set up using their EMIS logins and provide them with a training guide for doctors. Lantum would also email the locums an induction and training guide which sets out the roles of the doctor.

27. The Tribunal also accepted the uncontradicted evidence of Ms C that Dr Patel was a regular locum on CH Hubs and would often book 3 sessions on one day of the weekend. Where a patient was booked in by their GP practice, their records had to be made available to or dragged into the appropriate place in EMIS, on a hub. This was a process known as "tracing in" and was carried out by receptionists. It was not the doctor's job to do this. Nor does a doctor normally book appointments into their sessions. If patients wish to cancel a session there is a text message service. The Tribunal therefore accepted her conclusion that *"Given the way the bookings are made at the Hubs... there was no requirement for either the receptionist or the locum to get involved in the booking system..."*

Paragraphs 1(a)(i), 1(a)(ii), 1(a)(iii) and 1(a)(iv) of the Allegation

28. The Tribunal read and accepted the uncontradicted evidence of Dr A, GP Clinical lead at the CH Hubs and Ms C, Project Manager for the CH Hubs. It found that the appointments listed in schedule 1 are derived from 2 audits of Dr Patel's appointments between April 2018 and February 2019.
29. The first audit comprised a detailed analysis of 5 appointments between 1st December 2018 and 2nd February 2019 and a less detailed review of two other appointments. The Tribunal accepted that this audit was first conducted by a receptionist at one of the hubs and subsequently checked and verified by Ms C, working with colleagues. The Tribunal read the results in a spreadsheet marked XXX.
30. The Tribunal also accepted the evidence of Ms C that she conducted a further audit of Dr Patel's appointments. The Tribunal accepted that she had conducted this audit by examining the EMIS system and creating a spreadsheet of all patient appointments that had been booked or cancelled using Dr Patel's login and any sessions which had been edited or deleted by his login. The Tribunal saw this spreadsheet marked XXX.
31. Having considered the way that these audits were compiled, the Tribunal was satisfied that they were a reliable source of evidence.
32. The Tribunal also accepted the evidence of Dr A that she spoke by telephone with Dr Patel on 7 February 2019. The Tribunal read her note of that conversation and accepted

that it is accurate. In her note, she recorded that Dr Patel accepted that he had rebooked a patient to another hub and had been calling patients before their appointments. She concluded her notes of the conversation in the following terms: *“he apologised many times and said he was aware that he was doing things which are not in the normal hub GP role but repeated he wanted to do this for patient convenience and to help reception”* and *“not so I can leave early”*. She concluded her note by saying that she had not mentioned any motive to him only asked why a GP may do this.

33. In order to form a better understanding of what was occurring, the Tribunal considered the following examples from schedule XXX, which Ms Dawson drew to the Tribunal's attention.

1) Session of 2 February 2019 (No1 on XXX and 83 on Schedule 1)

a. At 13.09 Patient was booked by NHS 111 into the 15.00 NHS 111 appointment slot. Dr Patel traced the patient into this appointment at 13.14, but then rebooked the patient into the Nightingale at 13.17.

b. Despite re-booking the patient to the Nightingale, Dr Patel left the patient's 15.00 NHS 111 appointment with his own clinic – merely typing in the notes *“patient went to Nightingale”*. This appointment was therefore marked DNA (did not attend).

2) Session of 12/01/2019 (No 4 on XXX and 71 on Schedule 1)

a. a routine appointment slot for 08.24 was cancelled by Dr Patel at 08.32 despite patient arriving at 08.31, and Dr Patel seeing the patient at 08.33.

b. At 08.32, having cancelled the 08.24 appointment, Dr Patel booked the patient into the last 111 appointment slot at 19.00 instead.

c. Despite seeing the patient at 08.33, Dr Patel then recorded that same patient as having 'arrived seen and left' for the 19.00 NHS 111 slot.

3) Session of 01/12/2018 (No 5 on XXX and 56 on Schedule 1)

a. Dr Patel altered the last 19.00 NHS 111 slot into a routine appointment slot making this unavailable to NHS 111 to book.

b. NHS 111 had booked a patient into the 18.12 NHS 111 slot, before Dr Patel moved this patient (at 17.48) to the Nightingale practice for their 18.24

routine slot. Dr Patel noted that the appointment had been moved as ‘the patient cannot make it here on time’.

c. At 17.51 Dr Patel then changed the 19.00 appointment slot back to an NHS 111 slot and added the same patient’s name (i.e. the 18.12 NHS 111 patient) into this slot, but did not trace the patient in.

34. Before coming to a final conclusion on this paragraph of the allegation, the Tribunal considered the following.
35. First, the Tribunal had regard to the response written by Dr Patel in the statement he submitted to NHS England. The Tribunal saw that, with regard to the appointments on 02/09/2019, Dr Patel agreed that he had made the transfers and alterations sent out above and said that his failure to cancel the 15:00 NHS 111 slot was simply an error. With regard to the appointments on 12/01/2019, Dr Patel admitted he had made the alterations to the appointments, but explained them by saying that he had already told the hub he needed to leave early and, in order to see the patient without using another slot in his clinic, he had put the patient into the last slot of the day “as a paper exercise”. With regard to the appointment on 01/12/2018, he agreed that he had moved the patient’s appointment to the Nightingale clinic but said he could not explain the alterations to the NHS 111 slots, which he believed was done by Dr C.
36. The second question that the Tribunal considered was whether the evidence of moving appointments by someone using Dr Patel’s EMIS login, meant that the alterations recorded were carried out by Dr Patel or whether some at least were carried out by Dr C to whom Dr Patel referred.
37. The GMC acknowledged that Dr C existed and was somebody against whom Dr Patel had given evidence in previous GMC/MPTS proceedings. The Tribunal noted that the first time that Dr Patel raised the question of Dr C’s possible intervention in the moving of his appointments was in an email, dated 17 April 2019, written to Ms B at the TH Hubs. In that email, he acknowledged that there were “*are relatively few occasions*” when he would have moved appointments at the TH Hubs. He then added that he had received information which he was passing to NHS England “*that may reveal an explanation for some of these actions.*” The following day, on 18 April 2019, Dr Patel sent an email to Ms B stating “*my login details for EMIS have been compromised*”.
38. On 26 April 2019, Dr Patel wrote to Dr D at Lantern setting out the position in more detail, explaining that he had given evidence against Dr C and now had received two threatening letters. They are both typed with no address. The first is addressed to Dr Patel, it says “*I will slowly and painfully destroy your career like you destroyed mine. I*

have all your login details, passwords and can still access EMIS". The second is written to "Dear Mani" and says "I have been systematically sabotaging his clinics for a number of months" ... "FYI have all of his username and passwords and have help from a third party".

39. The Tribunal also read the material that Dr Patel had submitted to NHS England and saw that in June 2019 he revealed a third letter purporting to come from Dr C which was in different terms to the first two. This letter was not threatening but contained a confession that Dr C had gained access to *"a variety of Dr Patel's accounts via a third party and have been monitoring his email activity for several months now.... I accessed his accounts to tamper with his clinics on a regular basis... in essence moving patients changing slot properties and deleting his plan sessions at the last minute... I accessed his network locum account to generate invoices for sessions that I had deleted and those that I knew he had not worked on EMIS"*. It concluded *"my anger surrounding my dismissal clouded my judgement and I hope it is not too late"*.
40. When considering what role had been played by Dr C, the Tribunal reminded itself that Dr Patel had not adduced evidence of that involvement nor had he chosen to put any of the material which the Tribunal has looked at, before the Tribunal. There was no detail or explanation before the Tribunal showing how Dr C might have altered Dr Patel's EMIS records, nor was there any material in the letters themselves to support the proposition that the author could have altered Dr Patel's EMIS records.
41. The Tribunal was assisted by examining the record of the appointment of 01/12/2018. On that day Dr Patel admittedly moved a patient to another hub at 17.48. That patient's appointment was then moved into the 19.00 NHS England slot at 17.51. The Tribunal agreed with Ms Dawson that the proximity in time of the 2 activities, makes it highly unlikely that another person (such as Dr C) would have had time or opportunity to intervene. Intervention would have required remote monitoring of Dr Patel's movements over a considerable period of time in a way that the Tribunal rejected as incredible.
42. The Tribunal also found that the arrival of the third letter very shortly after Dr Patel had been told he was being investigated by the CH Hubs for submitting invoices for sessions he had not worked, was a striking coincidence which cast doubt on the authenticity of that letter and by implication the other two. The Tribunal also found that the terms of the "confession" were inconsistent with the letter itself which gave no means of contacting the writer.
43. Having considered this evidence, the Tribunal decided that it did not accept that Dr C did or indeed could have intervened to make the alterations in Dr Patel's appointments and concluded that all the changes made through Dr Patel's EMIS login were made by him.

44. Finally, before setting out its decision on this paragraph, the Tribunal records the view it formed of the activities set out in paragraph 1(a) as a whole. The Tribunal found that there was a pattern of moving appointments on a significant number of occasions so that the last slots of the evening were apparently full because Dr Patel had put in the name of a patient he had either seen or sent to another hub. The result was that the record created on EMIS was misleading to anyone at NHS 111 who was looking for an appointment slot in the evening.
45. Based on the evidence set out above, the Tribunal found that Dr Patel had booked, cancelled and moved appointments and removed NHS 111 appointments, by filling the appointments with the names of patients who had either been seen or sent to another hub. The Tribunal therefore found paragraphs 1(a)(i), 1(a)(ii), 1(a)(iii) and 1(a)(iv) of the Allegation proved.

Paragraph 1(b)(i) of the Allegation

46. The Tribunal had regard to the evidence referred to above and in particular the record of the session on 1/12/2018. It reminded itself that the acts of tracing in the patient, booking the patient into the 15.00 slot and transferring the patient to the Nightingale hub were all carried out by Dr Patel and not the receptionist.
47. The Tribunal also reminded itself of the evidence of Dr A that she spoke to Dr Patel on 7 February 2019 and he accepted that he was *“tracing patients in from 111 and then calling them... for patient convenience and to ease the receptionist’s burden”* and was *“trying to make it easier for patients to get appointments closer to their home address”*.
48. The Tribunal accepted this uncontradicted evidence and found that Dr Patel did access the contact details of a patient on more than one occasion. The Tribunal therefore found Paragraph 1(b)(i) of the Allegation proved.

Paragraph 1(b)(ii) of the Allegation

49. The Tribunal noted that a number of deleted patient sessions were identified in the audit carried out and reflected in XXX. The Tribunal had already found that XX was a reliable record of the evidence derived from EMIS. It therefore found Paragraph 1(b)(ii) of the Allegation proved.

Paragraph 2 of the Allegation

50. In order to decide paragraphs 2(a) and 2(b) of the Allegation, the Tribunal asked itself first whether it was satisfied that Dr Patel did not have permission to carry out the

actions found proved in paragraph 1 and/or that those actions were not within his remit. It then asked whether, if that was the case, it was satisfied that he knew that.

51. The Tribunal accepted Dr A's evidence that *"when the locums did their first shift at the Hubs they would be shown around by the receptionist and be given a paid 30 minute induction to familiarise themselves with City and Hackney guidelines and pathways, to ensure they can communicate any referrals and actions to the patient's originating GP practice. The receptionists would get the locums set up using their EMIS logins and provide them with a training guide for doctors. Lantum would also email the locums an induction and training guide which sets out the roles of the doctor."*
52. The Tribunal also accepted the uncontradicted evidence of Ms C that Dr Patel was a regular locum on CH Hubs and would often book 3 sessions on one day of the weekend. Where a patient was booked in by their GP practice, their records had to be made available to, or dragged into, the appropriate place in EMIS, at a hub. This was a process known as *"tracing in"* and was carried out by receptionists, *"It was not the doctor's job to do this."*
53. The Tribunal also accepted Ms C's evidence that a doctor did not normally book appointments into their sessions. If patients wished to cancel a session there is a text message service. It therefore accepted her conclusion that *"Given the way the bookings are made at the Hubs... there was no requirement for either the receptionist or the locum to get involved in the booking system..."*
54. The Tribunal had already found that Dr A's record of her conversation with Dr Patel on 7 February 2019, was a reliable record. It reminded itself of her evidence that Dr Patel *"apologised many times and said he was aware that he was doing things which are not in the normal hub GP role but repeated he wanted to do this for patient convenience to help reception and "not to leave early"."*
55. The Tribunal took the view that in altering patient appointments as he did, Dr Patel was undermining the confederation's Key practice indicator (KPI) *"to keep the service available to patients from 08:00-20:00"* by blocking NHS 111 slots at the end of sessions. The Tribunal also accepted Dr A's evidence that as a result of Dr Patel's actions there would have been a potential denial of appointments to those patients who needed them.
56. The Tribunal is satisfied that as a regular and experienced locum, Dr Patel would have been aware that patients could not book a routine appointment on the date of the Hub session but only book through NHS 111, in one of the reserved slots.

57. The Tribunal accepted the evidence of Dr A that Dr Patel was given a 13-page induction into how the appointment system worked and a copy of the Lantum terms of engagement which contained the following passage, which was consistent with the KPI to keep the sessions open until 20:00: *“you must not end or leave a session early without the agreement of the supervisor on duty at the practice.”*
58. The Tribunal also accepted the evidence of Ms G that the role’s terms of engagement are a *“smaller breakdown of the main Lantum terms and conditions (which the GP signs up to when they join Lantum). The GP sees the jobs terms of engagement, every time they book a session, as it is set out in the details section of every session.”*

Paragraph 2(a) of the Allegation

59. The Tribunal found that there was no direct evidence that Dr Patel did not have permission to carry the individual acts set out paragraph 1, if the need arose. Nevertheless, the Tribunal took the view that the correct approach was to assess all the actions set out in paragraph 1 together and ask whether Dr Patel had permission to carry out those actions, taken as a whole.
60. The Tribunal reminded itself that it had found that, taken as a whole, Dr Patel's actions at paragraph 1 amounted to creating a misleading record of appointments and blocking appointment slots that should have been available to NHS 111 patients in a way that was contrary to the aim of the hubs to provide a service until 8:00 PM.
61. Having regard to the evidence set out above, the Tribunal is satisfied that Dr Patel did not have permission to subvert the aim of the hubs and, as an experienced and regular locum, who had been provided with the induction materials set out above, he knew this. Accordingly, the Tribunal found paragraph 2(a) proved.

Paragraph 2(b) of the Allegation

62. The Tribunal was satisfied that dealing with patient appointments would not fall under Dr Patel’s remit as it would be the receptionist’s job and/or the responsibility of the GPs making the appointments in the first place. Dr Patel accepted that he knew this during his telephone conversation with Dr A on 7 February 2019. Accordingly, the Tribunal found Paragraph 2(b) of the Allegation proved.

Paragraph 2(c)(i) of the Allegation

63. The Tribunal found that not every alteration of an appointment would make the slot unavailable to a patient who required it. Nevertheless, it found that the movements of

patients into the NHS 111 slots, when that patient had already been seen or sent to another hub, which the Tribunal identified on a number of occasions set out above, would have that effect. Accordingly, the Tribunal found paragraph 2(c)(i) of the Allegation proved.

Paragraph 2(c)(ii) of the Allegation

64. The Tribunal found that not every alteration of an appointment slot would reduce Dr Patel's workload. However, a number of the movements identified by Tribunal above, including the transfer of patients to other hubs, could have that effect. Accordingly, the Tribunal found paragraph 2(c)(ii) of the Allegation proved.

Paragraphs 2(d)(i) and 2(d)(ii)

65. The Tribunal found that not every movement of an appointment slot would enable Dr Patel to arrive late or leave a session before it had finished. However, a number of the movements identified by the Tribunal above, including the movement of patients into NHS 111 slots at the end of the session, would have had the effect of enabling Dr Patel to either arrive late or leave a session early. Accordingly, the Tribunal found paragraphs 2(d)(i) and 2(d)(ii) of the Allegation proved.

Paragraphs 2(e)(i), 2(e)(ii) and 2(e)(iii)

66. With regard to paragraph 2(e)(i) the Tribunal found it is self-evident that if Dr Patel transferred a patient to another hub he would not have to see that patient. With regard to the allegations set out in 2(e)(ii) and (iii) the Tribunal found that it would not be true in every case, that Dr Patel could arrive late or leave early, because it would depend on the time of the appointment moved. Nevertheless, having regard to the evidence of what has happened in this case the Tribunal is satisfied that it is true in a significant number of cases. Accordingly, the Tribunal found paragraph 2(e) proved.

Paragraph 3 of the Allegation

67. In deciding whether Dr Patel's actions were dishonest, the Tribunal first reminded itself what it had found at paragraph 1. It had found that Dr Patel moved appointments and created a misleading record that gave the impression he had NHS 111 patients booked in at the end of a number of sessions, when, in reality, he had either already seen those patients or transferred them to another hub.

68. With regard to paragraph 2, the Tribunal had found that the effect of what he had done was to enable him to reduce his working hours and undermine the plan to keep the hubs open until 8.00 pm.

69. The Tribunal then asked itself what Dr Patel’s actual state of knowledge or belief was as to the facts. It found that Dr Patel knew that the records he created at paragraph 1 were misleading because he created the records having first either seen the patients he moved into the NHS 111 slots or transferred them to another hub. The Tribunal also found that he knew that the effect of his actions was to enable him to leave early and he demonstrated that when he spoke to Dr A on 7 February 2019 and explained, unprompted, that he was conducting his actions for patient convenience and not so that he could leave early.
70. The Tribunal then asked itself whether ordinary decent people would regard his actions as dishonest. It concluded that they would because, taking Dr Patel's actions in paragraph 1 as a whole and the benefit he could gain, set out in paragraph 2, they would find it dishonest to manipulate the appointments and the records of the appointments so that he could work fewer hours while appearing to fulfil his duties.
71. Accordingly, the Tribunal found paragraph 3 of the Allegation proved.

Paragraphs 4(a) and 4(b) of the Allegation

72. The Tribunal found that there was no dispute about the invoices that Dr Patel had submitted and the payments he had received.
73. The Tribunal accepted the evidence of Dr D that, on 18 April 2019, the accounts team at Lantum sent Dr Patel a list of invoices he had submitted and for which he had received payment. The Tribunal saw that on 23 April 2019 Dr Patel sent an email to Lantum on which he marked in yellow highlighter invoices he agreed he'd been overpaid because he had either not worked the whole session or not worked the session at all.
74. The Tribunal accepted the evidence of Ms G that Dr Patel did not dispute that he had submitted and been paid for any of the invoices on the spreadsheet although he only agreed that those marked yellow had been over paid. The Tribunal found that Schedule 2 is taken from the agreed spread sheet, including sessions where Dr Patel admitted that he had not worked and others where the evidence indicated that he had not worked the full session.
75. The Tribunal also saw that on 15 April Dr Patel wrote to Lantum saying that he had discovered a substantial overpayment into his account over the last year after conducting his own invoice audit. He said that he had spoken to the Lantum accounts department, and they had assured him that because the invoices were a manual process *“it can sometimes lead to this error”*. At the same time he made a payment to Lantum of XXX.

76. Accordingly, the Tribunal found Paragraphs 4(a) and 4(b) of the Allegation proved.

Paragraph 5(a) and 5(b) of the Allegation

77. The Tribunal then considered whether Dr Patel had submitted invoices for sessions he had not worked in full or at all, “*in error*”, or whether he knew he was claiming and accepting payment for work he had not done.
78. Before dealing directly with that question the Tribunal reminded itself that In later correspondence, Dr Patel raised the question of whether the invoicing could have been done by Dr C. The Tribunal has already found that Dr C did not intervene in Dr Patel's movement of appointments and for the same reasons, rejected the proposition that Dr C had submitted inaccurate invoices on Dr Patel’s behalf. Accordingly, the only question was whether Dr Patel made an innocent error.
79. In order to resolve this issue the Tribunal considered the evidence of Ms G regarding how the invoices were generated and accepted her evidence: *“once the session has finished a timesheet is automatically generated, based on the session details on the Lantum platform...However, the timesheet exists so that the GP can make any amendments to the session prior to submitting their invoice e.g. if they have worked extra hours, less hours or completed a home visit (some practices allow this as an add-on fee).”*
80. Ms G put before the Tribunal a screen shot of the Lantum system, so that the Tribunal could see for itself that a doctor had an opportunity to amend the invoice if the hours stated on the time sheet were not correct.
81. The Tribunal concluded that invoicing was a manual system, which gave a doctor ample opportunity to amend a timesheet before submitting the invoice. It bore in mind that Dr Patel was sent timesheets to approve and signed these off with no amendments before submitting them.
82. The Tribunal also found from the records that Dr Patel completed his invoices and received payment within a very short time of the sessions he worked. The Tribunal also bore in mind the number of invoices Dr Patel had submitted for work he had not done, including whole sessions that were cancelled and subsequently claimed for. Taking those matters together, the Tribunal was satisfied that Dr Patel knew at the time he submitted the invoices and received payment that he was doing so in respect of sessions he had not worked at all or had worked less than the four hours for which he had invoiced and accepted payment.

83. Before concluding this paragraph of the Allegation, the Tribunal acknowledged that Dr Patel returned XXX to Lantum in April 2019 and considered whether that refund had any impact on its decision. It also acknowledged that in February 2019 Dr Patel wrote to Lantum about returning a payment, which he did not specify and did not follow up at that time.
84. The Tribunal considered the circumstances in which the repayment was made. It noted that Dr D informed Dr Patel by an email of 12 April 2019 that he was being referred to NHS fraud. The records show that Dr Patel logged into his EMIS account on 15 April and wrote to Lantum later that day stating that he had discovered *“substantial over payments into my account over the last year from April 2018 -April 2019 after conducting my own invoice audit. They have explained to me that as the process is manual, it can sometimes lead to this error. However, I am quite concerned it has happened so many times over the year.”*
85. The Tribunal concluded that the repayment was made after Dr Patel was informed of an investigation for fraud and concluded that the refund made by Dr Patel and the circumstances in which it was made did not alter the Tribunal's view that Dr Patel knew the position from the outset.
86. Accordingly, the Tribunal found paragraph 5(a) and 5(b) of the Allegation proved.

Paragraph 6 of the Allegation

87. The Tribunal has already found that Dr Patel submitted invoices and accepted payment for work he knew he had not undertaken. The Tribunal asked itself whether that was dishonest by the standards of ordinary decent people. It concluded that it was because ordinary decent people would find it dishonest of Dr Patel to claim payment by giving a false account of the work he had done and accept payment for work he knew he had not done.
88. Accordingly, the Tribunal found paragraph 6 of the Allegation proved.

Paragraph 7(a) of the Allegation

89. The Tribunal accepted the evidence of Dr A that on 7 February 2019 she *“informed him that we will not be booking him for future sessions at City and Hackney Hubs and he said he understood”*. It also accepted the evidence that Dr Patel logged into his EMIS account on the 3 dates set out in schedule 3 namely, 9 February 2019, 11 February 2019 and 15 April 2019.

90. The Tribunal noted that although Dr Patel was told he would not be booked for any future sessions, his booked sessions were not immediately cancelled, and Dr Patel worked 3 sessions on 9 February 2019.

91. Accordingly, the Tribunal found paragraph 7(a) of the Allegation not proved.

Paragraph 7(b) of the Allegation

92. The Tribunal has already recorded that on the 9 February 2019, Dr Patel was working at the Hubs and therefore had a clinical reason to log on to the EMIS system. The Tribunal found that Dr Patel was not working in a strictly clinical capacity on 11 February 2019 although it is likely that he was accessing the system to prepare his last invoices. On 15 April 2019 the Tribunal was satisfied, that Dr Patel was not logging on in a clinical capacity but was reviewing his invoices, because he emailed Lantum about his invoices that day.

93. The Tribunal noted that the GMC only sought a finding in respect of 15 April and to that limited extent, the Tribunal found paragraph 7(b) of the Allegation proved.

Paragraph 8 of the Allegation

94. The Tribunal noted that Dr Patel emailed Ms B at TH Hubs on 18 April 2019 to report that his *“login details for EMIS have been compromised”*. The Tribunal also noted that in her email of 12 June 2019, Dr D recorded that Dr Patel had told her of *“the security breach”*. The Tribunal found there was no evidence that Dr Patel had informed CH Hubs before that date and concluded it was likely that he had not.

95. The Tribunal took the view that Dr Patel had a duty to report any suspected theft of his EMIS login details to the CH Hub as soon as soon as he became aware, in order to protect patient data. By saying nothing until on or about 12 June 2019, he failed to do this.

96. The Tribunal therefore found paragraph 8 of the Allegation proved.

97. Turning to Dr Patel's activities at the TH Hubs, the Tribunal relied upon the uncontradicted and unchallenged evidence of Ms B and Dr F.

98. The Tribunal accepted Ms B's evidence that the TH Hubs provided a very similar service to the one offered by the CH Hubs, that is to say an after-hours GP service. During weekdays the service was run from 6:30 PM to 10:00 PM and on Saturdays and Sundays

from 8:00 AM to 8:00 PM. The TH Hubs had the same system as the CH Hubs, of appointments being booked either by GPs or NHS 111.

99. The Tribunal also accepted Ms B's evidence regarding GPs accessing EMIS to make changes to appointments: *“a GP does have access to EMIS to make changes to appointment slots but they are not supposed to do. The only people who should be making any changes is... the hub coordinator who works on my team”*.

100. The Tribunal accepted the evidence of Dr F that she became aware of concerns about Dr Patel in February 2019. The Tribunal accepted her evidence that, after the management team had carried out an initial review of Dr Patel's appointment sessions between 1 January and 14 February 2019, she conducted 2 further audits of Dr Patel's clinic appointments at TH Hubs.

101. She conducted the first audit on 2nd April 2019. The Tribunal accepted her evidence of how she carried out the audit which looked at 4 of Dr Patel's sessions on 8 and 29 January 2019 and 12 and 26 March 2019. The Tribunal also accepted her evidence that she conducted a further audit of Dr Patel's clinics on 8 April 2019. It accepted her evidence that she did not look at all of his clinics but looked at clinics on the following dates: 30 March 2019, 21 November 2018, 11 December 2018, 12 December 2018, 18 December 2018, 8 December 2018 and 17 August 2018.

102. The Tribunal saw that these results of Dr F's reviews were set out accurately in schedule 4 of the Allegation. It was also assisted by the following examples taken from Dr F's audit:

(1) The session of 21/11/2018 (No 6 on Schedule 4) Thursday – session finishing 10pm):

a. Dr Patel had an appointment booked for 18.54. He cancelled this appointment at 18.02 and booked the patient to see another doctor in the same Hub – Dr H – for an appointment at 18.54.

In order to do so he cancelled Dr H's original 18.54 patient and moved the patient into Dr Patel's 20.30 appointment slot.

b. Dr Patel then booked a different 2nd patient into his own 18.54 appointment slot at 18.03. The patient appears to be marked as DNA, but the Hub noted that the patient had already been booked to see (and was subsequently seen by) Dr I at 18.54.

c. At 20.26 – therefore 4 minutes before Dr Patel’s 20.30 appointment- Dr Patel marked his 20.30 patient as DNA.

d. Dr Patel’s patient booked for 21.30 was actually seen at 18.30.

(2) The session of 12/12/2018, a Thursday – session finishing 10pm:

a. Dr Patel booked a patient into the 18.54 slot at 18.16.

b. He subsequently moved this patient’s appointment to the Nightingale practice, before moving the patient’s appointment back to his Hub – despite the fact that the patient was seen at St Andrews Hub.

c. The patient’s appointment at Dr Patel’s hub is marked DNA.

d. The Patient was booked into 20.54 hub slot by the practice at 08.13 and seen early at 20.46 by Dr Patel.

e. Reception staff then re-booked this patient into the 21.30 appointment slot at 20.59 after the patient had already left.

103. The Tribunal also accepted the following examples recorded by Dr F:

(1) Re Dr Patel’s appointments on 8 January 2019 (17-22 in Schedule 4).

*“7011***: pt booked in at 1747, cancelled at 1847, slot blocked at 1809 – for the 1906 appointment’*

slot being blocked before the appointment time at 1854 and then changed back to bookable after the appt.

‘Clinic date : 8.8.2018 (entry 1 on Schedule 4)

*1830 slot: Appt booked for pt 6336*** by practice at 1513. Appt cancelled by Dr P at 1700. Dr P books pt in to see [Dr J]’s clinic 1830 slot. Pt seen by [Dr J] at 1838 at St Andrew’s Hub. Dr P sees a different pt at 1839 – he books pt into his clinic for 2106 slot but sees pr at 1839. 1830 slot looks like it has not been used.”*

104. Clinic date 17/8/2018 (entries 3-5 on schedule 4)

*“2106 slot: Pt 4323*** booked into Dr P’s clinic. He cancels this appt at 1621. Dr P books pt into [Dr M]’s clinic 2106 slot at 1621. Pt 6512*** Dr P books this pt into this slot at 1621 but cancels this appt at 1622 and books pt into his 1954 slot. Sees pt at 1951.”*

105. Before turning to each of the allegations set out at in paragraphs 9 and 10 of the Allegation, the Tribunal considered Dr Patel’s reaction at the time to the matters dealt with in Dr F’s audit and recorded in Schedule 4 of the Allegation.

106. Dr Patel responded in an email to Ms B dated 17 April 2019, in which the Tribunal highlighted the following:

“I agree that the number of patient movements is very alarming and worrisome. The audit trail is very clear. I can only think of relatively few occasions where I would have done this. For example, in one instance, I informed reception that I was going to do this so I could leave and tend to my daughter who was suddenly unwell

From the list that has been provided to me, the booking of patients who would then show up as a DNA is inexplicable.

I was not aware that seeing patients earlier than they are booked in was a problem...

Today, I have received information, which I am passing on to NHSE that may reveal an explanation for some of these actions. I’m sure that they will contact the care group soon, but I could I pass on your email address in case they need to make direct contact?”

107. The Tribunal also had regard to the minutes of a meeting that took place on 2 May 2019 between Dr Patel, Ms B and a Medical Director of “London Wide”.

108. At this meeting, Dr Patel denied making the adjustments to his appointments and told Ms B of the threatening letters he had received from Dr C. The Tribunal has already explained that it does not accept that Dr C intervened in the alteration of Dr Patel’s appointments with CH Hubs and it came to the same conclusion with regard to the appointments at TH Hubs, for the same reasons.

109. Having regard to the evidence set out above and its findings that the evidence of Dr F’s audit is reflected in Schedule 4, and that activities carried out under Dr Patel’s name were carried out by himself, the Tribunal made the following findings.

Paragraph 9(a) of the Allegation

110. The Tribunal found many examples in Schedule 4 of Dr Patel booking a patient appointment. Accordingly, the Tribunal found paragraph 9(a) of the Allegation proved.

Paragraph 9(b) of the Allegation

111. The Tribunal found that many of the entries in Schedule 4 showed that Dr Patel had cancelled patient appointments. Accordingly, the Tribunal found paragraph 9(b) of the Allegation proved.

Paragraph 9(c) of the Allegation

112. The Tribunal found that many of the entries in Schedule 4 showed that Dr Patel had added patient appointments to another clinic. Accordingly, the Tribunal found paragraph 9(c) of the Allegation proved.

Paragraphs 9 (d) Allegation

113. The Tribunal accepted the unchallenged evidence of Dr F that *“on one occasion an appointment slot was blocked before the appointment time and then changed back to bookable after the appointment time which meant the slot couldn’t then be used”*. Accordingly, the Tribunal found paragraph 9(d) of the Allegation proved.

114. The Tribunal looked once again at the overall effect of the actions taken by Dr Patel. The Tribunal found that there was a pattern of moving appointments on a number of occasions so that the last slots of the evening were apparently full because Dr Patel had put in the name of a patient who he had either already seen or sent to another hub. The result was that the record created on EMIS was misleading to anyone at NHS 111 who was looking to book an appointment in the evening.

Paragraph 10(a) of the Allegation

115. The Tribunal found that there was no direct evidence that Dr Patel did not have permission to carry out the individual acts set out paragraph 1, if the need arose. Nevertheless, the Tribunal took the view that the correct approach was to assess all the actions set out in paragraph 1 together and ask whether Dr Patel had permission to carry out those actions, taken as a whole.

116. The Tribunal reminded itself that it had found that, taken as a whole, Dr Patel's actions at paragraph 1 amounted to creating a misleading record of appointments and blocking

appointment slots that should have been available to NHS 111 patients in a way that was contrary to the aim of the hubs to provide a service until 8:00 PM.

117. Having regard to the evidence set out above, the Tribunal is satisfied that Dr Patel did not have permission to subvert the aim of the hubs and, as an experienced and regular locum, he knew this. Accordingly, the Tribunal found paragraph 10(a) proved.

Paragraph 10(b) of the Allegation

118. The Tribunal had regard to the evidence set out above of the extent to which doctors should be involved in altering appointments and was satisfied that moving appointments in the way set out above was not within Dr Patel's remit.

119. The Tribunal reminded itself that Dr Patel was an experienced locum at TH Hubs. The Tribunal also had regard to Dr Patel's email of 17 April and his subsequent reaction to the complaints made to him. Apart from saying that he saw no objection to seeing patients early if they were waiting, Dr Patel did not claim that the actions he undertook were within his remit. Accordingly, the Tribunal was satisfied that Dr Patel knew that the actions set out in paragraph 9 were not within his remit.

120. The Tribunal therefore found paragraph 10(b) of the Allegation proved.

Paragraph 10(c)(i) of the Allegation

121. The Tribunal found that not every alteration of an appointment would make the slot unavailable to a patient who required it. Nevertheless, it found that the movements of patients into the NHS 111 slots, when that patient had been seen or sent to another hub, which the Tribunal identified on a number of occasions set out above, would have that effect. Accordingly, the Tribunal found paragraph 10(c)(i) of the Allegation proved.

Paragraph 10(c)(ii) of the Allegation

122. The Tribunal found that not every alteration of an appointment slot would reduce Dr Patel's workload. However, a number of the movements identified by Tribunal above, including the transfer of patients to other hubs, could have that effect. Accordingly, the Tribunal found paragraph 10(c)(ii) of the Allegation proved.

Paragraphs 10(d)(i) and 10(d)(ii) of the Allegation

123.The Tribunal found that not every movement of an appointment slot would enable Dr Patel to arrive late or leave the session before it had finished. However, a number of the movements identified by the Tribunal above, including the movement of patients into NHS 111 slots at the end of the session, would have had the effect of enabling Dr Patel to either arrive late or leave a session early. Accordingly, the Tribunal found paragraphs 10(d)(i) and 10(d)(ii) of the Allegation proved.

Paragraph 11 of the Allegation

124.In deciding whether Dr Patel’s actions were dishonest, the Tribunal first reminded itself what it had found at paragraph 9. It had found that Dr Patel moved appointments and created a misleading record that gave the impression he had NHS 111 patients booked in at the end of a number of sessions, when, in reality, he had either seen those patients or transferred them to another hub.

125.With regard to paragraph 10, the Tribunal had found that the effect of what he had done was to enable him to reduce his working hours and undermine the plan to keep the hubs open until 8.00 pm.

126.The Tribunal then asked itself what Dr Patel’s actual state of knowledge or belief was as to the facts. The Tribunal found that Dr Patel knew that the records he created at paragraph 9 were misleading because he created the records having first either seen the patients he moved into the NHS 111 slots or transferred them to another hub. The Tribunal also found that he knew that the effect of his actions was to enable him to leave early. The Tribunal reminded itself that Dr Patel had demonstrated this when he spoke to Dr A on 7 February 2019 about his similar conduct at the CH Hubs.

127.The Tribunal then asked itself whether ordinary decent people would regard his actions as dishonest. It concluded that they would because, taking Dr Patel's actions in paragraph 9 as a whole and the benefit he could gain, set out in paragraph 10, they would find it dishonest to manipulate the appointments and the records of the appointments so that he could work fewer hours while appearing to fulfil his obligations.

128.Accordingly, the Tribunal found paragraph 11 of the Allegation proved.

Paragraph 12(a) of the Allegation

129.The Tribunal had regard to Ms B’s statement that *“it is possible to log into EMIS from any location, but Hub GP’s should only be logging in...when they are working. There is evidence from the audit...which showed that Dr Patel’s log-in had been used at times when he was not working at the Hub”*.

130. Ms Dawson drew the Tribunal's attention to occasions on 8 August 2018 and 17 August 2018 when Dr Patel appeared to have altered an appointment before the start of a session.

131. The Tribunal noted that Dr Patel was working on 8 August 2018 and 17 August 2018 according to the audit upon which Schedule 4 is based. The GMC has not advanced evidence of which sessions Dr Patel worked on those two days and in those circumstances the Tribunal concluded that it had not discharged the burden of proving that he accessed his EMIS account when not working for the TH Hubs. It therefore found paragraph 12(a) of the Allegation not proved.

Paragraph 12(b) of the Allegation

132. Having found paragraph 12(a) of the Allegation not proved, the Tribunal found that there was no basis upon which it could find Paragraph 12(b) proved.

133. Therefore, the Tribunal found paragraph 12(b) of the Allegation not proved.

The Tribunal's Overall Determination on the Facts

134. The Tribunal has determined the facts as follows:

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

City and Hackney GP Confederation

1. Between April 2018 and February 2019, whilst working as a locum GP at the City and Hackney GP Confederation ('the CH Hubs'), you accessed the electronic appointment and clinical note system called EMIS Community system ('EMIS'):

a. as set out in Schedule 1, and you:

- i. booked appointments; **Determined and found proved**
- ii. cancelled appointments; **Determined and found proved**
- iii. moved appointment slot times; **Determined and found proved**
- iv. removed NHS 111 slot appointments; **Determined and found proved**

- b. and on one or more occasion you:
 - i. accessed contact details for a patient originally booked to attend the CH Hub site where you were working, whereupon you called and advised them to attend an alternative CH Hub site for their appointment; **Determined and found proved**
 - ii. deleted a four-hour appointment session you were booked to work ('a Session'). **Determined and found proved**
- 2. When you carried out the actions set out in paragraph 1, you knew:
 - a. you did not have permission from the CH Hubs to do this; **Determined and found proved**
 - b. it was not within your remit to do this; **Determined and found proved**
 - c. altering an appointment slot within a Session would mean:
 - i. this slot would be unavailable to other patients who required an appointment; **Determined and found proved**
 - ii. your workload could be reduced for that Session; **Determined and found proved**
 - d. moving an appointment slot time would enable you to:
 - i. arrive late for a Session at the CH Hubs; **Determined and found proved**
 - ii. leave a Session at the CH Hubs before it had finished; **Determined and found proved**
 - e. advising a patient to attend another CH Hub site instead of the site where you were working, as described in paragraph 1bi, would mean you:
 - i. did not have to see the patient; **Determined and found proved**

- ii. could arrive late for a Session at the CH Hubs, if the patient had been booked for an appointment with you at the start of your Session; **Determined and found proved**
 - iii. could leave the CH Hubs before a Session had finished, if the patient had been booked for an appointment with you at the end of your Session. **Determined and found proved**
- 3. Your actions as described at paragraphs 1 were dishonest by reason of paragraph 2. **Determined and found proved**
- 4. On the occasions set out in Schedule 2, you:
 - a. submitted an invoice to Lantum Locum Agency ('Lantum') requesting payment for a Session you had purportedly worked at the CH Hubs; **Determined and found proved**
 - b. accepted payment from Lantum for a Session you had purportedly worked at the CH Hubs. **Determined and found proved**
- 5. When you undertook the actions set out in paragraph 4 you knew that you had either:
 - a. not worked the relevant Session at all; or **Determined and found proved**
 - b. worked less time than the four hours for which you had invoiced. **Determined and found proved**
- 6. Your actions as described at paragraph 4 were dishonest by reason of paragraph 5. **Determined and found proved**
- 7. On the occasions set out in Schedule 3, you logged on to your EMIS account for the CH Hubs when you knew that you had:
 - a. been told on 7 February 2019 you were no longer working at the CH Hubs; **Not proved**
 - b. no clinical reason for accessing EMIS. **Determined and found proved**

8. On 18 April 2019 you reported the suspected theft of your EMIS login details to the Police and NHS England and you failed to report this suspected theft to the CH Hubs until 12 June 2019. **Determined and found proved**

Tower Hamlets GP Care Group

9. Between 2016 and April 2019, whilst working as a locum GP at Tower Hamlets GP Care Group ('the TH Hubs') you accessed EMIS, as set out in Schedule 4, and you:
- a. booked a patient appointment; **Determined and found proved**
 - b. cancelled a patient appointment; **Determined and found proved**
 - c. added an appointment into another GP's clinic; **Determined and found proved**
 - d. blocked an appointment slot on the system and then unblock this after the time for the appointment slot had passed. **Determined and found proved**
10. When you carried out the actions, as set out in paragraph 9, you knew:
- a. you did not have permission from the TH Hubs to do this; **Determined and found proved**
 - b. it was not within your remit to do this; **Determined and found proved**
 - c. altering an appointment slot would mean:
 - i. this slot would unavailable to other patients who required an appointment; **Determined and found proved**
 - ii. your workload could be reduced for that Session; **Determined and found proved**
 - d. moving an appointment slot time would enable you to:
 - i. arrive late for a Session at the TH Hubs; **Determined and found proved**

- ii. leave your Session at the TH Hubs before it had finished.

Determined and found proved

- 11. Your actions as described at paragraphs 9 were dishonest by reason of paragraph 10. **Determined and found proved**
- 12. On one or more occasion, you logged on to your EMIS account for the TH Hubs when you:
 - a. were not working at the TH Hubs; **Not proved**
 - b. knew that you should only log into your EMIS account when you were working at the TH Hubs. **Not proved**

Determination on Impairment - 16/03/2022

- 1. 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 Patel's fitness to practise is impaired by reason of misconduct.

The Evidence

- 2. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary.

Submissions

- 3. On behalf of the GMC, Ms Dawson referred the Tribunal to relevant authorities, which are set out in the Tribunal's decision, and the following paragraphs of Good Medical Practice (2013) ("GMP"):

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

...71. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.22 You must make sure that any documents you write or sign are not false or misleading.

- a. *You must take reasonable steps to check the information is correct.*

b. You must not deliberately leave out relevant information”

4. Ms Dawson reminded the Tribunal that it must first decide which, if any, of its findings amount to serious misconduct and then decide whether those findings give rise to a finding of impairment.
5. Dealing first with the question of misconduct, Ms Dawson submitted that paragraphs 1 to 3 and 9 to 11 of the Allegation involved Dr Patel’s manipulation of patient appointments in two Hubs, which resulted in NHS 111 slots being blocked so they could not be used for NHS 111 patients and a reduced workload for Dr Patel. She reminded the Tribunal of its finding that Dr Patel had acted dishonestly and that his behaviour was repeated over a prolonged period of time. She submitted that Dr Patel’s actions amounted to serious misconduct because his actions were dishonest, resulted in inaccurate patient appointment records and put at risk the care and safety of patients, which members of the profession and the public would find deplorable.
6. With regard to paragraphs 4 to 6 of the Allegation, Ms Dawson reminded the Tribunal of paragraphs 65 and 71 of GMP and submitted that Dr Patel’s actions in submitting invoices for sessions he had either not worked in full or not worked at all were repeated and sustained over a lengthy period of time and found to be dishonest. She submitted that such persistent dishonesty amounted to serious misconduct.
7. With regard to paragraph 7(b) of the Allegation, Ms Dawson submitted that in April 2019 Dr Patel had no clinical reason to access the EMIS system and that he did so in order to contact Lantum in this instance in order to disguise his behaviour. She asserted that this amounted to serious misconduct as Dr Patel accessed patient records for his personal benefit and not for any clinical reason.
8. With regard to paragraph 8 of the Allegation, Ms Dawson drew the Tribunal’s attention to the GMC guidance on confidentiality and submitted that if there was a security breach with any of his login details then this should have been reported to CH Hubs so that they could assess the risk. She submitted that Dr Patel’s failure to do so amounted to serious misconduct.
9. Turning to the question of whether Dr Patel’s fitness to practise is impaired, Ms Dawson reminded the Tribunal of the approach adopted by the High Court in *Grant [2011] EWHC 927 (Admin)* and submitted that Dr Patel’s widespread and sustained misconduct would be hard to remediate.

10. She submitted that in any event there was no evidence of remorse, insight, or remediation which could reassure the Tribunal that Dr Patel’s misconduct was unlikely to be repeated.
11. Ms Dawson submitted that Dr Patel’s misconduct had put patients at risk by blocking appointment slots and that his actions had brought the medical profession into disrepute, and undermined public trust in doctors. She submitted that Dr Patel’s dishonesty represented a breach of a fundamental tenet of the medical profession, and he had demonstrated over a significant period that his honesty could not be relied upon.
12. She submitted that a finding of impairment was necessary under all three limbs of the overarching objective.

The Relevant Legal Principles

13. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision on impairment is a matter for the Tribunal’s judgement alone.
14. 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 that is serious, and then whether the finding of that misconduct lead to a finding of impairment.
15. The Tribunal must determine whether Dr Patel’s fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors including whether the misconduct is remediable, has been remedied and any likelihood of repetition.
16. The Tribunal noted that misconduct has been defined, in the case of *Roylance v GMC (No.2) [2000] 1 AC 311*), as “a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances” and that “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”.
17. The Tribunal had regard to the questions posed by Dame Janet Smith in the Fifth Shipman Report, and adopted by the High Court in the case of *CHRE v NMC and Grant [2011] EWHC 927 (Admin)*, as follows:

“Do our findings of fact in respect of the doctor’s misconduct... show that his/her fitness to practise is impaired in the sense that s/he:

- a. *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; and/or*
- b. *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession*
- d. *has in the past acted dishonestly and/or is liable to act dishonestly in the future.”*

The Tribunal’s Determination on Impairment

Misconduct

18. The Tribunal found that its findings of fact at paragraphs 1-6 and 9-11 amounted to misconduct that was serious for all the reasons advanced by Ms Dawson. The Tribunal reminded itself that Dr Patel had manipulated patient appointments at 2 Hubs for many months, to the potential detriment of patients by preventing NHS 111 appointment slots from being booked on the day for patients who required them; he had created misleading records and claimed and accepted payment for work he knew he had not done; he had acted dishonestly over a significant period.
19. The Tribunal took the view that a well-informed member of the public would find Dr Patel’s actions to be deplorable. It therefore concluded that Dr Patel’s conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct that is serious.

Impairment

20. The Tribunal, having found that the facts referred to above amounted to misconduct that is serious, went on to consider whether, as a result of that misconduct, Dr Patel’s fitness to practise is currently impaired.
21. The Tribunal considered Dr Patel’s misconduct in light of each of the questions adopted by *CHRE v NMC and Grant [2011] EWHC 927 (Admin)*. It first considered if Dr Patel put any patients at an unwarranted risk of harm. The Tribunal found no evidence of harm to any patients in this case and reminded itself that the slots were undersubscribed to a significant extent. Nevertheless, Dr Patel’s actions of blocking appointments reserved for NHS 111 patients could have put any patients who required these appointments at a potential risk of harm.
22. Secondly, the Tribunal considered if Dr Patel’s misconduct brought the medical profession into disrepute. It bore in mind that he manipulated patient appointments to

his own benefit and that this was dishonest. The Tribunal concluded that his misconduct brought the medical profession into disrepute because it undermined public trust in doctors.

23. Thirdly, the Tribunal considered if Dr Patel's misconduct breached a fundamental tenet of the medical profession. In this instance it had regard to paragraphs 65 and 71 of GMP, which it accepted were engaged in this case, in particular because Dr Patel acted dishonestly and showed a complete disregard for the accuracy of patient appointment records. Accordingly, the Tribunal found that Dr Patel's misconduct and dishonesty had breached a fundamental tenet of the medical profession.
24. Finally, the Tribunal reminded itself that it had already found that Dr Patel had acted dishonestly in relation to his clinical practice over a significant period.
25. The Tribunal then asked itself whether Dr Patel was liable to repeat his misconduct in the future. It did not find that his misconduct was impossible to remediate and noted that he may have already started this process by repaying some of the money that he obtained albeit without making any admission of liability.
26. Nevertheless, the Tribunal accepted Ms Dawson's submission that Dr Patel's misconduct had persisted over a significant period and there would need to be compelling evidence to reassure the Tribunal that there was no longer a risk of repetition.
27. In this case the Tribunal found it had no material before it relating to Dr Patel's present state of mind, that could reassure it that Dr Patel had developed any insight or taken steps to remediate his misconduct, even to the extent that he recognised that what he had done was wrong. For these reasons, the Tribunal concluded that the risk of repetition was significant.
28. The Tribunal then reminded itself of its duty to pursue all three limbs of the overarching objective. Having regard to the gravity and persistence of Dr Patel's misconduct, it concluded that a finding of impairment is necessary not only to protect the public in the future but also to promote and maintain public confidence in the profession and uphold standards of conduct for the medical profession by demonstrating that the Tribunal recognises the seriousness of the misconduct in this case.
29. The Tribunal has therefore determined that Dr Patel's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 17/03/2022

1. Having determined that Dr Patel’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 Dawson reminded the Tribunal of the correct approach to sanction and drew the Tribunal’s attention to the relevant paragraphs of the Sanctions Guidance (SG) set out below.
4. Ms Dawson submitted that the Tribunal should consider the following mitigating factors in this case: that Dr Patel had no fitness to practise history, a significant period had elapsed since his misconduct, and he had returned the money he accepted had been over-paid. She submitted that the aggravating factor in this was that Dr Patel had not demonstrated any insight or remorse.
5. Turning to each of the available sanctions, Ms Dawson first submitted that there were no exceptional circumstances to justify taking no action in this case. She also submitted that conditions would not be an appropriate sanction because no conditions could be formulated to address the concerns raised by Dr Patel’s misconduct, in particular his persistent dishonesty. She also submitted that there was no evidence that conditions would be workable because there was no evidence Dr Patel had developed insight or would comply with conditions, in light of his failure to engage in the regulatory process.
6. Ms Dawson submitted that suspension would also not be the appropriate sanction in this case because Dr Patel’s misconduct was fundamentally incompatible with continued medical registration. Ms Dawson drew the Tribunal’s attention to paragraph 97 of SG, which provides at (g) that suspension may be appropriate where *“The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour”* and reminded the Tribunal that it had found at stage 2 that *“it had no material before it relating to Dr Patel’s present state of mind, that could reassure it that Dr Patel had developed any insight or taken steps to remediate his misconduct, even to the extent that he recognised that what he had done was wrong. For these reasons, the tribunal concluded that the risk of repetition was significant.”*

7. She submitted that Dr Patel’s misconduct was fundamentally incompatible with continued registration, firstly because of the scale and persistence of his dishonesty and secondly because there was no evidence of circumstances leading to the misconduct that might lead the Tribunal to conclude that Dr Patel had acted out of character and that there was therefore no significant risk of repetition.
8. Ms Dawson went on to submit that the appropriate sanction in this case is one of erasure as Dr Patel’s dishonesty breached a fundamental tenet of the medical profession. She reminded the Tribunal of paragraphs 108 and 109 of the SG. Paragraph 109 states:

“Any of the following factors being present may indicate erasure is appropriate:

...h) Dishonesty, especially where persistent and or covered up”

9. Ms Dawson submitted that Dr Patel’s dishonesty fell into two categories. The first was his manipulation of appointments to work less and the second was claiming for the hours he had not worked. She concluded that, due to the gravity and persistent nature of Dr Patel’s misconduct, it was fundamentally incompatible with continued medical registration and that therefore erasure was necessary to satisfy all three limbs of the overarching objective.

The Tribunal’s Determination on Sanction

10. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement.
11. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (2020) (SG) and GMP. It bore in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although a sanction may have a punitive effect.
12. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Patel’s interests with the public interest. It has also pursued the overarching objective to protect the public.
13. The Tribunal has already given a detailed determination on impairment and has taken those matters into account during its deliberations on sanction.
14. The Tribunal took account of the mitigating factors of this case. It noted that Dr Patel has no previous fitness to practice history and was regarded as a good doctor by his

colleagues at the TH Hubs. The Tribunal bore in mind that there was no evidence before it that actual harm had come to any patients and that he did return money he was overpaid by Lantum (although the Tribunal found he only made the payment after he was made aware he was being investigated for fraud).

15. The Tribunal also took account of the aggravating factors in this case. It found that there was no evidence before it that Dr Patel had any insight or remorse for what he had done. In communication with the Hubs, Dr Patel sought to either blame others or innocent mistakes arising from the billing system. The Tribunal found that by blocking NHS 111 appointments, Dr Patel prevented access to these appointments. It found that Dr Patel had derived a financial advantage from working reduced hours and claiming for hours he had not worked. The Tribunal found that Dr Patel's misconduct was aggravated by its persistence.

No action

16. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to conclude by taking no action.
17. The Tribunal determined that there were no exceptional circumstances to justify taking no action in this case.

Conditions

18. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Patel's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.
19. The Tribunal reminded itself of paragraphs 81 and 82 of SG which state:

"81. Conditions might be most appropriate in cases:

- a. involving the doctor's health*
- b. involving issues around the doctor's performance*
- c. where there is evidence of shortcomings in a specific area or areas of the doctor's practice*
- d. where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.*

82. Conditions are likely to be workable where:

- a. the doctor has insight*
- b. a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings*
- c. the tribunal is satisfied the doctor will comply with them*
- d. the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.”*

20. It found that there were no concerns relating to Dr Patel’s health or performance which might be appropriately dealt with by conditions and found that there were no conditions which could protect the public from Dr Patel’s persistent dishonesty. The Tribunal also concluded that it could not be satisfied that conditions were likely to be workable in circumstances where there was no evidence Dr Patel had developed insight. The Tribunal also found it could not have any confidence Dr Patel would comply with conditions when he had not engaged in the regulatory process.
21. In any event, the Tribunal was not satisfied that conditions were a sufficiently restrictive sanction to protect the wider public interest in maintaining public confidence in the medical profession and upholding standards of conduct.

Suspension

22. The Tribunal then went on to consider whether imposing a period of suspension on Dr Patel’s registration would be appropriate and proportionate. The Tribunal reminded itself of the findings it had already made regarding the extent of the persistence of Dr Patel’s misconduct including his dishonesty. It also reminded itself of the finding it made at stage two that “it had no material before it relating to Dr Patel’s present state of mind, that could reassure it that Dr Patel had developed any insight or taken steps to remediate his misconduct, even to the extent that he recognised that what he had done was wrong. For these reasons, the tribunal concluded that the risk of repetition was significant.”
23. The Tribunal also had regard to paragraph 97 of SG, set out above and accepted Ms Dawson’s submission that, taken together, Dr Patel’s misconduct and his lack of insight were incompatible with continued registration.
24. The Tribunal also took the view that in all the circumstances, suspension would not be a sufficient sanction to protect the public interest or to maintain proper professional standards of conduct for the members of the profession.

Erasure

25. The Tribunal had regard to paragraph 128 of the SG, which states:

“Dishonesty, if persistent and/or covered up, is likely to result in erasure”

26. Having considered all the matters set out above, including Dr Patel’s lack of engagement, the Tribunal concluded that there was no sanction other than erasure that was sufficient to protect the public. The Tribunal found that there was no material before it that would enable it to impose any other sanction.

27. The Tribunal determined that erasure is also the only means of protecting the public, promoting and maintaining public confidence in the profession and promoting and upholding proper standards of conduct.

28. The Tribunal therefore directed that Dr Patel’s name be erased from the Medical Register.

Determination on Immediate Order - 17/03/2022

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

Submissions

2. On behalf of the GMC, Ms Dawson submitted that an immediate order is necessary in this case as Dr Patel has already been erased from the medical register due to his misconduct being fundamentally incompatible with continued medical registration. She submitted that Dr Patel’s actions brought the medical profession into disrepute and that an immediate order was required to maintain public confidence in the medical profession.

The Tribunal’s Determination

3. In its deliberations, the Tribunal had regard to the following paragraphs of the SG:

“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."

4. As the Tribunal has found that there was a significant risk of repetition of Dr Patel's dishonesty it concluded that an immediate order would be necessary to maintain public confidence in the medical profession. It took the view that not imposing an immediate order at this stage would be inconsistent with its sanction determination as Dr Patel would be free to practise unrestricted until the substantive sanction came into effect.
5. The Tribunal therefore determined to impose an immediate order of suspension.
6. This means that Dr Patel's registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction 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.
7. There is no interim order to revoke.
8. That concludes the case.

ANNEX A – 22/02/2022

Determination on service and proceeding in the doctor's absence

1. At the start of the hearing, Dr Patel was neither present nor represented.
2. Ms Dawson submitted, on behalf of the GMC, that the Tribunal had a discretion to proceed in Dr Patel's absence, because the GMC had made all reasonable efforts to serve him with notice of the hearing, and that the Tribunal should exercise that discretion to proceed in Dr Patel's absence because the evidence established that Dr Patel had so disengaged from the regulatory process that he had waived his right to attend.
3. Ms Dawson drew the Tribunal's attention to a number of documents, which the Tribunal has set out in chronological order.
 - A screenshot of Dr Patel's registered address at the GMC and his registered email address;
 - A form dated 1 July 2019, in which the GMC informed Dr Patel that he was subject to investigation and on which Dr Patel set out the email address at which he wished to be contacted;
 - A letter from the MPTS dated 16 June 2021 sent to Dr Patel at his registered address, inviting him to take part in the case management procedure;
 - A letter from the MPTS dated 8 July 2021, sent to Dr Patel at his registered address, inviting him to attend a case management telephone conference on 19 July 2021;
 - A letter from the MPTS dated 19 July 2021 sent to Dr Patel at his registered address, sending him the minutes of the case management conference of 19 July 2021 and inviting him to attend another telephone conference on 25 November 2021;
 - A letter from the MPTS dated 29 November 2021 sent to Dr Patel at his registered address, sending him the minutes of the conference of 25 November 2021;
 - An email dated 2nd December 2021, from the GMC to Dr Patel at the email address he had provided, sending him copies of the evidence upon which the GMC proposed to rely at the hearing of his case and reminding him that the hearing of his case was due to commence on 21 February 2022 and last until 18 March 2022;
 - A document dated 2.12.2021 indicating that the email had been delivered;
 - A copy of the Notice of Allegation, dated 10 January 2022, sent by the GMC to Dr Patel. This included the allegation upon which the GMC proposed to rely and was

sent both to Dr Patel’s registered address by first class post and to his registered email address on 10 January 2022;

- A document indicating that the email sent to Dr Patel’s email address was not delivered in the following terms: *“Sajanpatel wasn’t found at nhs.net”*;
- A copy of the Notice of Hearing, dated 17 January 2022, which was sent to Dr Patel’s registered address and this delivery was signed for by ‘PATEL’ on 18 January 2022 at 11.34;
- A bundle of material disclosed by the GMC including material sent by Dr Patel to NHS England in 2019 and the start of 2020.

4. The Tribunal first considered whether notice of this hearing had been properly served on Dr Patel in accordance with Rule 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) (the Rules) and Schedule 4, Paragraph 8 of the Medical Act 1983 (as amended). It took into account all the information placed before it, together with the submissions of the General Medical Council (GMC).
5. Having regard to the material set out above, the Tribunal was satisfied that the notice of hearing had been served on Dr Patel in accordance with the Rules, by sending notice of the hearing to his registered address.
6. The Tribunal then had regard to rule 31 of the Rules and asked itself whether the GMC had made “all reasonable efforts” to serve Dr Patel with notice of the hearing. The Tribunal had regard to the numerous efforts the GMC had made to contact Dr Patel by post and email. It also had regard to the following guidance given to Tribunals by the Court of Appeal in *GMC v Adeogba [2016] EWCA Civ 162*, regarding the responsibility of the GMC: *“Their responsibility is very simple. It is to communicate with the practitioner at the address he has provided; neither more nor less. It is the practitioner’s obligation to ensure that the address is up to date.”*
7. Accordingly, the Tribunal concluded that the GMC had made all reasonable efforts to serve Dr Patel by sending the notice of hearing to his registered address, against the background of their attempts to use the email address he had given them and other attempts to write to him at his registered address.
8. The Tribunal went on to consider whether to exercise its discretion to proceed in Dr Patel’s absence. The Tribunal had regard to the decision of the House of Lords in *R v Jones [2002] UKHL 5* and the further guidance given to panels by the Court of Appeal in *GMC v Adeogba [2016] EWCA Civ 162*. These include the following:
 - The discretion to continue in the absence of the doctor should be exercised with great caution and with close regard to the fairness of the proceedings;

- Fairness to the doctor is very important, but so is fairness to the GMC and the public;
- The Tribunal should consider the nature of the doctor’s absence and in particular, whether the behaviour was voluntary and he had therefore waived his right to be present;
- Whether the doctor, although absent, wished to be represented or whether he had waived his right to be represented;
- Whether there is any reason to believe the doctor would attend or make submissions at a subsequent hearing;
- The extent of any disadvantage to the doctor in not being able to present his account of events;
- The public interest that a hearing should take place within a reasonable time;
- The duty of professionals to engage with their regulator;
- There must be an end to the “adjournment culture”.

9. In order to ensure that it fulfilled its duty to act with care and caution, the Tribunal examined all previous correspondence between Dr Patel, NHS England and the GMC. It saw that Dr Patel was aware of a complaint to the GMC in June 2019 and emailed his locum agency, on 18 June 2019 stating, *“I am very disappointed to hear that Dr... has reported me to NHSE and the GMC...”*. The Tribunal also had regard to the correspondence in July 2019 in which Dr Patel supplied the GMC with an email address following a request in the following terms:

“If you would like to be contacted by email from either the GMC or the Medical Practitioners Tribunal Service (MPTS) then please provide your email, name and signature. This would mean that we would contact you with:

1. *Correspondence and updates on the investigation, including support documentation*
2. *Correspondence and documentation in relation to an MPTS hearing arising from the investigation It would be your responsibility to keep this email address up to date and to inform the GMC if it changes.”*

10. The Tribunal also had regard to the many efforts the GMC had made to contact Dr Patel by post and email at the addresses he had provided. These included the documents set out above relating to the case management conferences and the documents the GMC sent Dr Patel on 2 December 2021, none of which were returned to the GMC.

11. The Tribunal concluded that Dr Patel had been aware of GMC proceedings since June 2019 and been personally reminded of the need to keep his contact details up to

date. In light of the many unsuccessful attempts to contact him at the addresses he had provided, the Tribunal concluded that Dr Patel had either ignored the correspondence or left his registered address and abandoning his email address so that he no longer received correspondence. In either case, the Tribunal was satisfied that Dr Patel had so disengaged from the regulatory process that he had waived his right to attend.

12. Having regard to the correspondence, to which doctor Patel had not responded, the Tribunal found that there was no reason to believe that an adjournment would secure his attendance and participation in the process on a future date.
13. The Tribunal accepted that there is likely to be a disadvantage to Dr Patel in not attending, in particular where he faces allegations of dishonesty. Nevertheless, the tribunal was satisfied that any disadvantage was the result of Dr Patel's disengagement from the process and was unlikely to be remedied by an adjournment at this stage.
14. The Tribunal also bore in mind that the allegations which Dr Patel faces arise from the events of 2018 and 2019 there is a public interest in these matters being resolved within a reasonable time. The Tribunal also noted that seven witnesses had made statements and had made themselves available to give evidence if required.
15. Having regard to all these matters, the Tribunal balanced the interests of Dr Patel against the public interest and its duty to protect the public. The Tribunal determined that it was in the public interest to exercise its discretion to proceed with the case in Dr Patel's absence.

Record of Determinations –
Medical Practitioners Tribunal

Schedule 1

	Date	Time activity was completed on EMIS	Activity
1	28/04/2018	12:11:16 Slot Booked	Slot 28-Apr-2018 13:00 booked
2	23/06/2018	11:53:54 Slot Booked	Slot 23-Jun-2018 15:12 booked
3	23/06/2018	11:54:06 Slot Cancelled	Slot 23-Jun-2018 15:12 cancelled
4	23/06/2018	12:11:57 Slot Booked	Slot 23-Jun-2018 14:12 booked
5	23/06/2018	12:12:14 Slot Cancelled	Slot 23-Jun-2018 16:00 cancelled
6	23/06/2018	13:01:40 Slot Booked	Slot 23-Jun-2018 15:36 booked
7	23/06/2018	13:01:44 Slot Cancelled	Slot 23-Jun-2018 15:36 cancelled
8	30/06/2018	08:25:02 Appointment Session Edit	Appointment Session Edited
9	30/06/2018	08:25:15 Appointment Session Edit	Appointment Session Edited
10	30/06/2018	08:25:25 Appointment Session Edit	Appointment Session Edited
11	30/06/2018	08:26:23 Appointment Session Delete	Appointment Session Deleted (4 hour session deleted)
12	30/06/2018	08:26:28 Appointment Session Delete	Appointment Session Deleted (4 hour session deleted)
13	30/06/2018	08:26:32 Appointment Session Delete	Appointment Session Deleted (4 hour session deleted)
14	30/06/2018	08:27:05 Appointment Session Edit	Appointment Session Edited
15	30/06/2018	08:40:05 Appointment Session Edit	Appointment Session Edited
16	30/06/2018	08:40:19 Appointment Session Edit	Appointment Session Edited
17	30/06/2018	08:40:36 Appointment Session Edit	Appointment Session Edited
18	30/06/2018	08:43:04 Appointment Session Delete	Appointment Session Deleted (4 hour session deleted)

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19	30/06/2018	08:43:07 Appointment Session Delete	Appointment Session Deleted (4 hour session deleted)
20	30/06/2018	08:43:11 Appointment Session Delete	Appointment Session Deleted (4 hour session deleted)
21	07/07/2018	10:29:23 Slot Booked	Slot 07-Jul-2018 11:36 booked
22	07/07/2018	10:34:37 Slot Booked	Slot 07-Jul-2018 12:12 booked
23	21/07/2018	10:41:04 Slot Booked	Slot 21-Jul-2018 15:24 booked
24	21/07/2018	10:41:13 Slot Cancelled	Slot 21-Jul-2018 12:24 cancelled
25	21/07/2018	10:41:13 Slot Cancelled	Slot 21-Jul-2018 12:24 cancelled
26	21/07/2018	10:41:14 Slot Cancelled	Slot 21-Jul-2018 12:24 cancelled
27	21/07/2018	15:39:26 Slot Booked	Slot 21-Jul-2018 16:36 booked
28	10/08/2018	19:09:33 Appointment Session Edit	Appointment Session Edited
29	10/08/2018	19:09:47 Appointment Session Edit	Appointment Session Edited
30	10/08/2018	19:09:59 Appointment Session Edit	Appointment Session Edited
31	17/08/2018	19:28:38 Slot Booked	Slot 18-Aug-2018 08:12 booked for Pt
32	17/08/2018	19:28:49 Slot Cancelled	Slot 18-Aug-2018 08:12 cancelled
33	17/08/2018	19:28:49 Slot Cancelled	Slot 18-Aug-2018 08:12 cancelled
34	17/08/2018	19:28:49 Slot Cancelled	Slot 18-Aug-2018 08:12 cancelled
35	25/08/2018	08:13:00 Appointment Session Edit	Appointment Session Edited
36	21/09/2018	08:38:37 Appointment Session Edit	Appointment Session Edited
37	21/09/2018	08:38:52 Appointment Session Edit	Appointment Session Edited
38	06/10/2018	14:49:14 Appointment Session Delete	Appointment Session Deleted (4 hour session deleted)
39	13/10/2018	13:56:47 Appointment Session Delete	Appointment Session Deleted (4 hour session deleted)
40	13/10/2018	14:49:46 Slot Cancelled	Slot 13-Oct-2018 15:48 cancelled
41	13/10/2018	14:50:01 Slot Booked	Slot 13-Oct-2018 15:48 booked
42	18/10/2018	15:54:25 Slot Booked	Slot 18-Oct-2018 19:00 booked

**Record of Determinations –
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43	18/10/2018	18:51:37 Slot Cancelled	Slot 18-Oct-2018 19:00 cancelled
44	02/11/2018	13:37:36 Slot Cancelled	Slot 03-Nov-2018 08:12 cancelled
45	02/11/2018	13:37:36 Slot Cancelled	Slot 03-Nov-2018 08:12 cancelled
46	02/11/2018	13:37:36 Slot Cancelled	Slot 03-Nov-2018 08:12 cancelled
47	03/11/2018	07:59:37 Slot Booked	Slot 03-Nov-2018 09:24 booked
48	10/11/2018	08:58:28 Appointment Session Delete	Appointment Session Deleted (4 hour session deleted)
49	17/11/2018	15:57:26 Appointment Session Delete	Appointment Session Deleted (4 hour session deleted)
50	24/11/2018	08:50:58 Slot Booked	Slot 24-Nov-2018 14:12 booked
51	24/11/2018	13:56:25 Slot Cancelled	Slot 24-Nov-2018 13:48 cancelled
52	24/11/2018	13:56:25 Slot Cancelled	Slot 24-Nov-2018 13:48 cancelled
53	24/11/2018	13:56:25 Slot Cancelled	Slot 24-Nov-2018 13:48 cancelled
54	01/12/2018	17:49:31 Slot Booked	Slot 01-Dec-2018 18:24 booked. Reason: 111 Moved from Neaman
55	01/12/2018	17:53:03 Slot Booked	Slot 01-Dec-2018 18:12 booked
56	01/12/2018	19:00 Slot Edited	<p>Dr P changed last 111 slot at 19:00 to a routine HUB appointment making it unavailable to 111 to use).</p> <p>Dr P booked 18:12 - 111 slot - for a Pt whose appt was moved to Nightingale Practice in the 18:24 routine slot. It was documented by Dr P that he did this as 'moved from Neaman as patient cannot make it here on time'.</p> <p>Dr P then changed the 19:00 that he initially made routine back to a 111 slot and added the same patient but did not trace in.</p>
57	08/12/2018	13:58:47 Slot Booked	Slot 08-Dec-2018 13:48 booked
58	08/12/2018	15:23:13 Slot Booked	Slot 08-Dec-2018 19:00 booked
59	08/12/2018	15:23:27 Slot Cancelled	Slot 08-Dec-2018 15: cancelled
60	08/12/2018	15:23:27 Slot Cancelled	Slot 08-Dec-2018 15:36 cancelled

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61	08/12/2018	15:23:27 Slot Cancelled	Slot 08-Dec-2018 15:36 cancelled
62	08/12/2018	17:22:27 Slot Booked	Slot 08-Dec-2018 18:12 booked for
63	15/12/2018	11:25:40 Slot Booked	Slot 15-Dec-2018 18:12 booked for
64	15/12/2018	16:33:01 Slot Booked	Slot 15-Dec-2018 17:00 booked for
65	22/12/2018	08:04:49 Appointment Session Delete	Appointment Session Deleted (4 hour session deleted)
66	05/01/2019	08:11:56 Appointment Session Delete	Appointment Session Deleted (4 hour session deleted)
67	05/01/2019	08:47:21 Slot Booked	Slot 05-Jan-2019 15:00 booked for
68	05/01/2019	11:05:47 Slot Cancelled	Slot 05-Jan-2019 10:48 cancelled
69	05/01/2019	11:05:47 Slot Cancelled	Slot 05-Jan-2019 10:48 cancelled
70	05/01/2019	11:05:47 Slot Cancelled	Slot 05-Jan-2019 10:48 cancelled
71	12/01/2019	08:24 Slot Cancelled	Appt was initially for 8:24. Pt attended 08:31. Dr P cancelled appt at 08:32 and booked into the last 111 slot at 19:00 which was 'arrived. seen and left'. Pt was actually seen at 08:33.
72	12/01/2019	15:20:36 Slot Booked	Slot 12-Jan-2019 17:00 booked
73	19/01/2019	10:24:16 Appointment Session Delete	Appointment Session Deleted (4 hour session deleted)
74	19/01/2019	10:12 Appointment Cancelled	Patient booked by 111 for 10:12 slot at Neaman. Dr P cancelled appt and moved to 15:00 111 slot however patient seen at 09:17
75	19/01/2019	11:00 Appointment Cancelled	Appt booked by 111 into the 11:00 slot at Hoxton Surgery to be seen by Dr N. Patient was seen by Dr N at Hoxton. However staff at Neaman booked the same patient in using the 11:00am 111 slot, this was done at 10:13. Dr P cancelled appt at 10:26 and moved Pt to another 111 slot. Dr P also 'arrived, seen and left ' the Pt but no records on Pt notes.

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76	02/02/2019	08:10:33 Appointment Session Delete	Appointment Session Deleted (4 hour session deleted)
77	02/02/2019	08:46:41 Slot Booked	Slot 09-Feb-2019 09:36 booked
78	02/02/2019	09:06:41 Slot Booked	Slot 02-Feb-2019 15:00 booked
79	02/02/2019	10:25:35 Slot Cancelled	Slot 02-Feb-2019 15:00 cancelled
80	02/02/2019	13:14:00 Slot Booked	Slot 02-Feb-2019 15:00 booked
81	02/02/2019	14:30:58 Slot Booked	Slot 09-Feb-2019 13:12 booked
82	02/02/2019	14:31:04 Slot Booked	Slot 09-Feb-2019 13:24 booked
83	02/02/2019	15:00 Slot Cancelled	Pt was booked by 111 in the 15:00 slot at 13:09, Dr P traced in the patient at 13:14 but also booked in the patient at Nightingale at 13:17. Then documented 'patient went to Nightingale Practice' under slot notes on his own clinic and left the appt which then became a DNA.

Schedule 2

	Practice	Session Date	Session start time	Session end time	Amount paid	Date paid	Not worked session (NW)	Left session early (LE)
1	The Neaman Practice	14/04/2018	12:00	16:00	£320.00	03/05/2018		LE approx 14.42
2	The Neaman Practice	21/04/2018	12:00	16:00	£320.00	10/05/2018		LE approx 15.52
3	The Neaman Practice	28/04/2018	16:00	20:00	£320.00	17/05/2018		LE approx 18.02
4	The Neaman Practice	05/05/2018	16:00	20:00	£320.00	24/05/2018		LE approx 18.44

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5	The Neaman Practice	12/05/2018	16:00	20:00	£320.00	31/05/2018		LE approx 18.55
6	The Neaman Practice	19/05/2018	16:00	20:00	£320.00	31/05/2018		LE approx 16.02
7	The Neaman Practice	26/05/2018	16:00	20:00	£320.00	07/06/2018		LE approx 18.26
8	The Neaman Practice	02/06/2018	16:00	20:00	£320.00	14/06/2018		LE approx 19.34
9	The Neaman Practice	23/06/2018	16:00	20:00	£320.00	12/07/2018		LE approx 19.28
10	The Neaman Practice	30/06/2018	16:00	20:00	£320.00	12/07/2018		LE approx 18.45
11	Richmond Road Medical Centre	01/07/2018	16:00	20:00	£320.00	19/07/2018		LE approx 18.51
12	The Neaman Practice	07/07/2018	16:00	20:00	£320.00	19/07/2018		LE approx 18.20
13	The Neaman Practice	21/07/2018	16:00	20:00	£320.00	09/08/2018		LE approx 18:00
14	The Neaman Practice	25/08/2018	16:00	20:00	£320.00	06/09/2018	NW	
15	The Neaman Practice	15/09/2018	16:00	20:00	£320.00	27/09/2018		LE approx 18.16
16	The Neaman Practice	06/10/2018	16:00	20:00	£340.00	18/10/2018	NW	
17	The Neaman Practice	13/10/2018	12:00	16:00	£340.00	25/10/2018		LE approx 15:40

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18	The Neaman Practice	13/10/2018	16:00	20:00	£340.00	25/10/2018	NW	
19	The Neaman Practice	20/10/2018	08:00	12:00	£340.00	08/11/2018	NW	
20	The Neaman Practice	20/10/2018	12:00	16:00	£340.00	08/11/2018	NW	
21	The Neaman Practice	20/10/2018	16:00	20:00	£340.00	08/11/2018	NW	
22	Hoxton Surgery	10/11/2018	16:00	20:00	£340.00	22/11/2018	NW	
23	The Neaman Practice	17/11/2018	12:00	16:00	£340.00	29/11/2018		LE approx 15:30
24	The Neaman Practice	17/11/2018	16:00	20:00	£340.00	29/11/2018	NW	
25	The Neaman Practice	24/11/2018	12:00	16:00	£340.00	13/12/2018		LE approx 14:10
26	The Neaman Practice	24/11/2018	16:00	20:00	£340.00	13/12/2018	NW	
27	The Neaman Practice	01/12/2018	12:00	16:00	£340.00	13/12/2018		LE approx 14:30
28	The Neaman Practice	01/12/2018	16:00	20:00	£340.00	13/12/2018	NW	
29	The Neaman Practice	08/12/2018	16:00	20:00	£340.00	20/12/2018		LE approx 17:20
30	The Neaman Practice	15/12/2018	16:00	20:00	£340.00	14/01/2019		LE approx 17:00

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31	The Neaman Practice	22/12/2018	16:00	20:00	£420.00	17/01/2019	NW	
32	The Neaman Practice	05/01/2019	12:00	16:00	£340.00	24/01/2019		LE approx 14:00
33	The Neaman Practice	05/01/2019	16:00	20:00	£340.00	24/01/2019	NW	
34	The Neaman Practice	12/01/2019	16:00	20:00	£340.00	31/01/2019		LE approx 16:10
35	The Neaman Practice	19/01/2019	12:00	16:00	£340.00	07/02/2019		LE approx 13:30
36	The Neaman Practice	19/01/2019	16:00	20:00	£340.00	07/02/2019	NW	
37	The Neaman Practice	02/02/2019	08:00	12:00	£340.00	14/02/2019	NW	
38	The Neaman Practice	26/01/2019	16:00	20:00	£340.00	14/02/2019	NW	
39	The Neaman Practice	02/02/2019	12.00	16.00	£340.00	14/02/2019		
40	The Neaman Practice	02/02/2019	16:00	20:00	£340.00		NW	

Schedule 3

	Date	Login time	Logout time
1	09/02/2019	08:01:01	No logout time
2	11/02/2019	14:02:27	14:31:01
3	15/04/2019	08:55:15	09:44:43

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Schedule 4

	Date	Session Time	Activity completed on EMIS	Commentary on Activity
1	08/08/2018	18:30 slot	Appointment cancelled; Appointment booked; Appointment moved to another GP / clinic.	Appt booked for Pt 6336*** by practice at 15:13. Appt cancelled by Dr P at 17:00. Dr P books pt in to see Dr J's clinic 18:30 slot. Pt seen by Dr J at 18:38 at St Andrew's Hub. Dr P sees a different Pt at 18:39. Dr P books Pt into his clinic for 21:06 slot but sees Pt at 18:39. 18:30 slot not been used.
2	08/08/2018	21:30 slot	Seen patient before appt slot.	Pt seen at 18:42
3	17/08/2018	21:18 slot	Appointment booked Appointment cancelled Appointment moved to another GP	Appt booked for Pt 6510*** at 17:27 by practice. Dr P cancelled appt at 17:36. Appt booked for Pt 7086*** at 18:05 by practice. Dr P cancelled appt at 18:35. Dr P books Pt into Dr M's clinic 21:18 slot at 18:35. Pt seen by Dr M at 21:07. Dr P booked appt for original Pt at 18:35. Pt seen at 21:12.
4	17/08/2018	21:06 slot	Appointment cancelled Appointment booked Appointment moved to another GP	Pt 4323*** booked into Dr P's clinic. Dr P cancels appt at 16:21. Dr P books Pt into Dr M's clinic 21:06 slot at 16:21. Dr P books Pt 6512*** into this slot at 16:21 but cancels this appt at 16:22 and books Pt into his 19:54 slot. Sees Pt at 19:51.

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				Dr P moves original Pt in the 19:54 slot to Dr M's clinic 19:54 slot.
5	17/08/2018	21:30 slot	Appointment cancelled Appointment booked	Dr P books appts and cancelled for Pt 651 0*** at 18:35. Pt 6505*** booked in at 18:41 and seen at 18:50.
6	21/11/2018	18:54 slot	Appointment cancelled Appointment booked Appointment moved to another GP	Pt 4267*** had appt booked at 18:54 with Dr P. At 18:02 Dr P cancelled Pt 4267*** appt and books Pt 4267*** appt with Dr H at 18:54. Dr P then books Pt 7056*** into the 18:54 slot at 18:03. Pt DNA but this patient already had an apt bookd with Dr H.
7	21/11/2018		Appointment cancelled Appointment booked Seen patient before appt slot.	At 18:02 Dr P cancelled Pt 6307*** appt with Dr I at 18:54 and books Pt 6307*** into his 20:30 slot. Dr P changes status to DNA at 20:26. Dr P sees Pt booked into appt slot 21:30 at 18:30.
8	11/12/2018	18:42 slot	Appointment cancelled Appointment booked	Pt booked in by practice at 08:50. Dr P cancelled appt at 18:44. Pt arrives at 18:41 and is seen by Dr P at 18:47. At 18:44 Dr P books appt 21:18 slot. 18:42 slot has been unused.
9	12/12/2018	18:54 slot	Appointment cancelled Appointment booked Appointment moved to another GP/clinic	Dr P booked appt at 18:16 – then changes slot from Blithehale to Nurse Practitioner then back to Blithehale GP. Pt is seen in the St Andrew's Hub by the ANP. Pt slot shows up as a DNA.
10	12/12/2018	21:06 slot	Appointment cancelled	Appt booked by practice at 11:50 for Pt 7196***.

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			Appointment booked Appointment moved to another GP	Appt cancelled by Dr P at 18:13. Dr P books Pt into see Dr R instead at 21:06. Dr P swaps a different patient - Pt 7105***- from Dr R's list. Pt was booked to see Dr R at 21:06 by the practice at 11:38. Dr P cancels this at 18:13 and transfers him to his 21:06 slot. Pt does not attend.
11	12/12/2018	20:54 slot	Seen patient before appt slot.	Pt 7186***: booked into appt by practice at 08:13. seen at 20:46 by Dr P. Reception staff book him into 21:30 slot at 20:59 after Pt has left.
12	19/12/2018	18:54 slot	Appointment cancelled; Appointment booked; Appointment moved to another GP	Dr P cancels appt for 4401*** the day before and books the Pt in to see Dr U at 19:03 on the 19/12/19. Another Pt is booked in by the practice the next day. Dr P cancels this appt at 17:49 and rebooks the Pt in to see Dr R at 19:18.
13	19/12/2018	19:30 slot	Appointment cancelled; Appointment booked; Appointment moved to another GP.	Practice book appt for pt 4060***: at 17:50 Dr P cancels this appt and books Pt in to see Dr R at 19:54.
14	19/12/2018	19:42 slot	Appointment cancelled; Appointment booked; Appointment moved to another GP.	Dr P cancels appt at 18:33 and books Pt to see Dr K at 20:18.
15	19/12/2018	20:18 slot	Appointment cancelled; Seen patient before appt slot; Appointment booked.	Dr P cancels appt for pt 6494*** but sees Pt at 19:30 and rebooks into 20:18 slot.

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16	19/12/2018	20:30 slot	Appointment cancelled; Appointment booked; Appointment moved to another GP.	Dr P books 20:30 Pt into his 21:06 appt on 18/12 then cancels this on 19/12 at 19:52. Dr P books Pt in 20:30 appt in his clinic at 19:52. Pt DNAs but arrives at 20:50. Pt then booked to see Dr R at 21:30. Dr P also booked an appt for Pt on 18/12 at 18:00 for his 20:42 appt but did not attend.
17	08/01/2019		Appointment blocked.	Appt slot blocked before the appt time 18:54 then changed back to bookable after the appt.
18	08/01/2019		Appointment cancelled; Appointment booked; Appointment moved to another GP.	Dr P cancelled Pt 7039*** appt and booked Pt into another GP's clinic at the same Hub
19	08/01/2019		Appointment cancelled; Appointment booked.	Pt 7011***: booked in at 17:47, Dr P cancelled at 18:47, slot blocked at 18:09 for the 19:06 appointment.
20	08/01/2019		Appointment cancelled; Appointment booked; Appointment moved to another GP.	Dr P cancelled Pt 6392*** appt and booked Pt into Dr R's clinic at the same Hub – used 111 slot.
21	08/01/2019		Appointment booked.	Dr P booked Pt 6243***: booked Pt appt but this Pt was seen on 07/01/2019 by a different GP. DNA appt
22	08/01/2019		Appointment cancelled; Appointment booked; Appointment moved to another GP.	Pt 6323***: Pt cancelled and booked into Dr R's clinic at 17:28.
23	29/01/2019		Appointment cancelled; Appointment booked.	Pt 6389***: 20:54 slot: At 18:02 Pt's appt was cancelled and Pt was booked into Dr J's clinic at 21:06.

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24	29/01/2019		Appointment cancelled; Appointment booked.	Pt 6325***: 19:06 slot: Pt's appt cancelled at 18:02 and rebooked but still saw Pt at original appt time. Pt 4664*** was also booked into the same slot.
25	30/03/2019		Appointment DNA'd; Appointment booked.	Pt 6491***: Appt was made by practice for 15:36 on 30.03.19 with Dr P. EMIS shows Dr Patel DNA'd appt. Dr P booked another appt for Pt 6491*** for 02/04/19 on 30/03/19 at 13:52.
26	09/04/2019	18:30 slot	Appointment cancelled; Appointment booked; Appointment moved to another GP.	Pt 7098***: booked to see Dr P at 18:08. Dr P cancels this appt at 18:12 and books Pt in to see Dr R's 18:30 slot at 18:12.