

## PUBLIC RECORD

Dates: 22/07/2024 - 24/07/2024

Medical Practitioner's name: Dr Sophie ROBBINS  
GMC reference number: 6134733  
Primary medical qualification: MB ChB 2005 University of Edinburgh

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

## Summary of outcome

Erasure

Immediate order imposed

## Tribunal:

Legally Qualified Chair	Mrs Laura Paul
Medical Tribunal Member:	Dr Obadah Ghannam
Medical Tribunal Member:	Dr Richard Vautrey

Tribunal Clerk:	Mr Joel Taylor-Garratt
-----------------	------------------------

## Attendance and Representation:

Medical Practitioner:	Not present, not represented
GMC Representative:	Ms Shirlie Duckworth, Counsel

## Attendance of Press / Public

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

## 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 - 22/07/2024

1. This determination will be handed down in private. However, as this case concerns some issues regarding XXX, a redacted version will be published at the close of the hearing.

## Background

2. Dr Robbins qualified as a doctor in 2005 and, prior to the events which are the subject of the hearing, practised as a Senior House Officer in hospitals local to Edinburgh and as a Paediatrician at Edinburgh Sick Children's Hospital. Dr Robbins last practised as a doctor in December 2014, and was not working at the time of the events.
3. The allegation that has led to Dr Robbins' hearing can be summarised as convictions for assault and threatening or abusive behaviour on 14 December 2020, for which Dr Robbins was sentenced on 6 January 2021, at Edinburgh Sheriff Court, to 14 months imprisonment in relation to the assault, and an admonition in relation to the abusive behaviour. It is also alleged that Dr Robbins failed to notify the GMC of this conviction or of having been charged with the offences. She pleaded not guilty to the assault conviction, and guilty to the threatening or abusive behaviour conviction.
4. It is also alleged that, on 29 July 2021, Dr Robbins received two further convictions, one for assault to injury and another for assault, and was sentenced to 9- and 14-months' imprisonment, to run concurrently, for the respective offences. Dr Robbins pleaded guilty to both convictions at the outset of the trial.
5. The initial concerns were raised internally by the GMC XXX on 10 February 2021 following the receipt of information regarding Dr Robbins XXX.

## The Allegation and the Doctor's Response

6. The Allegation made against Dr Robbins is as follows:

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

1. On 14 December 2020 at Edinburgh Sheriff Court ('the Court') you were convicted of:
  - a. assault on 17 June 2020; **To be determined**
  - b. threatening or abusive behaviour on 17 June 2020, contrary to s.38(1) of the Criminal Justice and Licensing (Scotland) Act 2010. **To be determined**
2. On 6 January 2021:
  - a. you were sentenced to 14 months' imprisonment for the offence detailed in paragraph 1a; **To be determined**
  - b. the Court dismissed the case with an admonition for the offence detailed in paragraph 1b. **To be determined**
3. You failed to notify the GMC that you had been:
  - a. charged with; **To be determined**
  - b. convicted of; **To be determined**the criminal offence(s) detailed in paragraph 1.
4. On 29 July 2021 at the Court you were convicted of:
  - a. assault to injury on 18 March 2021; **To be determined**
  - b. assault on 18 March 2021. **To be determined**
5. On 29 July 2021 you were sentenced to imprisonment for:
  - a. nine months for the offence detailed in paragraph 4a; **To be determined**
  - b. 14 months for the offence detailed in paragraph 4b. **To be determined**

And that by reason of the matters set out above your fitness to practise is impaired because of your:

- a. conviction in respect of paragraphs 1, 2, 4 and 5; **To be determined**

- b. misconduct in respect of paragraph 3. **To be determined**

### Witness Evidence

7. The Tribunal received evidence on behalf of the GMC in the form of a witness statement from Mr A, GMC Investigation Officer, who was not called to give evidence at the hearing.
8. Dr Robbins did not provide a witness statement or any other evidence.

### Documentary Evidence

9. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to Extract Conviction Reports, court transcripts and Criminal Justice and Social Work reports (known in England and Wales as Pre-Sentence Reports).

### The Tribunal's Approach

10. 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 Robbins 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.
11. Rule 34(3) states that '*Production of..., in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.*' Further, Rule 34(5) sets out that the only evidence that can be adduced to refute a conviction is that which proves that the doctor is not the person named in the extract conviction.

### The Tribunal's Analysis of the Evidence and Findings

12. 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.

Conviction

13. The Tribunal noted the background of Dr Robbins' convictions. Those set out in paragraph 1 involve convictions of assault and also threatening or abusive behaviour. Both taking place on 17 June 2020.
14. XXX
15. XXX
16. Paragraphs 4 and 5 of the Allegation relate to offences that took place on 18 March 2021. XXX
17. The Tribunal noted that Dr Robbins had been released from prison on 28 January 2021 regarding earlier offences.
18. The Tribunal considered the documentary evidence, which included the Extract Conviction Reports for all of the convictions. The Tribunal noted that Dr Robbins had not provided any evidence to contest that she was the person named on the reports.
19. Considering Rule 34(3) and (5), the Tribunal considered that the Extract Conviction Reports were conclusive evidence of Dr Robbins' convictions and subsequent sentences. In light of this, the Tribunal found paragraphs 1, 2, 4 and 5 of the Allegation proved.

Misconduct

20. The Tribunal then turned to consider paragraph 3 of the Allegation.
21. The Tribunal noted that Dr Robbins had a duty under paragraph 75 of Good Medical Practise (2013) ('GMP') to inform the GMC of any criminal charges. The Tribunal noted the witness statement of Mr A, where he stated that he first became aware of Dr Robbins on 23 February 2021, following an internal referral. The Tribunal noted that this was some eight months after the incident that led to the conviction set out in paragraph 1. The Tribunal noted that Mr A's evidence was uncontested.
22. The Tribunal was satisfied that Mr A's evidence accurately reflected the way in which the concerns were first raised with the GMC and considered that this indicated that Dr Robbins had not disclosed the criminal charges or conviction to the GMC.

23. Therefore, the Tribunal determined that paragraph 3 of the Allegation was proved.

### The Tribunal's Overall Determination on the Facts

24. The Tribunal has determined the facts as follows:

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

1. On 14 December 2020 at Edinburgh Sheriff Court ('the Court') you were convicted of:
  - a. assault on 17 June 2020; **Determined and found proved**
  - b. threatening or abusive behaviour on 17 June 2020, contrary to s.38(1) of the Criminal Justice and Licensing (Scotland) Act 2010. **Determined and found proved**
2. On 6 January 2021:
  - a. you were sentenced to 14 months' imprisonment for the offence detailed in paragraph 1a; **Determined and found proved**
  - b. the Court dismissed the case with an admonition for the offence detailed in paragraph 1b. **Determined and found proved**
3. You failed to notify the GMC that you had been:
  - a. charged with; **Determined and found proved**
  - b. convicted of; **Determined and found proved**the criminal offence(s) detailed in paragraph 1.
4. On 29 July 2021 at the Court you were convicted of:
  - a. assault to injury on 18 March 2021; **Determined and found proved**
  - b. assault on 18 March 2021. **Determined and found proved**
5. On 29 July 2021 you were sentenced to imprisonment for:
  - a. nine months for the offence detailed in paragraph 4a; **Determined and found proved**

- b. 14 months for the offence detailed in paragraph 4b. **Determined and found proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your:

- a. conviction in respect of paragraphs 1, 2, 4 and 5; **To be determined**
- b. misconduct in respect of paragraph 3. **To be determined**

#### Determination on Impairment - 23/07/2024

- 25. This determination will be handed down in private. However, as this case concerns some issues regarding XXX, a redacted version will be published at the close of the hearing.
- 26. 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 Robbins' fitness to practise is impaired by reason of misconduct and/or conviction of a criminal offence.

#### The Evidence

- 27. The Tribunal has taken into account all the documentary evidence received during the facts stage of the hearing.

#### Submissions

- 28. On behalf of the GMC, Ms Duckworth, Counsel, submitted that Dr Robbins had breached paragraphs 1, 65 and 75 of Good Medical Practice (2013) ('GMP'), and that it is a fundamental tenet of the profession to act with honesty, with integrity and within the law.
- 29. Ms Duckworth referred the Tribunal to the case of *General Medical Council v Meadow [2006] EWCA Civ 1390 (26 October 2006)*, which set out that:

*'32 the purpose of FTP proceedings is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. The FPP thus looks forward not back. However, in order to form a view as*

*to the fitness of a person to practise today, it is evident that it will have to take account of the way in which the person concerned has acted or failed to act in the past.'*

30. Ms Duckworth submitted that a definition of misconduct is set out in the case of *Roylance v. The General Medical Council (Medical Act 1983) [1999] UKPC 16 (24th March, 1999)*:

*'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word "serious". It is not any professional misconduct which will qualify. The professional misconduct must be serious.'*

31. Ms Duckworth reminded the Tribunal of the circumstances of Dr Robbins' offences, which included assaults XXX and resulted in three custodial sentences and an admonition in relation to the offence detailed at paragraph 1(b) of the Allegation. She submitted that these convictions were a serious breach of GMP, which were aggravated by Dr Robbins' failure to declare them to the GMC. Ms Duckworth told the Tribunal that the failure to disclose alone could be sufficient to make a finding of impairment. Ms Duckworth reminded the Tribunal that Dr Robbins' convictions were not isolated incidents, being spread across two separate sets of criminal proceedings, and submitted that she had a history of criminal activity.
32. Ms Duckworth then turned to the issue of impairment, referring the Tribunal to the case of *CHRE v NMC and P Grant [2011] EWHC 927 (Admin)*. She accepted that there were no patient safety or dishonesty concerns in this case, but submitted that Dr Robbins' convictions, and her failure to declare these, brought the profession into disrepute and breached a fundamental tenet of the profession to act with integrity and within the law.
33. Ms Duckworth submitted that Dr Robbins had provided no evidence of any remediation, nor had she demonstrated any understanding of the impact of her failure to declare her criminal charges. In relation to the risk of Dr Robbins repeating her conduct, Ms Duckworth submitted that there was insufficient evidence of Dr Robbins taking steps to



address the underlying causes for her offending for the Tribunal to find that the risk of repetition was low. Ms Duckworth also reminded the Tribunal of Dr Robbins' poor attitude towards the GMC in her January 2024 emails.

34. Ms Duckworth submitted that Dr Robbins' failure to declare her criminal proceedings was serious enough as to amount to misconduct and that her fitness to practise was impaired by reason of both this misconduct and her criminal convictions.

### The Relevant Legal Principles

35. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.
36. In approaching the decision, the Tribunal was mindful that it was being invited to find impairment on the grounds of both conviction of a criminal offence and misconduct.
37. In considering misconduct, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then whether the finding of that misconduct which was serious could lead to a finding of impairment.
38. The Tribunal must determine whether Dr Robbins' fitness to practise is impaired today, taking into account Dr Robbins' conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.
39. The Tribunal was mindful of the test for impairment, which was set out by Dame Janet Smith in The Fifth Shipman Report, cited and approved in the case of *Grant*:
- 'a) Whether the registrant has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm;*
  - b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;*
  - c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.*

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

--

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

40. The Tribunal also bore in mind the definition of insight given at paragraph 76 in the case of *GMC v Sawati [2022] EWHC 283 (Admin)*:

*'As a general principle, insight – an acknowledgment and appreciation of a failing, its magnitude, and its consequences for others – is essential for that failing to be properly understood, addressed and eliminated for the future. Future risk – to patients or to public confidence in general – is a proper preoccupation of Tribunals. If a doctor's performance or conduct is faulty, but they do not have insight into that, that can give good grounds for concern that they are unlikely to be able to address and remediate it, and hence that they pose a continuing risk.'*

## The Tribunal's Determination on Impairment

### Conviction

41. The Tribunal had found proved that Dr Robbins had been convicted and sentenced for criminal offences. It was subsequently required to determine whether her fitness to practise is impaired by reason of her convictions for criminal offences.
42. The Tribunal had regard to the nature and seriousness of Dr Robbins' convictions. Dr Robbins had been convicted of serious offences involving assault. It reminded itself of the circumstances of Dr Robbins' convictions, all of which were for similar conduct, with the last 2 offences occurring 2 months after Dr Robbins had been released from prison for the offence detailed in paragraph 1(a) of the Allegation.

43. The Tribunal noted that the assaults leading to Dr Robbins' convictions were unprovoked and included XXX. The Tribunal also took note of Dr Robbins' first conviction involving XXX
44. The Tribunal considered that in relation to the offences detailed in paragraphs 1, 4 and 5 of the Allegation, Dr Robbins' actions met the threshold for custodial sentences. Regarding the offence set out in paragraph 1(a) of the Allegation, she was sentenced to 14 months' imprisonment and this lengthy custodial sentence reflected the seriousness of XXX. In relation to the later offences, Dr Robbins was sentenced to terms of 9 months' and 14 months' imprisonment respectively to run concurrently, again reflecting the seriousness of the offences.
45. The Tribunal referred to the following paragraphs of GMP:

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

...

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

46. The Tribunal considered that Dr Robbins' two convictions of assault and one conviction of assault to injury were a clear departure from the above paragraphs of GMP. Dr Robbins had not acted with integrity or within the law and this harmed public trust in the profession.
47. Turning to consider insight and remediation, the Tribunal accepted Ms Duckworth's submission that there was no evidence of any remediation efforts. The Tribunal considered that there was evidence of some insight into the reasons for her offending and its impact, coming from the Criminal Justice Social Work Report:
- '[XXX]'*

48. However, the Tribunal noted that it did not have any direct evidence from Dr Robbins, and there were no detailed reflections on the impact of her actions on victims, or the profession, or any evidence of any learnings or remediation efforts. The Tribunal noted

that, despite Dr Robbins demonstrating some insight into the impact of her actions on victims, her later offences were similar in nature.

49. XXX
50. The Tribunal noted that Dr Robbins had a long history of offending, dating back to 2003, although this included a significant period of time between 2004 and 2015 with no contact with the criminal justice system, a period when Dr Robbins was working as a medical practitioner.
51. The Tribunal noted the aggressive tone of Dr Robbins' emails to the GMC in January 2024 as well as her deliberate disengagement from the hearing process. In light of this, her lack of insight and remediation and the repeated nature of her conduct, the Tribunal considered that Dr Robbins was at significant risk of repeating the conduct that led to her convictions.
52. Given the serious nature of Dr Robbins's convictions and the lack of evidence of insight and remediation, the Tribunal determined that a finding of impairment was necessary 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.
53. The Tribunal therefore determined that Dr Robbins' fitness to practise is impaired by reason of conviction for a criminal offence.

#### Misconduct

54. The Tribunal had already found that Dr Robbins failed to notify the GMC that she had been charged with, and subsequently convicted of, a criminal offence. The Tribunal began by considering whether Dr Robbins' failure to declare her criminal proceedings could amount to misconduct.
55. The Tribunal referred to paragraph 75 of GMP:

*'75 You must tell us without delay if, anywhere in the world:*

- a you have accepted a caution from the police or been criticised by an official inquiry*

- b you have been charged with or found guilty of a criminal offence*
- c another professional body has made a finding against your registration as a result of fitness to practise procedures.'*

56. The Tribunal noted that the word 'must' indicates an overriding duty that a doctor must perform. The Tribunal considered that Dr Robbins had clearly breached this paragraph of GMP.
57. The Tribunal considered that Dr Robbins' convictions were for serious offences and resulted in significant prison sentences, which aggravated her failure to report the charges or convictions.
58. The Tribunal concluded that Dr Robbins' conduct in failing to declare her criminal proceedings fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct that was serious.

#### Impairment by reason of misconduct

59. The Tribunal, having found that the proven facts amounted to serious misconduct, went on to consider whether, as a result of that misconduct, Dr Robbins' fitness to practise is currently impaired.
60. In considering impairment, the Tribunal bore in mind its findings. It concluded that Dr Robbins, by not notifying the GMC that she had been charged with and convicted of criminal offences, demonstrated a lack of insight into what is required of her as a doctor. Further, she had never acknowledged her wrongdoing in failing to notify the GMC.
61. The Tribunal considered that Dr Robbins' failure to declare her criminal proceedings brought the profession into disrepute and harmed public trust in the profession. It considered that a reasonable and well-informed member of the public would be shocked if a finding of impairment was not made.
62. The Tribunal has therefore determined that Dr Robbins' fitness to practise is impaired by reason of misconduct.

### Determination on Sanction - 24/07/2024

63. This determination will be handed down in private as this case concerns some issues regarding XXX. However, a redacted version will be published at the close of the hearing.
64. Having determined that Dr Robbins' fitness to practise is impaired by reason of misconduct and convictions for criminal behaviour, 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 Outcome of Applications Made during the Sanction Stage

65. The Tribunal granted the GMC's application to provide information about Dr Robbins' previous Fitness to Practise history by way of verbal submission only, and without the need for the production of documentary evidence.

### The Evidence

66. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

### Submissions

67. On behalf of the GMC, Ms Duckworth, Counsel, submitted that the appropriate sanction in this case was one of erasure. She submitted that the reason for imposing a sanction was to protect the public, which included promoting and maintaining public confidence in the profession and promoting and maintaining proper professional standards. She referred the Tribunal to paragraph 17 of the Sanctions Guidance (2024) ('the SG'):

*'17 Patients must be able to trust doctors with their lives and health, so doctors must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession (see paragraph 81 of Good medical practice). Although the tribunal should make sure the sanction it imposes is appropriate and proportionate, the reputation of the profession as a whole is more important than the interests of any individual doctor.'*

68. Ms Duckworth reminded the Tribunal that it should begin by considering the least restrictive sanction before moving on to the next. However, she submitted that, in this case, the least restrictive sanction that could be reasonably considered would be that of

suspension. She submitted that it would not be appropriate to take no action in this case, and an order of conditions would not be proportionate due to the severity of Dr Robbins' conduct and convictions. Ms Duckworth submitted that although suspension could be an appropriate sanction in this case, Dr Robbins' misconduct and convictions were fundamentally incompatible with continued registration and thus erasure was the most appropriate sanction.

69. Ms Duckworth informed the Tribunal that Dr Robbins had an extensive Fitness to Practise history, dating back to a referral in 2008. She said that this history included sanctions being imposed on Dr Robbins' registration XXX
70. Ms Duckworth referred the Tribunal to paragraph 25 of the SG, which sets out possible mitigating factors but submitted that none of these were present in this case:

*'25 The following are examples of mitigating factors.*

- a Evidence that the doctor understands the problem and has insight, and of their attempts to address or remediate it. This could include the doctor admitting facts relating to the case, apologising to the patient (see paragraphs 42–44), making efforts to prevent behaviour recurring, or correcting deficiencies in performance or knowledge of English.*
- b Evidence that the doctor is adhering to important principles of good practice (ie keeping up to date, working within their area of competence), and of the doctor's character and previous history. This could include evidence that the doctor has not previously been found to have impaired fitness to practise by a tribunal, a previous MPTS panel or by the GMC's previous panels or committees.*
- c Circumstances leading up to any incidents that raise concern – eg inexperience (see paragraphs 27–30) or a lack of training and supervision at work.*
- d Personal and professional matters, such as work-related stress.*
- e Lapse of time since an incident occurred.'*

71. Ms Duckworth submitted that the aggravating factors in this case were Dr Robbins' lack of insight and remediation, her previous Fitness to Practise history, XXX, the violent nature of her convictions, and XXX.

72. Ms Duckworth submitted that erasure may be appropriate even in cases where patient safety was not in issue and may be necessary to maintain public confidence in the profession. She reiterated that Dr Robbins' conduct was fundamentally incompatible with continued registration. She submitted that the following paragraphs of the SG applied in this case and indicated that erasure was the appropriate sanction:

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

*a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.*

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

*c Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients (see further guidance below at paragraphs 129–132 regarding failure to provide an acceptable level of treatment or care).*

*...*

*g Offences involving violence.*

*...*

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

73. Ms Duckworth submitted that the purpose of a sanction of erasure would not be to punish Dr Robbins for a second time, but that it was the appropriate and proportionate sanction and was necessary for the protection of the public and to maintain the high standards and reputation of the profession.

### **The Tribunal's Determination on Sanction**

74. The Tribunal bore in mind that the reason for imposing sanctions is to uphold the overarching objective to protect the public. Sanctions are not imposed to punish doctors, although they may have a punitive effect.

75. The Tribunal took a proportionate approach, balancing the interests of Dr Robbins with the public interest. It bore in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor.



76. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal exercising its own judgement. It must consider the least restrictive sanction first and then, if necessary, consider the other sanctions, taking into account the evidence and submissions that have been read and heard.
77. The Tribunal must consider any relevant mitigating and aggravating factors and address them within the context of the determination.

#### Aggravating and mitigating factors

78. The Tribunal considered the aggravating factors in the case. It found that the following such factors applied: Dr Robbins lacked insight into her actions, she had not provided any evidence of remediation, she had a previous Fitness to Practise history and she had repeated the conduct that led to her initial convictions. In addition, the Tribunal found that the violent aspects of Dr Robbins' conduct, XXX were aggravating factors. The Tribunal also considered it an aggravating factor that Dr Robbins had XXX.
79. The Tribunal was unable to identify any mitigating factors in this case. It acknowledged that XXX were likely to have played a part in her misconduct and convictions but, lacking any direct evidence, could not take this into mitigation.

#### **No action**

80. The Tribunal first considered whether to conclude the case by taking no action.
81. The Tribunal determined that, in view of the serious nature of its findings on the facts and impairment, it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action. The Tribunal determined that there were no exceptional circumstances and therefore there could be no justification to conclude the case by taking no action.

#### **Conditions**

82. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Robbins' registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable, and measurable.
83. The Tribunal considered that in light of Dr Robbins' disengagement from, and apparent hostility towards, the GMC, there was no realistic prospect of her abiding by any

conditions. The Tribunal noted Ms Duckworth's submission that Dr Robbins' registration had previously been subject to conditions, but had not been able to abide by them. The Tribunal also considered that an order of conditions would not sufficiently address the seriousness of Dr Robbins' misconduct and convictions.

## Suspension

84. The Tribunal next considered whether it would be appropriate and proportionate to suspend Dr Robbins' registration. However, the Tribunal took account of paragraph 97 of the SG, which sets out possible factors which would suggest that suspension may be an appropriate sanction, in particular:

*'97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

a A serious departure from *Good medical practice*, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.

...

e *No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.*

f *No evidence of repetition of similar behaviour since incident.*

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

85. The Tribunal considered that none of these factors were present in this case. It had received no evidence of Dr Robbins' efforts to remediate. It considered that Dr Robbins had already repeated her conduct, leading to multiple convictions for similar behaviour and was at high risk of repeating this behaviour in the future. Dr Robbins' registration was already subject to XXX suspension when she committed the offences detailed in the Allegation, and this demonstrated her lack of regard for such a sanction.

86. The Tribunal also considered that Dr Robbins actions that led to her convictions, exacerbated by her failure to report these charges, breached a fundamental tenet of the profession and, given her lack of insight and remediation, was fundamentally

incompatible with continued registration. In light of this, the Tribunal moved on to consider erasure.

## Erasure

87. The Tribunal was mindful that a sanction of erasure may be appropriate if it deemed it necessary to maintain public confidence in the profession. The Tribunal determined that paragraphs 108 and 109(a), (b), (g) and (j) all applied in this case. Additionally, it also considered that paragraph 109(h) was relevant as it considered that Dr Robbins' failure to declare her criminal charges involved dishonesty.

*'108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.*

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

*a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.*

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

*...*

*g Offences involving violence.*

*h Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128).*

*...*

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

88. The Tribunal considered that Dr Robbins' conduct would be difficult to remediate, in part because of XXX, and had demonstrated a deliberate disregard for the principles of GMP. She had been convicted for assault and received three custodial sentences. In addition to this, as the Tribunal found in its impairment determination, Dr Robbins had not

demonstrated any insight into her actions, nor had she provided evidence of remediation or offered any apology.

89. The Tribunal considered that members of the public and the profession would be shocked if Dr Robbins were allowed to continue to practise.
90. In all the circumstances of the case, the Tribunal determined that, to maintain public confidence in the profession and to uphold proper professional standards, it was necessary to erase Dr Robbins' name from the register.

#### **Determination on Immediate Order - 24/07/2024**

91. Having determined that Dr Robbins' name should be erased from the register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Robbins' registration should be subject to an immediate order.

#### **Submissions**

92. On behalf of the GMC, Ms Duckworth referred the Tribunal to the relevant paragraphs of the SG and reminded the Tribunal of its previous findings and the seriousness of Dr Robbins' conduct.
93. She submitted that, despite Dr Robbins not currently being in practice, an immediate order of suspension was necessary in this case to protect public confidence in the profession.

#### **The Tribunal's Determination**

94. In reaching its decision, the Tribunal has exercised its own judgement, taking into account all the circumstances. The Tribunal has borne in mind the guidance given in paragraphs 172 - 178 of the SG, in particular:

*'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... where immediate action must be taken to protect public confidence in the medical profession.*

...

*178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'*

95. The Tribunal reminded itself of its previous findings regarding the serious nature of Dr Robbins' misconduct and convictions, which had brought the profession into disrepute, but noted that there were no patient safety concerns in this case.
96. The Tribunal considered that, due to the serious, repeated and violent nature of Dr Robbins' convictions, coupled with her failure to inform the GMC of the proceedings, the public would expect immediate action to be taken. Therefore, the Tribunal determined that it was necessary to impose an immediate order of suspension to uphold public confidence in the profession.
97. This means that Dr Robbins' registration will be suspended from the date on which notification of this decision is deemed to have been served upon her. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.
98. This concludes the case.

ANNEX A – 22/07/2024

**Service of Notice of the Hearing**

99. Dr Robbins is neither present nor represented at this hearing.

100. Ms Duckworth, Counsel, on behalf of the GMC, provided the Tribunal with documents regarding service of these proceedings on Dr Robbins. This included evidence that the GMC Notice of Allegation letter and the Medical Practitioners Tribunal Service (MPTS) Notice of Hearing letter had been sent to Dr Robbins at both her registered address and to an additional address. The letters had been sent by Royal Mail Special Delivery on 10 June 2024 and 18 June 2024 respectively. Royal Mail Track and Trace documentation confirmed that all letters were delivered back to the senders marked ‘addressee unknown’.

101. The Tribunal was also provided with automated delivery reports dated 10 June 2024, which indicated that the GMC had attempted to serve notice of the hearing on Dr Robbins via her registered email address but that this had not been successful.

102. The Tribunal had regard to the case of *General Medical Council v Adeogba; General Medical Council v Visvardis* [2016] EWCA Civ 162 which confirms that the GMC has a duty to communicate with a doctor at the registered address they provide. Section 30 of the Medical Act 1983 requires a doctor to maintain an up to date address on the register, and accordingly the onus is on the doctor to keep the lines of communication open.

103. The Tribunal had regard to the service bundle provided by the GMC, as well as Ms Duckworth’s submissions. Having considered all of the evidence before it, particularly noting Dr Robbins own replies to the GMC, in which she had expressed in no uncertain terms her intention to disengage from the investigation process, the Tribunal was satisfied that the GMC had made all reasonable efforts to serve notice of the hearing on Dr Robbins. In light of this, the Tribunal determined that service had been effected in accordance with Rule 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) (‘the Rules’) and paragraph 8 of Schedule 4 to the Medical Act 1983 (as amended).

**Proceeding in Dr Robbins absence**

104. The Tribunal went on to consider whether it would be appropriate to proceed with this hearing in Dr Robbins’ absence pursuant to Rule 31 of the Rules. The Tribunal was

conscious that the discretion to proceed in the absence of a doctor should be exercised with appropriate care and caution, balancing the interests of the doctor with the wider public interest.

105. Ms Duckworth invited the Tribunal to proceed in Dr Robbins' absence. She submitted that Dr Robbins was aware of these proceedings and had herself confirmed on 24 January 2024 that she would not be attending this hearing. Ms Duckworth submitted that Dr Robbins had voluntarily absented herself from these proceedings and submitted that there was no indication that an adjournment would be of benefit to these proceedings as Dr Robbins had been clear about her decision not to attend.

106. The Tribunal considered Dr Robbins' email responses from 24 January 2024. The Tribunal was satisfied that Dr Robbins was aware of the investigation process and had previously engaged with the GMC, providing written responses. The Tribunal was also satisfied that Dr Robbins had indicated she would voluntarily absent herself from these proceedings. The Tribunal also noted the Joinder application, in which it was noted that Dr Robbins had emailed the GMC on 6 February 2024, stating *'Do what you will with MPTS but I'm inclined to phone the police to stop the harassment.'*, which the Tribunal considered to be further evidence of Dr Robbins' knowledge of, and voluntary abstention from, the proceedings.

107. The Tribunal acknowledged that Dr Robbins had given some indication of a desire to seek legal representation but noted that this was followed later by her clearly indicating a desire to disengage. For example, Dr Robbins had stated that she was *'going on holiday soon for months and months so hearing will be done without my presence'*. The Tribunal considered that Dr Robbins' disengagement meant that an adjournment at this stage was unlikely to result in her securing legal representation or engaging in the future. It also bore in mind that it is Dr Robbins' responsibility to engage with the GMC on disciplinary matters.

108. Considering the public interest in these matters, the Tribunal accepted that it was in public interest to proceed with this hearing today. Therefore, in accordance with Rule 31, the Tribunal has determined to proceed in Dr Robbins' absence.