Record of Determinations –
Medical Practitioners Tribunal

PUBLIC RECORD

The GMC successfully appealed this decision. The High Court directed that the tribunal's decision to impose a sanction of 12 months' suspension be quashed and substituted with a sanction of erasure. The full judgment can be found here.

Dates: 20/02/2017 – 22/02/2017 & 12/06/2017 – 13/06/2017
Medical Practitioner's name: Dr Hadiza BAWA-GARBA

GMC reference number: 6080659

Primary medical qualification: MB ChB 2003 University of Leicester

Type of case
New - Conviction / Caution

Outcome on impairment
Impaired

Summary of outcome
Suspension, 12 months.
Review hearing directed

Immediate order imposed

Tribunal:

Lay Tribunal Member (Chair)	Mr Miran Uddin
Lay Tribunal Member:	Ms Elizabeth Daughters
Medical Tribunal Member:	Mr Gulzar Mufti

Legal Assessor:	Ms Judith Walker
Tribunal Clerk:	Ms Dee Montgomery – 20/02/2017 – 22/02/2017 Ms Sarah Ryan – 12/06/2017 – 13/06/2017

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Julian Woodbridge, Counsel, instructed by RadcliffesLeBrasseur
GMC Representative:	Mr Stuart Denney, Counsel

Allegation and Findings of Fact

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

1. On 4 November 2015 at Nottingham Crown Court you were convicted of Manslaughter on the grounds of gross negligence. **Admitted and found proved**

2. On 14 December 2015 you were sentenced to 24 months imprisonment suspended for 24 months. **Admitted and found proved**

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

Attendance of Press / Public

The hearing was all heard in public.

Determination on Impairment - 22/02/2017

Dr Bawa-Garba:

1. At the outset of these proceedings, Mr Woodbridge, Counsel on your behalf, admitted the entirety of the allegation. The Tribunal also took the certificate of conviction as conclusive evidence of the offence committed. The Tribunal announced that the allegation was found proved.

2. The admitted facts of your case are as follows.

> 1. On 4 November 2015 at Nottingham Crown Court you were convicted of Manslaughter on the grounds of gross negligence.
>
> 2. On 14 December 2015 you were sentenced to 24 months imprisonment suspended for 24 months.

Background

3. Your conviction relates to your involvement in the death of a six year old boy, Patient A, who had been admitted to the Children's Assessment Unit (CAU) at Leicester Royal Infirmary on 18 February 2011 following a referral from his General

Practitioner. Patient A's parents had taken him to the GP as he had been suffering from diarrhoea, vomiting and had difficulty breathing. At that time you were a specialist registrar in year six of your postgraduate training (ST6) and the most senior doctor present in the CAU that day.

4. The Tribunal has been provided with transcripts of the summing-up and sentencing remarks of Mr Justice Nicol, dated 28 & 29 October 2015 and 14 December 2015 respectively, which set out the course of events on 18 February 2011 as they emerged at the trial.

5. From those transcripts, the events that unfolded can be summarised as follows. You saw Patient A at about 10.30am, shortly after his arrival in the CAU, and recognised that he was a seriously sick child. Patient A was receiving supplementary oxygen at the time and you prescribed a fluid bolus and arranged for a blood gas test which you recognised showed abnormalities. You also arranged other blood tests and a chest x-ray. It is accepted that your initial treatment of Patient A was appropriate. However, you did not pursue the investigation and treatment of Patient A's condition with the urgency, priority and attention it demanded.

6. The Tribunal heard that Patient A had sepsis, a particularly dangerous condition, which required treatment with antibiotics. However, your initial diagnosis was gastro-enteritis with moderate dehydration. At 10.44am the first blood gas test was available and showed a worryingly high lactate reading. That reading, with the other symptoms present, should have been a clear indicator for a diagnosis of possible sepsis. The x-ray became available to you from around 12.30pm but it was not until 3pm or thereabouts that you looked at it. It was another hour before Patient A received his first dose of antibiotics. Your failure to review Patient A's x-ray result when it was available to you, around 12.30, meant that you were not aware until 3pm when you viewed it, that it showed an infection in the chest which triggered you to prescribe antibiotics. You also did not review his blood test results until about 4pm and on review you did not appreciate their full import and the severity of Patient A's condition. During a meeting with a consultant which took place about 4.30pm, you did not ask the consultant to review Patient A. Further, Patient A had been prescribed a regular dosage of Enalapril. When you wrote up Patient A's initial notes, whilst you appreciated that Enalapril should be discontinued, you did not write that up in his notes, nor did you communicate this to any other members of the medical team. Patient A was subsequently given his evening dose of Enalapril around 7pm when he should not have been.

7. It is accepted that at some point during that day Patient A's condition deteriorated to a point at which proper treatment would not enable him to recover. The expert witnesses in the criminal case were confident that this point had passed by about 8pm when a crash call went out. You were one of the doctors who responded to the crash call. On entering the room you mistakenly confused Patient A with another patient who had a 'Do Not Resuscitate' instruction on his notes leading you to call off

the resuscitation. Efforts to help Patient A were stopped, however, your mistake was identified within 30 seconds to two minutes and resuscitation continued. It is accepted that this interruption did not contribute to Patient A's death, as his condition was already too far advanced. However, Mr Justice Nichol highlighted it as an illustration of how you had departed from providing Patient A with the proper standard of care that day.

8. In convicting you of Manslaughter on the grounds of gross negligence, the jury was satisfied that you had been negligent and that your negligence significantly contributed to Patient A's death or its timing. The jury was also satisfied that your negligence was gross or severe. Mr Justice Nichol sentenced you on the basis that, as a result of your actions and/or failings, Patient A died significantly sooner than he otherwise would have.

Impairment

9. The Tribunal has now considered whether your fitness to practise is impaired by reason of your conviction. It has taken into account all the evidence before it, both oral and documentary. This included the oral evidence of A, Consultant Neonatologist and Dr D, Consultant Intensivist.

10. The Tribunal has considered the submissions of Mr Denney, Counsel on behalf of the General Medical Council (GMC), and those of Mr Woodbridge on your behalf. The full submissions are a matter of record and the Tribunal has not rehearsed them in detail in this determination.

11. Mr Denney submitted that your fitness to practise is impaired by reason of your conviction. He referred the Tribunal to paragraphs 2 and 3 of the GMC's guidance, Good Medical Practice (November 2006) (GMP) which state:

> 2. Good clinical care must include:
>
> a. adequately assessing the patient's conditions, taking account of the history (including the symptoms, and psychological and social factors), the patient's views, and where necessary examining the patient
> b. providing or arranging advice, investigations or treatment where necessary
> c. referring a patient to another practitioner, when this is in the patient's best interests
>
> 3. In providing care you must…
>
> c. provide effective treatments based on the best available evidence…

g. make records at the same time as the events you are recording or as soon as possible afterwards…

i. consult and take advice from colleagues, when appropriate.

12. Mr Denney submitted that your performance on 18 February 2011 was so poor that, regrettably, regardless of the remediation that you have undertaken, there remains a risk that there would be a further collapse of standards in the future with an inevitable risk to patient safety. He acknowledged, however, that you had done all you could to remediate the specific failings identified. He further submitted that, given the fact that you have been convicted of manslaughter and received a custodial sentence, a finding of impairment is also required in the public interest.

13. Mr Woodbridge conceded that your fitness to practise is impaired on the basis of your conviction and the fact that you have not been in practise since November 2015. Mr Woodbridge disputed that you currently pose a risk to patient safety and he referred the Tribunal to the oral evidence of Dr A and Dr D in which they stated that they considered you to be a safe doctor. Mr Woodbridge submitted that it is now six years after the event and no further concerns have been raised since, despite the fact that you continued to practise after these events until the date of your conviction.

14. Mr Woodbridge submitted that you are a doctor who has expressed extreme remorse. He stated that what is apparent, and has always been accepted by you, is that you failed to realise just how seriously ill Patient A was when you were called to assess him. He stated that you now understand the serious clinical errors that you made that day and that you have striven to address them in the intervening period. He submitted that your failings occurred over a period of 12 hours and that this is not a case where you did not pick up signs over a prolonged period of days. He submitted that you have reflected on and addressed your failings and that you no longer pose a risk to patient safety.

Tribunal approach

15. In deciding whether your fitness to practise is impaired, the Tribunal has exercised its own judgement. It has borne in mind the statutory overarching objective which is to protect the public. This includes: to protect and promote the health, safety and wellbeing 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 the profession.

16. In making its decision, the Tribunal bore in mind that the purpose of fitness to practise proceedings is not to punish a doctor for past wrongdoing but to maintain proper standards in the profession and to protect the public. The Tribunal must look forward, not back, but in order to determine whether a doctor is fit to practise

without restriction today it must take into account the way in which a doctor has acted, or failed to act, in the past.

17. Whilst there is no established definition of impairment, the Tribunal had regard to paragraph 76 of the judgment in the case of CHRE v NMC & Paula Grant [2011] EWHC 927 (Admin), in which Mrs Justice Cox adopted a helpful approach to determining impairment in the following way:

> 'Do our findings of fact…show that his/her fitness to practise is impaired in the sense that s/he:
>
> a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or
> b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or
> c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; …'.

18. It is clear that your actions fell far below the standards expected of competent doctor at your level and put Patient A at unwarranted risk of harm in that they led to Patient A dying significantly sooner than he otherwise would have. It is also clear that your actions and resulting conviction brought the profession into disrepute and breached a fundamental tenet of the medical profession relating to good clinical care.

19. In relation to the clinical matters the Tribunal considered whether your failings were remediable and whether you had remediated them. The Tribunal is satisfied that your clinical failings, serious as they were, are capable of being remedied. The Tribunal had regard to the oral and documentary evidence presented on your behalf and noted that you have undergone significant remediation and reflection directly related to the concerns in this case. Both Dr A and Dr D were satisfied that you had addressed the deficiencies in your practice and they described you as an excellent doctor. The Tribunal accepted the evidence of both in relation to your clinical practice. The Tribunal also noted the certificates of the various training courses that you had attended, the positive supervisor's reports and assessments and the testimonials completed by a range of consultants and other clinical colleagues. The Tribunal notes you continued to practise without further incident after these events and that there were no concerns prior to this event. It is satisfied that the risk of you putting a patient at unwarranted risk of harm in the future is low.

20. In reaching this conclusion, the Tribunal considered Mr Denney's submission that the wholesale collapse of the standard of care provided by you came out of the blue and for no apparent reason. He submitted that it was therefore impossible to have any confidence that this would not happen again. He did accept that you had done all you could to remediate your clinical failings. The Tribunal has also accepted the

evidence that you had remediated the specific clinical failings identified and had practised safely until November 2015. In that context the Tribunal considers that the risk of your clinical practice suddenly and without explanation falling below the standards expected on any given day is no higher than for any other reasonably competent doctor.

21. The Tribunal considered the public interest in this case, specifically the need to maintain public confidence in the medical profession and uphold proper professional standards and conduct for members of the profession. The Tribunal noted that your conviction arose directly out of your medical practice and involved clinical failings which resulted in your conviction for Manslaughter on the grounds of gross negligence for which you received a suspended custodial sentence that is still in force.

22. The Tribunal had regard to the case of GDC v Fleischmann [2005] EWHC 87 (Admin) in which Mr Justice Newman stated:

> 'I am satisfied that, as a general principle, where a practitioner has been convicted of a serious criminal offence or offences he should not be permitted to resume his practice until he has satisfactorily completed his sentence. Only circumstances which plainly justify a different course should permit otherwise…The rationale for the principle is not that it can serve to punish the practitioner whilst serving his sentence, but that good standing in a profession must be earned if the reputation of the profession is to be maintained.'

23. Having considered all the evidence, the Tribunal considered that public confidence in the profession would be undermined if a finding of impairment were not made. This is a case where your actions had fallen so far below the standards to be expected resulting in a criminal conviction for manslaughter where you are still subject to a suspended prison sentence. It also concluded that such a finding was required in order to promote and maintain proper professional standards and conduct for members of the profession.

24. Having considered all the evidence, the Tribunal concluded that your fitness to practise is impaired by reason of your conviction.

Determination on Sanction - 13/06/2017

Dr Bawa-Garba:

1. Having determined that your fitness to practise is impaired by reason of your conviction, the tribunal has now considered what action, if any, it should take with regard to your registration.

2. In so doing, the tribunal has given careful consideration to all the information before it, together with Mr Denney's submissions, on behalf of the GMC, and those made by Mr Woodbridge, on your behalf. The submissions are a matter of record and the Tribunal does not intend to rehearse them in full. The Tribunal also took into account further oral evidence, on your behalf, from Dr A, Consultant Neonatologist.

Submissions

GMC Submissions

3. Mr Denney submitted that the only appropriate sanction in your case is that of erasure. He stated that it was an uncontroversial point that taking no action or imposing an order of conditions on your registration would be inappropriate. During the course of his submissions, Mr Denney referred the Tribunal to relevant paragraphs of the Sanctions Guidance (July 2016 edition).

4. Mr Denney submitted that your actions on 18 February 2011 reflected a series of widespread and varied failures, which had the ultimate consequence of contributing to Patient A's early death. Mr Denney stated that whilst the primary responsibility for monitoring Patient A and maintaining his records fell upon the nurses working in the Children's Assessment Unit (CAU) that day, as the doctor in charge of the unit, secondary responsibility fell on you to ensure that this was being properly carried out.

5. Mr Denney submitted that whilst your initial diagnosis of gastro-enteritis was appropriate, you should have had sepsis in mind as a possible diagnosis, as Patient A displayed each and every symptom. He submitted that your subsequent failure to reassess Patient A led to you missing the diagnosis of sepsis, and that at no point did you seek assistance or make a referral.

6. Mr Denney submitted that you had been convicted of homicide by a public court. He drew the Tribunal's attention to the Judge's sentencing remarks in your criminal trial, that the jury could only convict you if they deemed your actions to be "truly exceptionally bad."

7. Mr Denney concluded that even if you have taken all reasonable steps to remedy what you can, and are an otherwise safe doctor, erasure is the only sanction which can satisfy maintaining public confidence in the profession and uphold proper standards in the medical profession.

Submissions on your behalf

8. Mr Woodbridge submitted that the appropriate sanction in your case is suspension.

9. Mr Woodbridge submitted that the events leading to your conviction did not take place in isolation, but rather in combination with failings of other staff, including the nurses and consultants working in the CAU that day, and in the context of multiple systemic failures which were identified in a Trust investigation.

10. Mr Woodbridge stated that you were investigated by the police in 2011 and told in 2012 that no charges would be brought against you. You continued to be employed by the Trust up until your conviction in 2015, at which point 3 years and 10 months had elapsed. Mr Woodbridge submitted that you therefore had the opportunity to demonstrate that you had remediated your clinical failings. He drew the Tribunal's attention to positive testimonials from colleagues, submitted on your behalf.

11. Mr Woodbridge submitted that you have demonstrated insight. He drew the Tribunal's attention to the oral evidence of Dr D and Dr A, witnesses who were called on your behalf, who stated that you had reflected upon and expressed remorse for the events leading to your conviction.

12. Mr Woodbridge submitted that your conviction was not fundamentally incompatible with continued registration. He drew the Tribunal's attention to the case of Bijl v GMC [Privy Council No.78, 2000], from which he highlighted the public interest in keeping an otherwise good doctor who presents no danger to the public on the medical register. He pointed to the decision of a Fitness to Practise Panel in the case of Dr Sudhanshu Garg as an example of how this principle ought to be applied in this case. He stated that these cases demonstrate that a conviction for manslaughter does not necessarily mean that a Tribunal must erase a doctor's name from the medical register.

13. Mr Woodbridge concluded that, given the unusual circumstances of this case, the delay in your prosecution, the passage of time since the incident, evidence of your remediation and your otherwise impeccable record, imposing a period of suspension on your registration would be a proportionate and appropriate sanction.

The Tribunal's Approach

14. The Tribunal is aware that the decision as to the appropriate sanction, if any, to impose on your registration is a matter for this Tribunal exercising its independent judgment. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (July 2016) and its own findings at the impairment stage.

15. Throughout its deliberations, the Tribunal considered its overarching objective which is 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 the medical profession.

16. The Tribunal has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the public interest, although it may have a punitive effect. In making its decision, the Tribunal considered and balanced the mitigating and aggravating factors in this case.

17. The Tribunal also bore in mind paragraph 110 of the Sanctions Guidance which states:

"The purpose of the hearing is not to punish the doctor a second time for the offences they were found guilty of. The purpose is to consider whether the doctor's fitness to practise is impaired as a result. If so, the tribunal then needs to consider whether to restrict the doctor's registration to protect the public (who might come to the doctor as patients) and to maintain the high standards and good reputation of the profession."

Mitigating Factors

18. In mitigation the Tribunal had regard to the following factors:

- Other than this matter, you have an unblemished record as a doctor
- You were of good character prior to your offence
- You remained employed by the Trust up until your conviction in 2015
- There is no evidence of any concerns being raised regarding your clinical competency before or after your offence
- The length of time which has passed since your offence
- Before the events of 18 February 2011, you had recently returned from maternity leave and whilst you had completed some on-call shifts, this was your first shift in an acute setting
- On the day in question, you were covering the CAU, the emergency department and the ward
- The multiple systemic failures identified in the Trust investigation following the events of 18 February 2011
- There is no evidence to suggest that your actions on 18 February 2011 were deliberate or reckless.

Aggravating Factors

19. The Tribunal balanced those mitigating factors against what it considered to be the aggravating factors in this case:

- Patient A was vulnerable by reason of his age and disability

- Your failings in relation to Patient A were numerous, continued over a period of hours and included your failure to reassess Patient A following your initial diagnosis or seek assistance from senior consultants
- Even though you expressed your condolences to the family of Patient A, there is no evidence before this Tribunal that you have subsequently apologised to them.

The Tribunal's Decision

20. The Tribunal reminded itself that any sanction it imposes must directly address the
concerns it had identified in its findings on impairment.

21. In deciding what sanction, if any, to impose the Tribunal considered each of the sanctions available, starting with the least restrictive. In so doing, the tribunal paid attention to relevant sections of the Sanctions Guidance when considering each possible sanction.

No action

22. The Tribunal first considered whether to conclude your case by taking no action. As noted at paragraph 62 of the Sanctions Guidance, taking no action following a finding of impaired fitness to practise would only apply in exceptional circumstances. The tribunal determined that there are no exceptional circumstances to warrant no further action. Further, given its findings and the gravity of your conviction, the Tribunal determined that it would not be sufficient, proportionate or in the public interest to conclude your case by taking no action.

Conditions

23. The Tribunal next considered whether it would be appropriate to impose a period of conditions on your registration. It has borne in mind that any conditions must be appropriate, proportionate, workable and measurable.

24. The Tribunal determined that it was unable to formulate workable and appropriate conditions which would ensure the maintenance of public confidence in the profession and declare and uphold proper standards of conduct and behaviour. It further noted that you are subject to a prison sentence which is suspended until December 2017. In accordance with the case of Fleischmann, the Tribunal determined that it would therefore be inappropriate for you to return to practice at this time.

Suspension

25. The Tribunal next considered whether it would be sufficient to suspend your registration. In so doing it had regard to paragraphs 85-87 of the Sanctions

Guidance as well as the factors set out in paragraph 91, in particular sub-paragraphs a,e,f, and g.

26. The Tribunal was mindful that your actions marked a serious departure from Good Medical Practice, and contributed to Patient A's early death and which continues to cause great distress to Patient A's family.

27. It reminded itself of its findings in its determination on impairment, namely:

- It was satisfied that you had remediated the deficiencies in your clinical skills and had practised safely for a period of almost 4 years; both Dr D and Dr A described you as an excellent doctor.
- It was satisfied that the risk of you putting a patient at unwarranted risk of harm in the future was low
- The basis of the Tribunal's finding on impairment was that public confidence in the profession and upholding of proper standards would be undermined if a finding of impairment were not made in your case.

28. The Tribunal had regard to the oral evidence of Dr A, who stated that following the events of 18 February 2011, a Trust investigation was carried out which highlighted multiple systemic failures which existed at the time of these events. These included failings on the part of the nurses and consultants, medical and nursing staff shortages, IT system failures which led to abnormal laboratory test results not being highlighted, the deficiencies in handover, accessibility of the data at the bedside, and the absence of a mechanism for an automatic consultant review. The Tribunal therefore determined that whilst your actions fell far short of the standards expected and were a causative factor in the early death of Patient A, they took place in the context of wider failings.

29. The Tribunal was satisfied that the evidence of Dr A was honest and reliable and that he could appropriately testify to your level of insight and remorse as he met with you regularly in a supervisory capacity. He initially met with you every 2 weeks and then subsequently up to your appearance in court in December 2015, aside from the period during which you were on your second period of maternity leave during 2012/2013. It bore in mind that before and after the events leading to your conviction, you were considered by colleagues to be a good and competent doctor. It had regard to the various positive testimonials submitted by colleagues on your behalf. Following the incident, you continued to work at the Trust and were described as being in the top third of your Specialist Trainee cohort. The Tribunal accepted the evidence of Dr A that you had reflected deeply and demonstrated significant and substantial insight in your conversations with him. However, the Tribunal was unable to conclude that you had complete insight into your actions as it did not hear from you directly.

30. The Tribunal carefully considered whether suspending your registration was a sanction which would sufficiently satisfy public confidence in the medical profession. It had regard to paragraph 13 in the case of Bijl v GMC, which states that:

"The Committee was rightly concerned with public confidence in the profession and its procedures for dealing with doctors who lapse from professional standards. But this should not be carried to the extent of feeling it necessary to sacrifice the career of an otherwise competent and useful doctor who presents no danger to the public in order to satisfy a demand for blame and punishment."

31. Further, the Tribunal was of the view that a fully informed and reasonable member of the public would view suspension as an appropriate sanction, given all the circumstances of your case. It was therefore satisfied that the goal of maintaining public confidence in the profession would be satisfied by the suspension of your registration.

32. The Tribunal also considered whether it would be appropriate to erase your name from the Medical Register. However, in the circumstances of this case, balancing the mitigating and aggravating factors, the Tribunal concluded that erasure would be disproportionate. In reaching this decision, it considered paragraphs 101-105 and 126 of the Sanctions Guidance. In the judgement of the Tribunal, in all of the circumstances of this case, your actions and subsequent conviction are not fundamentally incompatible with continued registration. It also concluded that public confidence in the profession would not be undermined by a lesser sanction; your actions were neither deliberate nor reckless. Although your actions resulted in the early death of Patient A, you do not present a continuing risk to patients. The Tribunal did not consider that your failings are irremediable; indeed it has already found that you have remedied them.

33. The Tribunal concluded that in all of the circumstances of this case, the most appropriate and proportionate sanction is to suspend your registration.

34. In considering the period of suspension, the Tribunal considered the seriousness of the offence for which you were convicted and the fact that you remain subject to a suspended sentence until December 2017. It had regard to the Sanctions Guidance at Paragraph 113, which states:

'As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.'

35. The Tribunal therefore determined that a maximum period of 12 months is necessary to address this principle, and to maintain public confidence in the profession and uphold proper standards.

36. In view of the Tribunal's conclusion that you do not have complete insight and the fact that you have been out of practice for a significant period of time, it has decided to direct a review of the suspension order prior to its expiry. A Tribunal will review your case at a hearing and consider whether it should take any further action in relation to your registration. You will be informed of the date of that hearing, which you will be expected to attend. That Tribunal would be assisted at the review hearing by the following:

- Evidence that you have kept your medical knowledge up to date
- Evidence that you have reflected on the Tribunal's findings and further evidence of reflection and insight into your actions
- Up to date references and testimonials
- Any other evidence that you feel may be relevant.

37. The effect of this direction is that, unless you exercise your right of appeal, this decision will take effect 28 days from when written notice of this determination is deemed to have been served upon you. A note explaining your right of appeal will be given to you.

Determination on Immediate Order - 13/06/2017

Dr Bawa-Garba:

1. Having determined to suspend your registration, the Tribunal has considered whether your registration should be subject to an immediate order.

2. On behalf of the General Medical Council, Mr Denney submitted that an immediate order of suspension should be imposed on your registration. Further he submitted that the interim order of suspension currently on your registration should be revoked.

3. Mr Woodbridge did not have any observations on either application.

4. The Tribunal considered paragraph 172 of the Sanctions Guidance which states that:

"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…"

5. Having considered the submissions and in the light of all the circumstances of your case, the seriousness of the Tribunal's findings and the fact that you have not practised since November 2015, the Tribunal is satisfied that it is necessary to protect patients and members of the public and is otherwise in the public interest for your registration to be suspended immediately.

6. The substantive direction for suspension, as already announced, will take effect 28 days from when written notification is deemed to have been served upon you, unless an appeal is lodged in the interim. This order of suspension takes effect immediately and will remain in force until the substantive direction takes effect, or until such time any appeal is determined.

7. Your interim order of suspension is hereby revoked.

8. That concludes this case.

Confirmed
Date 13 June 2017 Mr Miran Uddin, Chair