

Dates: 18/06/2018 - 20/06/2018

Medical Practitioner's name: Dr Joseph Anku-Roberts

GMC reference number: 7046372

Primary medical qualification: MB ChB 2009 University of Leicester

Type of case
New - Misconduct

Outcome on impairment
Impaired

Summary of outcome

Suspension, one month.

Tribunal:

Legally Qualified Chair	Mr Hassan Khan
Lay Tribunal Member:	Mrs Carol Jackson (Douglas)
Medical Tribunal Member:	Dr Alan Shepherd

Tribunal Clerk:	Mr Sewa Singh and Ms Jacqueline Kramer
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Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Lee Hughes, Counsel, instructed directly
GMC Representative:	Mr Daniel Fugallo, 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.

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Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s 1, 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 and Impairment - 19/06/2018

Background

1. Dr Anku-Roberts qualified in 2009 from the University of Leicester. From April 2016 to August 2017, Dr Anku-Roberts undertook work as a locum doctor within the General Surgery department at Aberdeen Royal Infirmary ('ARI'), part of NHS Grampian Health Board ('the Board').
2. In summary the allegations that have led to Dr Anku-Roberts' hearing are that between 31 March 2017 and 28 July 2017, he worked as a locum doctor at ARI when he did not have a licence to practise. It is alleged that Dr Anku-Roberts' fitness to practise is impaired by reason of misconduct.
3. Concerns about Dr Anku-Roberts' revalidation and renewal licence to practise were raised by the GMC in a letter to the doctor dated 18 October 2016.
4. The referral to the GMC followed an informal internal investigation undertaken by the Board.

The Allegation and the Doctor's Response

5. The Allegation made against Dr Anku-Roberts is as follows:
 1. On 31 March 2017 you were notified by the General Medical Council ('GMC') that your license to practice had been withdrawn following your unsuccessful appeal. **Admitted and Found Proved**
 2. On one or more of the dates set out in Schedule 1 you worked at Aberdeen Royal Infirmary ('the Hospital') as a locum junior doctor. **Admitted and Found Proved**
 3. At the time of working at the Hospital as referred to in paragraph 2 you:

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- a. did not have a license to practice; **Admitted and Found Proved**
 - b. knew that you did not have a license to practice. **Admitted and Found Proved**
4. You failed to tell the Hospital that your license to practice had been withdrawn from 31 March 2017. **Admitted and Found Proved**
 5. Your actions as described in paragraphs 2-4 were dishonest. **Admitted and Found Proved**

The Admitted Facts

6. On 18 June 2018 (day one) of the proceedings and through his counsel, Mr Lee Hughes, Dr Anku-Roberts admitted the allegation in its entirety, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced the allegation in its entirety as admitted and found proved.

7. Following the admissions made, Mr Hughes informed the Tribunal that Dr Anku-Roberts disputed the dates which he was alleged to have worked on, as set out in Schedule 1 to the allegation. Both parties were advised by the Tribunal to liaise as to what dates were disputed and whether any agreement could be reached as to the final Schedule. Following discussion, the GMC produced and circulated a revised Schedule 1, which was agreed by both parties. The effect of the revision was that the number of dates which Dr Anku-Roberts had worked without a license to practise was reduced from 103 to 55. The Tribunal marked this as exhibit C2.

The Facts to be Determined

8. In light of the above information, there were no facts to be determined.

Evidence

9. The Tribunal received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Ms A, Locum Advisor at the Board, dated 27 October 2017;
- Dr B, Associate Medical Director at the Board, dated 27 October 2017;
- Mr C, Revalidation Operations Manager at the GMC, dated 1 November 2017.

10. Dr Anku-Roberts also gave oral evidence at the hearing. He told the Tribunal what had inspired him to become a doctor and his ambitions for his future career.

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He described his career to date. He told the Tribunal that prior to these events, he had practised without any concerns about his clinical work or character.

11. On 1 June 2016 Dr Anku-Roberts accepted that he was given formal written notice to revalidate and that a recommendation would be required from a responsible officer. He also accepted that this was followed up by the GMC on a number of occasions and that he had failed to comply with the requests made resulting in his license being withdrawn.

12. Dr Anku-Roberts attempted to obtain a training post in London but was unsuccessful. This meant that in around April 2016 he instead accepted a post at the ARI as a locum. As a result, he had to live apart from his wife during the week. His wife remained in London. She was about to give birth to their first child.

13. In August 2016 Dr Anku-Roberts took leave in order to support his wife with their new child. When he returned to work, he would travel to London at weekends to see his wife and child. He said that this placed a financial and emotional pressure on him, ultimately resulting in a decision to move his family to live in Birmingham in January 2017. He said XXX on a house which required some building and renovation work and the family moved to live with the wife's family. Dr Anku-Roberts explained that the cost of the works was significant and resulted in him XXX falling into debt. The building work remains incomplete.

14. Dr Anku-Roberts fully accepted his obligation to revalidate after receiving correspondence from the GMC. He said he chose to bury his head in the sand as he felt 'consumed' by his personal circumstances. He said his personal circumstances became progressively worse XXX. He said that when he eventually did respond to and engage with the GMC about the revalidation process, it was too late. The decision to withdraw his license had already been made.

15. In March 2017 when Dr Anku-Roberts' licence to practise was withdrawn, he said that given his personal circumstances, he could not see a way through his difficulties other than to continue to work. He said it was a foolish thing to do but that he was afraid of not being able to provide for his family. He said that he took the 'easy route out' which was a 'foolish thing to do'. However, having made this decision, he said he felt guilty, and did not intend to work beyond July 2017. He said that he informed his recruitment agency, GPS Locums that he would not be able to work during August 2017 as he needed a break, but did not inform them that his intention was to apply to restore his license to practise.

16. When Dr Anku-Roberts asked the GMC what steps would be required to revalidate in March 2017, he said he was told the process would take a matter of weeks if everything was in order. He said that he did the foolish thing by not stopping work then. He accepted that he had been dishonest when he made the decision to continue working.

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17. Dr Anku-Roberts said that he was ashamed about his actions and apologised for what he had done and appreciated the adverse impact of his actions on the medical profession as a whole. He told the Tribunal that patients and the wider public expect doctors to be honest and trustworthy and that his actions had the potential to damage that trust. He went on to say that he fully accepted that his actions had brought the profession into disrepute and that he would never repeat this behaviour again. He added that if he were a patient, he would be 'disgusted' and 'horrified' to learn that a doctor had acted in the way that he had. He said that his actions were 'foolish' and that he had been 'extremely stupid' to act in this way. Dr Anku-Roberts told the Tribunal that if he were not allowed to work, he did not know what he would do. Being a doctor and knowing that he could make a difference to people's lives, was all he knew and that medicine was his 'passion'.

18. Dr Anku-Roberts reiterated that he 'buried his head in the sand' in relation to the revalidation process. He knew his licence to practise had been withdrawn and that he was not allowed to work. He said that in future, if he found himself in similar circumstances, he would talk to colleagues and seek assistance, advice and support at an early stage.

Documentary Evidence

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

- Internal email correspondence between Dr Anku-Roberts' senior colleagues at the Board and ARI;
- copies of timesheets completed and submitted by Dr Anku-Roberts;
- correspondence between the GMC and Dr Anku-Roberts in relation to revalidation.

20. Dr Anku-Roberts also provided the Tribunal with a bundle of documents which included Patient feedback questionnaires; Appraisal dated 20 September 2017; and three testimonials from Dr Anku-Roberts colleagues attesting to his good clinical work and character.

Impairment

21. Having announced the facts admitted and found proved, the Tribunal considered whether Dr Anku-Roberts' fitness to practise is currently impaired by reason of misconduct. In doing so, it has taken account of all the evidence adduced, together with the submissions made by both Counsel.

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Submissions on behalf of the GMC

22. Mr Daniel Fugallo, Counsel on behalf of the GMC, submitted that Dr Anku-Roberts' fitness to practise is impaired. Mr Fugallo said that Dr Anku-Roberts' dishonest conduct spanned over a four month period and involved him working without a licence to practice when he knew he was not entitled to do so, and resulted in NHS Grampian making payments of approximately £33K, which was a serious departure from the standards expected of doctors.

23. Mr Fugallo acknowledged that although none of Dr Anku-Roberts' patients came to any harm, his fitness to practise is currently impaired on public interest grounds, namely to uphold proper professional standards and maintain public confidence in the profession. Mr Fugallo said that Dr Anku-Roberts' conduct breached fundamental tenets of the medical profession. Public confidence in the medical profession would be damaged if the seriousness of Dr Anku-Roberts' actions were not marked with a finding of impairment.

Submissions on behalf of Dr Anku-Roberts

24. Mr Hughes submitted that the Tribunal needed to consider the dishonesty aspect of this case in context. He said this is not a case in which Dr Anku-Roberts claimed monies for work he had not undertaken but rather for work which he did undertake. Mr Hughes said that acceptance of dishonesty did not automatically lead to a finding of impairment. Mr Hughes reminded the Tribunal of Dr Anku-Roberts' personal circumstances which he said contributed to Dr Anku-Roberts acting the way he did. Mr Hughes referred the Tribunal to Dr Anku-Roberts' appraisal dated 20 September 2017 in which it is clear that he intended to resolve the matters which gave rise to the proceedings. Mr Hughes also referred the Tribunal to testimonials from Dr Anku-Roberts' colleagues attesting to his good clinical work and character.

25. In relation to insight, Mr Hughes submitted that Dr Anku-Roberts had insight into his actions. Mr Hughes said that Dr Anku-Roberts recognised and accepted that the purpose of the revalidation process is to ensure that a doctor had met all the requirements of safe practice which included keeping their medical knowledge and skills up to date. Mr Hughes went on to say that in his oral evidence, Dr Anku-Roberts accepted that by practising without a license, there was a potential risk to patients. Mr Hughes said that Dr Anku-Roberts was sincerely apologetic for his actions to his colleagues and the wider medical profession and he said that Dr Anku-Roberts had driven to Aberdeen to apologise to his colleagues.

26. Mr Hughes told the Tribunal that Dr Anku-Roberts never intended to work beyond August 2017. In support of this, Mr Hughes provided the Tribunal with a copy of extracts from Dr Anku-Roberts' text messages with his colleague at ARI on 4 August 2017. Despite everything Dr Anku-Roberts had done to remedy his conduct, he accepted that this act of dishonesty would always 'hang as a cloud over his head'

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as a constant reminder of what he had done. Mr Hughes said that the Tribunal could be satisfied that there was no risk of Dr Anku-Roberts repeating his dishonest actions.

27. Mr Hughes went on to say that Dr Anku-Roberts was now working at Coventry and he was keen to pursue his ambition of becoming a surgeon in the future. Mr Hughes concluded by saying that it was in the public interest for Dr Anku-Roberts to be allowed to continue to practise medicine.

The Tribunal's Approach

28. Whilst the tribunal has considered the submissions made, it has borne in mind that there is no burden or standard of proof at this stage. It is a matter for this tribunal, exercising its own judgment, to determine whether Dr Anku-Roberts' fitness to practise is currently impaired.

29. 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 the protection of the public and involves the pursuit of the following:

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

Misconduct

30. The Tribunal first considered whether the facts admitted and found proved are of a sufficiently serious nature to amount to misconduct, and concluded that they were. The Tribunal was mindful that Dr Anku-Roberts accepted that his dishonest behaviour amounts to misconduct.

31. In reaching this decision, the tribunal had regard to paragraphs 1, 65 and 66 of GMP. These state:

"1. Patients need good doctors. Good doctors make the care of their patients their first concern: 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.

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66. You must always be honest about your experience, qualifications and current role."

32. By Dr Anku-Roberts' own admission he:

- knew that his license to practise had been withdrawn since 31 March 2017;
- knew that he was not allowed to work in a post which required a licence to practise and that his post at ARI required such a licence;
- failed to inform his employer and his locum recruitment agency that his licence to practise had been withdrawn;
- continued to work without a licence to practise;
- his actions were dishonest.

33. The Tribunal also took into account that Dr Anku-Roberts' dishonest actions spanned over a four month period and resulted in NHS Grampian making payments of approximately £33K.

34. In the circumstances the Tribunal took the view that Dr Anku-Roberts' dishonest behaviour had wide ranging consequences for the medical profession and fell far below the standards of probity expected of a medical practitioner. The Tribunal concluded that Dr Anku-Roberts' actions amounted to misconduct.

Impairment

35. In reaching its decision on impairment, the Tribunal considered the issues of insight, remediation and risk of repetition. In relation to insight, the Tribunal noted that during his evidence, Dr Anku-Roberts said that he was ashamed of his actions and apologised for what he had done and the adverse impact his actions had on the medical profession as a whole and the inconvenience caused to his colleagues. He told the Tribunal that patients and the wider public expect doctors to be honest and trustworthy and that his actions had the potential to damage that trust. The Tribunal noted that Dr Anku-Roberts fully accepted that his actions had brought the profession into disrepute and that he would never repeat his conduct again. The Tribunal was satisfied that Dr Anku-Roberts took personal responsibility for his actions rather than relying on his personal circumstances as an excuse for his misconduct. In his evidence he told the Tribunal, and the Tribunal accepted as genuine insight, that the public would be 'horrified' and 'disgusted' to learn a doctor had acted in the way he had. The Tribunal noted that in his Rule 7 response dated January 2018, Dr Anku-Roberts admitted the allegation in its entirety. The Tribunal accepted Dr Anku-Roberts' evidence that, at the time of these events, and given his personal circumstances, he 'buried his head in the sand.'

36. The Tribunal had regard to the extracts of the telephone messages between Dr Anku-Roberts and his colleague at ARI on 4 August 2017 which stated:

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“Hey, are you coming to ENT?? :)” [colleague]

“It’s urology SHO with Ent cross cover. Not for a few weeks as I need to sort out my appraisal beforehand. How’s ENT?” [Dr Anku-Roberts]

37. The Tribunal accepted that it is more likely than not that Dr Anku-Roberts would have stopped working without a license to practise from this point onwards.

38. The Tribunal is satisfied that Dr Anku-Roberts has demonstrated good insight into his misconduct.

39. In relation to remediation and the risk of repetition, the Tribunal noted that Dr Anku-Roberts is now practising again, having regained his licence to practise in March 2018. The Tribunal took into account that Dr Anku-Roberts is a man of good character and has no previous adverse GMC history.

40. In considering the risk of repetition, the Tribunal noted that Dr Anku-Roberts appeared to understand how his actions had the potential to adversely affect the reputation of the profession. The evidence before the Tribunal is of a doctor of good character and this is not disputed by the GMC. The Tribunal was of the view that this was a single act of dishonesty which continued over a four month period. Dr Anku-Roberts had, from the evidence, ‘buried his head in the sand’ but had by August 2017, decided to address his dishonest actions. His dishonest actions arose at a time when he was experiencing difficult and challenging personal circumstances including the birth of his child; XXX financial debt; and moving home from London to Birmingham and purchasing a new home.

41. The Tribunal took into account that no concerns have been raised about Dr Anku-Roberts’ clinical practice and that none of his patients’ came to any harm while he worked at ARI.

42. In light of Dr Anku-Roberts’ good insight, the Tribunal was of the view that it is highly unlikely that he would repeat his misconduct.

43. However, the Tribunal took into account that Dr Anku-Roberts’ behaviour, which involved a serious breach of the fundamental tenets of honesty and integrity, brought the medical profession into disrepute. He failed to uphold proper standards of behaviour expected by doctors which undermined the public confidence in the profession.

44. The Tribunal concluded that a finding of current impairment is necessary to uphold proper professional standards, and that public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances of this case.

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45. Accordingly, the Tribunal determined that Dr Anku-Roberts' fitness to practise is currently impaired by reason of misconduct.

Determination on Sanction - 20/06/2018

1. Having determined that Dr Anku-Roberts' 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, Mr Fugallo, Counsel, submitted that the question of sanction is a matter for the Tribunal, but invited it to consider whether this was an appropriate case for a suspension order. In so doing he directed the Tribunal's attention to the following paragraphs of the Sanctions Guidance ('SG') dated February 2018:

Paragraph 92:

"Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession)."

Paragraph 93:

"Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions."

4. In particular Mr Fugallo relied on paragraph 93 and suggested that the factors therein appeared to apply to this case, namely the fact that there had been acknowledgment of fault in light of Dr Anku-Roberts making prompt admissions and in light of the Tribunal's finding that the misconduct is highly unlikely to be repeated.

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5. Mr Fugallo further submitted that the length of any suspension is also a matter for the panel. He directed the panel to consider aggravating factors set out at page 30 of SG.

- Departing from Good Medical Practice ('GMP')
- Risk to public confidence
- Sustained act of dishonesty

6. Mr Fugallo acknowledged that there were mitigating factors in this case, namely the admissions made by Dr Anku-Roberts and his reflections on his misconduct.

7. On behalf of Dr Anku-Roberts, Mr Hughes relied on paragraph 14 of the SG which sets out the following:

"The main reason for imposing sanctions is to protect the public. This is the statutory overarching objective, which includes to:

a protect and promote the health, safety and wellbeing of the public

b promote and maintain public confidence in the medical profession

c promote and maintain proper professional standards and conduct for the members of the profession."

8. He submitted that paragraph 14(a) above was not engaged in this case as it was accepted that Dr Anku-Roberts did not pose a risk to the safety of the public.

9. He stated that this case mainly related to paragraphs 14(b) and (c) of SG.

10. When mitigating on behalf of Dr Anku-Roberts, Mr Hughes submitted that:

- Dr Anku-Roberts was a man of good character until he made the admissions
- There were numerous personal factors affecting him at the time of his misconduct
- He fully complied with his IOT conditions
- He has significant insight into his misconduct.

11. Mr Hughes submitted that the appropriate order in this case was one of conditions. He said that Dr Anku-Roberts had been subject to conditions at the interim orders stage. He said that the same conditions could continue, as well as any additional conditions considered necessary.

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12. Mr Hughes suggested the following conditions be imposed in relation to Dr Anku-Roberts' registration contained within the MPTS conditions bank dated February 2018:

- That he must not practise without a license
- To notify the GMC within seven calendar days of the details of his current post and to notify the GMC of any post he accepts before commencing employment
- The compilation of a personal development plan; Mr Hughes suggested that this would be a way for Dr Anku-Roberts to develop proper professional standards
- The appointment of an educational supervisor
- The appointment of a mentor.

13. Mr Hughes accepted that the conditions imposed by the IOT were primarily designed to prevent Dr Anku-Roberts practising without a licence pending a substantive hearing and did not address matters of dishonesty. Mr Hughes conceded that an educational supervisor may not be an appropriate condition as such a supervisor may not be available to locum doctors. Furthermore, the role of an educational supervisor would not address the finding of impairment in this case, as it relates to public confidence being undermined by dishonest misconduct. The role of an educational supervisor is to ensure that a doctor's educational attainments necessary for practising as a doctor are appropriately monitored. In relation to a mentor Mr Hughes accepted that, even if a mentor was appropriate, Dr Anku-Roberts would find it difficult to acquire a mentor in light of the fact that he is currently working as a locum.

14. Mr Hughes submitted that, if the Tribunal was minded to impose a sanction of suspension, the period of that suspension should be as short as possible. He further submitted that the Tribunal should take into account the fact that Dr Anku-Roberts has already been unable to work for an 8 month period with a consequent loss of income; although he acknowledged that it was Dr Anku-Roberts' fault that he was unable to practise during that time. He suggested that the Tribunal should consider that 8 month period as 'time served'. Finally, Mr Hughes requested the Tribunal to bear in mind that a longer period of suspension would mean a period away from practice when Dr Anku-Roberts would be unable to develop his clinical skills and that, therefore, a shorter period would be appropriate in his case.

The Tribunal's approach

15. The Tribunal had regard to the SG dated 6 February 2018.

16. The Tribunal bore in mind that the purpose of imposing sanctions is not to punish doctors but rather to protect the public.

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17. When deciding which sanction to impose the Tribunal applied the overarching objective namely:

- (a) to protect, promote and maintain the health, safety and well-being of the public,
- (b) to promote and maintain public confidence in the medical profession, and
- (c) to promote and maintain proper professional standards and conduct for members of that profession

18. The Tribunal reminded itself that it must exercise its discretion in a proportionate way, weighing the interests of the public against those of the doctor. In light of this the Tribunal considered the least restrictive sanction first before moving to a more severe sanction.

The Tribunal's Determination on Sanction

19. In reaching its decision on sanction the Tribunal considered both the aggravating and mitigating factors.

20. The Tribunal accepted that Dr Anku-Roberts' case did not relate to public protection. The Tribunal therefore focussed on the public interest limbs (paragraphs b and c above) of the overarching objective.

21. The Tribunal bore in mind SG under the heading "Considering dishonesty" and paragraph 120:

"Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession."

22. The Tribunal further considered paragraph 124 of SG:

"Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty."

23. The Tribunal reminded itself that Dr Anku-Roberts' dishonesty was particularly serious. He misled his locum agency and NHS Board by failing to inform them that

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he was not in possession of a licence to practise. This led to the NHS Board paying significant sums of money on a false basis. The Tribunal considered that this conduct inevitably undermined the trust the public place in the medical profession. It further led to undermining the trust that health authorities place in the integrity of doctors thereby risking public confidence in the profession.

24. The Tribunal considered that the following aggravating features were present in this case:

- Departing from the principles of good medical practice
- Risk to public confidence in the profession
- Act of dishonesty
- Seriousness of the misconduct
- Consequences of misconduct resulting in cost to NHS Board

25. The Tribunal also took account of the mitigating factors in this case as follows:

- Early admissions to all the charges and taking personal responsibility for his misconduct rather than relying on his difficult and challenging personal circumstances
- Genuine remorse for his misconduct
- Good insight into the misconduct
- Risk of repetition unlikely

No action

26. In light of the serious findings of misconduct and impairment relating to dishonesty, the Tribunal considered that it was inappropriate to take no action. A sanction of this kind would not satisfy the public interest.

27. The Tribunal did not consider that there were any exceptional circumstances to justify the Tribunal taking no action.

Conditions

28. The Tribunal bore in mind that in order to impose conditions they should be appropriate, proportionate, workable and measurable.

29. The Tribunal had regard to paragraph 81 of SG which states that:

“Conditions might be most appropriate in cases:

a involving the doctor’s health

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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."

30. The Tribunal reminded itself that the types of cases when conditions are imposed as set out in paragraph 81 was not an exhaustive list.

31. In light of the findings of dishonesty, the Tribunal was unable to formulate appropriate or workable conditions in Dr Anku-Roberts' case.

32. Furthermore, the Tribunal found that Dr Anku-Roberts' fitness to practise was impaired on public interest grounds. In particular, the Tribunal considered that, in the light of its finding of impairment on the grounds of misconduct stemming from dishonesty, the imposition of conditions was not the proportionate response. The Tribunal considered that there were no suitable conditions in this case that would address these findings.

Suspension

33. The Tribunal considered a period of suspension to be the appropriate sanction in this case.

34. When making this decision the Tribunal reminded itself of the seriousness of Dr Anku-Roberts' misconduct.

35. The Tribunal considered that paragraph 91 was relevant in this case:

"Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbecoming a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention."

36. Although the Tribunal reminded itself that the purpose of sanction is not to punish a doctor it may well have this effect. The Tribunal considered that the misconduct in this case required a clear message to be signalled to Dr Anku-Roberts, the profession and the public, that it is unacceptable for a doctor to behave dishonestly and to practise without a licence.

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37. The Tribunal took the view that Dr Anku-Roberts' actions amounted to a serious aberration on his part. Nonetheless, it found that there was nothing pernicious in his actions, that they had not been premeditated and that he had not taken account of the consequences. The Tribunal concluded that Dr Anku-Roberts' actions amounted to a single act of dishonesty over a protracted period. It had regard to both the aggravating and mitigating features of his case alongside the difficult personal circumstances which Dr Anku-Roberts was experiencing at the relevant time. Nonetheless, the Tribunal concluded that it is a fundamental requirement of *Good Medical Practice* that all doctors are expected to act honestly and with integrity at all times, regardless of their own personal circumstances.

38. The Tribunal agreed with Mr Fugallo that paragraph 93 of SG had particular relevance in this case, namely that a suspension order may be appropriate where, as here, there is acknowledgment of fault and the Tribunal is satisfied that the behaviour is unlikely to be repeated.

39. When considering the duration of suspension the Tribunal had regard to paragraphs 99-102 of SG. Paragraph 100 states:

"The following factors will be relevant when determining the length of suspension:
a the risk to patient safety/public protection
b the seriousness of the findings and any mitigating or aggravating factors
c ensuring the doctor has adequate time to remediate."

40. The Tribunal gave particular weight to the good mitigation in this case including early admissions made by Dr Anku-Roberts, genuine expressions of remorse, good insight into his misconduct and the unlikelihood of repetition. The Tribunal considered that these proceedings have had a significant impact on Dr Anku-Roberts in that he appreciated the seriousness of his misconduct and he would not wish to be in the same position again.

41. Although it was suggested by Mr Hughes that the Tribunal should take account of the eight months during which Dr Anku-Roberts was out of work between August 2017 – March 2018, the Tribunal was not persuaded by this submission. This was because Dr Anku-Roberts was simply not in a position to work during this period because he was not in possession of a licence to practise.

42. The Tribunal did not consider that erasure was a suitable or proportionate sanction in this case in light of the significant mitigating circumstances.

43. The Tribunal did not consider that Dr Anku-Roberts' conduct was fundamentally incompatible with continued registration as a doctor.

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44. Having considered the seriousness of Dr Anku-Roberts conduct and balancing the aggravating and mitigating factors, the Tribunal considered that a suspension order for a period of one month was appropriate and proportionate in this case.

Determination on Immediate Order - 20/06/2018

Submissions

1. On behalf of the GMC, Mr Fugallo submitted that the Tribunal should impose an immediate order of suspension in Dr Anku-Roberts' case. He reminded the Tribunal that Dr Anku-Roberts has had ample time to prepare for this Tribunal hearing. He submitted that this case involves serious matters of dishonesty which have the potential to damage public confidence in the profession. These matters, he submitted, outweigh any immediate inconvenience which might be caused to Dr Anku-Roberts by the imposition of an immediate order of suspension.
2. Dr Anku-Roberts submitted that the imposition of an immediate order would be likely to cause difficulties at the Trust where he is currently working as it would not allow time to find a replacement.

The Tribunal's Determination

3. In determining whether it was necessary to impose an immediate order of suspension, the Tribunal has had regard to the SG, in particular paragraphs 172, 173 and 174. The guidance states at paragraph 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. The Tribunal has noted Dr Anku-Roberts' submission relating to the difficulties which may be caused at his place of work, should an immediate order be imposed. It has noted, however, that Dr Anku Roberts has had plenty of time to prepare for that outcome and it has, therefore, given little weight to his submission on this matter.
5. The Tribunal has concluded that, in Dr Anku-Roberts' case, there is no risk to patient safety. Furthermore, immediate action is not required to protect public confidence in the medical profession. The Tribunal has determined that the sanction of suspension for a period of one month is sufficient to protect the public interest in all the circumstances of Dr Anku-Roberts' case. Accordingly, the Tribunal has determined not to impose an immediate order of suspension on Dr Anku-Roberts.

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6. This means that Dr Anku-Roberts' registration will be suspended from the Medical Register 28 days from today, unless he lodges an appeal. If Dr Anku-Roberts does lodge an appeal he will remain free to practise unrestricted until the outcome of any appeal is known.

7. The Tribunal has determined that the interim order of conditions in place on Dr Anku-Roberts' registration is hereby revoked.

Confirmed

Date 20 June 2018

Mr Hassan Khan, Chair