

PUBLIC RECORD

Date: 22/03/2021

Medical Practitioner's name: Dr Suzanne LING

GMC reference number: 7084534

Primary medical qualification: MB BS 2010 Kings College London

Type of case	Outcome on impairment
Review - Misconduct XXX	Impaired XXX

Summary of outcomeSuspension, 12 months.
Review hearing directed**Tribunal:**

Legally Qualified Chair	Mr Ian Comfort
Lay Tribunal Member:	Dr Nigel Westwood
Medical Tribunal Member:	Dr Ammar Ghouri
Tribunal Clerk:	Miss Jan Smith

Attendance and Representation:

Medical Practitioner:	Present and not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Ms Kathryn Johnson, 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 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 Impairment - 22/03/2021

1. In accordance with Rule 41XXX of the Rules, the Tribunal, of its own volition determined to proceed to hear this case entirely in private XXX. Both parties indicated agreement that the hearing should proceed in private and it would be impractical to vary between private and public sessions.
2. The Tribunal has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Ling's fitness to practise is impaired by reason of misconduct XXX.

Background

3. The Tribunal has been informed of the background to Dr Ling's case, which was first considered by Medical Practitioners Tribunal in March 2020 ('the 2020 Tribunal'). This is the first review of Dr Ling's case.
4. At the time of the alleged events, Dr Ling worked at an ST2 in Paediatrics at Salisbury District Hospital ('the Hospital'), Salisbury NHS Foundation Trust ('the Trust'). Dr Ling commenced her employment at the Hospital in May 2016.

Misconduct

5. It was alleged and found proved that between around September 2017 and 24 October 2017, whilst working at the Trust, on one or more occasion, without having permission from the Trust, Dr Ling appropriated one or more: XXX; cannula(s); syringe(s); drawing needle(s); and injected herself with XXX whilst on duty.
6. It was also alleged and found proved that Dr Ling knew that she did not have permission from the Trust to take these items and that those actions as alleged were dishonest as she knew she did not have permission from the Trust.

7. The Trust carried out an investigation into the allegation that Dr Ling misappropriated those items and used XXX whilst at work, on either 23 or 24 October 2017. Dr Ling was suspended from 25 October 2017 whilst the Trust investigation was carried out and the police were informed.

8. On 26 October 2017 Dr Ling was arrested and her home was searched. Following their investigation, the police dropped the case against Dr Ling.

9. In February 2019, the Trust investigation concluded that although there was no direct evidence of Dr Ling taking XXX, cannula(s), syringe(s) or drawing needle(s) from the Trust, there was sufficient indirect evidence that she probably had done so.

XXX

10. XXX

11. XXX

2020 Tribunal

Misconduct

12. The 2020 Tribunal found that there were multiple counts of thefts from the Trust and dishonesty by Dr Ling.

13. The 2020 Tribunal considered that Dr Ling had been given many opportunities during the Trust investigation, and during the police enquires, to tell the truth, but did not do so until the investigation into these matters by the GMC. It therefore determined that Dr Ling had breached fundamental tenets of GMP on multiple occasions.

14. The 2020 Tribunal recognised that Dr Ling was not XXX and the Trust had provided her with an Educational Supervisor and XXX. The 2020 Tribunal was satisfied that there was significant evidence before it to demonstrate the Trust had provided support for Dr Ling and were aware of XXX.

15. The 2020 Tribunal considered that taking those items was theft, which was serious, but that it was compounded by the fact that Dr Ling then used those items to self-administer XXX whilst on duty in the Hospital when she was performing her duties unsupervised. The Tribunal considered that this disregard for her patients compounded the seriousness of her actions.

16. The 2020 Tribunal also considered that Dr Ling had shown a disregard for her colleagues in that she placed the items taken into the coat pocket of another colleague. It considered that not only could a colleague have been injured when the items were

discovered but it also had the potential to cast suspicion and embarrassment to that colleague.

17. The Tribunal considered that Dr Ling's actions of dishonesty and theft from the Trust had brought the medical profession into disrepute, had breached one of the fundamental tenets of the medical profession and had in the past acted dishonestly. It therefore considered b, c and d of the test set out by Dame Janet Smith met.

18. The 2020 Tribunal noted that whilst Dr Ling had made admissions into her actions in her Rule 7 response to the GMC on 10 May 2019, thus demonstrating some insight, she had not demonstrated any remediation into her misconduct, or the circumstances which led to it.

19. The 2020 Tribunal determined that taking into account Dr Ling's lack of insight into her actions and XXX, there was a significant risk of repetition.

20. The 2020 Tribunal therefore determined Dr Ling had demonstrated that her fitness to practise was impaired by reason of misconduct.

XXX

21. XXX

22. XXX

23. XXX

24. The 2020 Tribunal considered that there had been a serious breach of GMP and that Dr Ling's repeated dishonesty could be considered as being fundamentally incompatible with continued registration, both in the public interest and in order to maintain proper professional standards.

25. Whilst Dr Ling's misconduct was XXX, the 2020 Tribunal determined that conditions would not be workable nor appropriate in her case. It had borne in mind that there was no evidence of remediation from Dr Ling or any positive steps taken by her to address her misconduct.

26. In the 2020 Tribunal's view, Dr Ling had demonstrated limited insight into her actions and it determined that there remained a significant risk of repetition.

27. The 2020 Tribunal therefore determined that a period of suspension of Dr Ling's registration was the appropriate and proportionate sanction which would meet the public interest in the case and uphold proper professional standards.

28. The 2020 Tribunal determined that the suspension on Dr Ling’s registration for a period of 12 months would allow her the necessary time to demonstrate she could take positive steps towards remediation.

29. The Tribunal directed that a review take place shortly before the end of this period of suspension, although it did not direct the provision of evidence to assist a future reviewing Tribunal.

Today’s hearing

30. In accordance with Rule 22(1)(f) of the Rules, the Tribunal has to decide whether Dr Ling’s fitness to practise is impaired by reason of misconduct XXX.

Evidence

31. The Tribunal has taken into account all the documentary evidence received, which included, but was not limited to:

- the determinations of the previous Tribunal in March 2020;
- XXX
- XXX
- XXX
- XXX
- XXX
- Email and letter correspondence between the GMC and Dr Ling from 29 April 2020 and 27 January 2021; and
- Email from Dr Ling to the GMC, dated 27 January 2021, XXX.

The Tribunal also heard from Dr Ling, although she did not give oral evidence under oath.

32. XXX She told the Tribunal that XXX and she wanted to prove how seriously she is taking these matters.

33. Dr Ling told the Tribunal that she knew XXX were required but she had not been given much advice about training and education, such as to demonstrate she had kept her medical skills up to date. She said that she felt guilty, at this time in particular, in that she could not help colleagues or patients during the current pandemic.

34. XXX

35. XXX

36. Dr Ling was asked if she had reflected on her misconduct. She acknowledged that she had made a huge error of judgement and constantly feels guilty for what she has done. Dr Ling also acknowledged that she had not thought to write about her reflections into her misconduct.

37. Dr Ling was also asked whether she had maintained her professional skills. She stated that she had found this difficult XXX.

GMC Submissions

38. Ms Johnson reminded the Tribunal that the issues of remediation and insight are crucial to consider. She submitted that the doctor's remediation is extremely limited. Ms Johnson referred to Dr Ling's acceptance that she has not done enough to demonstrate remediation or insight and XXX.

39. XXX Ms Johnson reminded the Tribunal that Dr Ling has stated that she has considered her misconduct but has not made any written reflections or attended any courses. Furthermore, Dr Ling has made no effort to keep her medical knowledge and skills up to date.

40. Ms Johnson submitted that Dr Ling's lack of remediation and limited, slowly developing insight demonstrate that Dr Ling's fitness to practise is currently impaired. XXX Ms Johnson submitted that, in all the circumstances, it is necessary to make a finding of impairment.

Dr Ling's Submissions

41. Dr Ling told the Tribunal that she had no further submissions to make on the issue of impairment.

Relevant Legal Principles

42. The Tribunal reminded itself that the decision on impairment is a matter for its judgement alone. It is aware that the onus is on the doctor to satisfy it that she would be safe to return to unrestricted practice.

43. The Tribunal must determine whether Dr Ling's fitness to practise is impaired today, taking into account her conduct XXX issues at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remediated and any likelihood of repetition.

44. Throughout its deliberations, the Tribunal has been mindful of its responsibility to uphold the overarching objective as set out in the Medical Act 1983 (as amended). That objective is as follows:

- a. to protect, promote and maintain the health, safety and wellbeing of the public;
- b. to maintain public confidence in the profession; and
- c. to promote and maintain proper professional standards and conduct for members of the profession

Tribunal’s Decision on Impairment

Misconduct

45. The Tribunal considered the documentation before it, taking into account Ms Johnson’s submissions and the information provided by Dr Ling at today’s hearing. In the Tribunal’s view, Dr Ling has not begun to focus on the fundamental aspects of reflection in order to demonstrate remediation of her previous dishonest behaviour. She has only limited insight into the gravity of her misconduct and the impact on her patients and colleagues. Whilst Dr Ling has admitted that her dishonest behaviour was “a huge error of judgement”, she has made no effort to demonstrate that she has reflected on her misconduct and has not provided this Tribunal with documentary evidence of her reflections. Furthermore, there is no evidence of what she has done to keep her medical skills and knowledge up to date. Indeed, the Tribunal has little evidence to persuade it that Dr Ling’s fitness to practise is no longer impaired.

46. In all the above circumstances, the Tribunal has therefore concluded that Dr Ling’s fitness to practise remains impaired by reason of misconduct.

XXX

47. XXX

48. XXX

49. XXX

50. XXX

51. XXX

52. XXX

53. XXX

Determination on Sanction - 22/03/2021

1. Having determined that Dr Ling's fitness to practise is impaired by reason of misconduct XXX the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to Dr Ling's registration.

GMC Submissions

2. Ms Johnson submitted that, in 2020, Dr Ling's insight was limited and there was no evidence of remediation at that stage. She submitted that, in relation to misconduct, Dr Ling's position remains the same as in March 2020. XXX

3. Ms Johnson referred to the aggravating and mitigating factors in this case. In respect of aggravating features, she referred the Tribunal to what had been found at the previous hearing, as follows:

- Dr Ling's serious misconduct was repeated;
- Dr Ling demonstrated a disregard for patient safety by self-injecting XXX on multiple occasions whilst on duty;
- Dr Ling's actions had the potential of causing harm to her colleagues by placing the items she appropriated from the Trust without permission in a colleague's coat. Not only could a colleague have been injured when the items were discovered but it also had the potential to cast suspicion and embarrassment to that colleague by potentially implicating them in her misconduct;
- Dr Ling denied any wrongdoing throughout the extensive and lengthy Trust investigation, breaching fundamental tenets of GMP;
- Dr Ling's dishonesty was sustained and this type of act undermines public confidence in the profession. She abused her professional position by her misuse of XXX at the hospital.

4. In mitigation, Ms Johnson reminded the Tribunal that Dr Ling has expressed remorse at her misconduct which brought her to these proceedings. XXX

5. Ms Johnson submitted that to take no action in this case would be inappropriate given the Tribunal's findings on impairment. In relation to conditions, she submitted that this was not an appropriate sanction, particularly in the light of her limited insight and her failure to remediate her misconduct.

6. Ms Johnson submitted that a further period of suspension would be the appropriate and proportionate sanction in Dr Ling's case. She referred to relevant paragraphs of the Sanctions Guidance (SG), in particular paragraph 97 (a) XXX which states

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

a A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.

[XXX]

7. Ms Johnson submitted that it is relevant to note the risk to patient safety and/or public protection and that any period of suspension should ensure that Dr Ling has adequate time to remediate. In relation to insight, Ms Johnson submitted that Dr Ling requires a significant period of time to develop her insight and to demonstrate and provide evidence of her remediation.

Dr Ling's Submissions

8. Dr Ling said that, when she was suspended from the Medical Register last year, she had "stuck her head in the sand" and did not really engage in the regulatory process. She accepted that she had not done what was required of her, but she emphasised that she did not receive any guidance as to the steps she should take to demonstrate that she is fit to practise safely.

9. Dr Ling told the Tribunal that it is only recently that XXX and she has realised that she should make more of an effort. She said she understands that there is much for her to do to demonstrate her fitness to practise medicine.

Tribunal Approach

10. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal alone, exercising its own judgment. In so doing, it has considered all the evidence before it, its finding on impairment of fitness to practise, and the submissions made by Ms Johnson on behalf of the GMC and those made by Dr Ling.

11. Throughout its deliberations the Tribunal has borne in mind that the purpose of sanctions is not to be punitive, although they may have a punitive effect, to achieve the Tribunals' statutory overarching objective, which is:

- protecting, and promoting the health, safety and well-being of the public;
- promoting and maintaining public confidence in the medical profession; and,
- promoting and maintaining proper professional standards and conduct for members of that profession.

12. In reaching its decision, the Tribunal also had regard to the principle of proportionality, and it weighed Dr Ling's interests against those of the public.

13. The Tribunal took into consideration the aggravating and mitigating features in Dr Ling's case as outlined by Ms Johnson above.

No Action

14. The Tribunal first considered whether to conclude Dr Ling's case by taking no action. The Tribunal has already determined that Dr Ling's fitness to practise remains impaired by reason of her misconduct XXX. It has concluded that to take no action in this case would be wholly insufficient, inappropriate and not in the public interest.

Conditions

15. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Ling's registration. It has borne in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

16. XXX Furthermore, there is no evidence before this Tribunal to reassure it in respect of the risk of repetition and Dr Ling has not maintained her medical skills and knowledge during the period of suspension. The Tribunal has concluded that it would not be possible to formulate workable conditions in these circumstances.

17. In these circumstances, the Tribunal has determined that a period of conditional registration would be unworkable, insufficient and inappropriate

Suspension

18. The Tribunal then considered whether suspension would be the appropriate sanction in this case. It has borne in mind that, at the conclusion of the first hearing in March 2020, that Tribunal imposed a period of suspension due to the serious misconduct and XXX identified in this case.

19. The Tribunal determined that Dr Ling requires a significant period of time in order to remediate her impairment. XXX Dr Ling needs to demonstrate that she has reflected on her misconduct and has gained insight into the ramifications of that misconduct. XXX Dr Ling has not practised medicine since 2017 and therefore needs to engage in Continuing Professional Development to maintain her clinical skills and knowledge.

20. The Tribunal has determined that a further period of suspension of 12 months would afford Dr Ling the opportunity to fully engage with the regulatory process and to help her address all that needs to be done to demonstrate she is fit to practise medicine safely.

21. The Tribunal determined to direct a review of Dr Ling's case. A review hearing will convene shortly before the end of the period of suspension, unless an early review is sought. The Tribunal wishes to emphasise that at the review hearing, Dr Ling will need to demonstrate how she has reflected on her previous dishonest behaviour and XXX. It therefore may assist the reviewing Tribunal if Dr Ling provided the following:

- A reflective piece demonstrating how Dr Ling has developed insight into the misconduct which led to these proceedings, and the steps she has taken to remediate that misconduct;
- XXX;

- Evidence of CPD activities, to demonstrate how she has kept her medical skills and knowledge up to date;
- Any other evidence which Dr Ling believes will assist a reviewing Tribunal.

22. The suspension of Dr Ling’s registration will take effect 28 days from when written notice of this decision is deemed to have been served upon her. The current order of suspension remains in place during this 28-day appeal period. If an appeal is lodged, the current suspension of her registration will remain in force until the appeal has concluded.

23. That concludes this case.

Confirmed

Date 23 March 2021

Mr Ian Comfort, Chair