Record of Determinations –
Medical Practitioners Tribunal

PUBLIC RECORD

Dates: 20/01/2020 - 22/01/2020

Medical Practitioner’s name: Dr Louise ARMSTRONG

GMC reference number: 4632658

Primary medical qualification: MB BS 1999 University of Newcastle upon Tyne

Type of case: New - Misconduct

Outcome on impairment: Not Impaired

Summary of outcome
Warning

Tribunal:

<table>
<thead>
<tr>
<th>Legally Qualified Chair</th>
<th>Mr Damian Cooper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Tribunal Member: Dr Laura Florence</td>
<td></td>
</tr>
<tr>
<td>Medical Tribunal Member: Dr Shehzad Khan</td>
<td></td>
</tr>
</tbody>
</table>

Tribunal Clerk: Ms Lauren Duffy

Attendance and Representation:

<table>
<thead>
<tr>
<th>Medical Practitioner:</th>
<th>Present and represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Practitioner’s Representative: Ms Penny Maudsley, Counsel, directly instructed</td>
<td></td>
</tr>
<tr>
<td>GMC Representative:</td>
<td>Ms Helena Duong, Counsel, instructed by GMC legal</td>
</tr>
</tbody>
</table>

Attendance of Press / Public

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

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts and Impairment - 21/01/2020

1. This determination XXX will be read in private. As this case concerns Dr Armstrong’s misconduct, a redacted version will be published at the close of the hearing.

Background

2. Dr Armstrong qualified as a doctor in 1999 from the University of Newcastle upon Tyne. She completed her General Practitioner (‘GP’) training in 2004 and then worked as a GP at various practices in the North of England. Dr Armstrong emigrated to Australia in 2012 and worked as a GP specialising in minor surgery, dermoscopy and women’s health. Dr Armstrong returned to the UK at the end of 2015 and, at the time of the events subject to this hearing, she was working as a locum GP in the North East of England.

3. It is alleged that, in 2016, Dr Armstrong worked as a locum GP at several practices when she was not registered on the required Medical Performers List (‘MPL’). It is further alleged that on 29 September 2017, Dr Armstrong sent a message to Ms A, the contract performance & IT administrator at Battle Hill Health Centre, via SystmOne, falsely stating that she was on the Newcastle MPL. Ms A referred her concerns to NHS England, and it is alleged that Dr Armstrong failed to co-operate with investigations by NHS England, and it is alleged that Dr Armstrong failed to co-operate with investigations by NHS England despite several requests to do so.

4. The initial concerns were raised with the General Medical Council (‘GMC’) by NHS England in October 2017. Dr Armstrong was notified of the GMC’s investigation in a letter dated 30 October 2017 and had some contact with the GMC with regards to the regulatory process. On 14 May 2018, an interim order of suspension was imposed on Dr Armstrong’s registration for a period of 12 months. Dr Armstrong was notified by an emailed letter on 15 May 2018. It is alleged that Dr Armstrong did not disclose her suspension when completing application forms for ‘Nuffield Health’ and ‘Push Doctor’. Further, in June 2018, when applying for the position of GP at a practice in Australia, it is alleged that Dr Armstrong failed to disclose that her registration in the UK was subject to an interim order of suspension. The GP Recruitment Manager, Mr E, emailed the GMC on 24 August 2018 to seek clarification about Dr Armstrong’s registration status. On 29 August 2018, Dr Armstrong withdrew her application to the practice in Australia.
The Outcome of Applications Made during the Facts Stage

5. The Tribunal granted the GMC’s application, made pursuant to Rule 17(6) of the General Medical Council (Fitness to Practise Rules) 2004 as amended (‘the Rules’), to amend paragraph 5 of the Allegation. Ms Maudsley, Counsel for Dr Armstrong, did not oppose the application. Therefore, Paragraph 5 of the Allegation was amended to the following:

   5. You completed an application form for Nuffield Health dated 20 December 2017 and in response to the question, ‘Have there been any proceedings of medical negligence or professional misconduct against you?’ you falsely stated that there had not.

The Allegation and the Doctor’s Response

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

   1. You worked as a locum GP at the following practices when you were not registered on the required Medical Performers List:

      a. Garden Park Surgery on the dates set out in Schedule 1; Admitted and found proved
      b. Second Street Surgery on the dates set out in Schedule 2; Admitted and found proved
      c. Battle Hill Health Centre on the dates set out in Schedule 3; Admitted and found proved
      d. Waterloo Practice on the dates set out in Schedule 4; Admitted and found proved
      e. Biddlestone Health Group on the dates set out in Schedule 5; Admitted and found proved
      f. Stanley Medical Group on the dates set out in Schedule 6; Admitted and found proved
      g. Wellspring Medical Practice on the dates set out in Schedule 7. Admitted and found proved

   2. You worked or were due to work as a GP Health Screener for Nuffield Health on the dates set out in Schedule 8 when you were suspended from the Medical Register on an interim basis. Admitted and found proved
Record of Determinations –
Medical Practitioners Tribunal

3. On 29 September 2017 you sent a message to Ms A via SystmOne falsely stating that you were on the Newcastle Medical Performers List, or words to that effect. **Admitted and found proved**

4. You failed to cooperate with investigations by NHS England as you did not contact Dr B by telephone despite his requests that you do so on:
   a. 2 October 2017 to your mobile; **Admitted and found proved**
   b. 2 October 2017 to your mobile; **Admitted and found proved**
   c. 2 October 2017 14:03 by email; **Admitted and found proved**
   d. 3 October 2017 15:45 by email; **Admitted and found proved**
   e. 3 October 2017 16:56 by email; **Admitted and found proved**
   f. 3 October 2017 22:24 by email; **Admitted and found proved**
   g. 5 October 2017 to your mobile; **Admitted and found proved**
   h. 5 October 2017 20:26 by email. **Admitted and found proved**

5. You completed an application form for Nuffield Health dated 20 December 2017 and in response to the question, ‘Have there been any proceedings of medical negligence or professional misconduct against you?’ you falsely stated that there had not. **Amended under rule 17(6). Admitted and found proved**

6. You completed an application form for Push Doctor dated 11 April 2018 and in response to the question ‘Are you currently the subject of any investigation or proceedings by anybody having regulatory functions in relation to Health/ Social care professions?’ you falsely stated that you were not. **Admitted and found proved**

7. You were due to work as a locum GP at the following practices when you were not registered on the required Medical Performers List:
   a. Gas House Lane Surgery on 19 April 2018; **Admitted and found proved**
   b. Wellspring Medical Centre on 27 April 2018. **Admitted and found proved**

8. You falsely confirmed in an email to:
a. Dr B dated 3 October 2017 at 16:50 that you had no plans to work as a GP in the UK; **Admitted and found proved**

b. Ms C dated 6 October 2017 that you had no intention to practise as a GP in the UK. **Admitted and found proved**

9. When questioned by Mr D on 7 June 2018 about your suspension by the IOT you falsely stated that:

   a. you were not aware that you had been suspended, or words to that effect; **Admitted and found proved**

   b. the GMC’s investigation related to you working in England under a Scottish Performers list membership, or words to that effect; **Admitted and found proved**

   c. you had subsequently received correspondence from the GMC that day notifying you that you had been suspended for six months, or words to that effect. **Admitted and found proved**

10. In June 2018, when applying for the position of GP at Blacktown GP Super Clinic in Australia, you failed to disclose that your registration in the UK was subject to an interim order of suspension. **Admitted and found proved**

11. When questioned by Mr E in August 2018 about your suspension by the IOT you falsely stated that:

   a. you were not suspended, or words to that effect; **Admitted and found proved**

   b. you had voluntarily withdrawn your registration, or words to that effect; **Admitted and found proved**

   c. with regards to your registration, there had been an administrative error, or words to that effect; **Admitted and found proved**

   d. in the UK it is possible to practise medicine as a doctor in a hospital or private practice without being registered with the GMC, or words to that effect. **Admitted and found proved**

12. When you:
Record of Determinations –
Medical Practitioners Tribunal

a. worked or were due to work at the practices as set out at paragraphs 1, 2 and 7 you knew that you were not registered on the required Performers List and you should have been; **Admitted and found proved**

b. sent the message as set out at paragraph 3, you knew you were not registered on the Newcastle Medical Performers List; **Admitted and found proved**

c. completed the application forms as set out at paragraphs 5 and 6, you knew you were the subject of a fitness to practise investigation; **Admitted and found proved**

d. sent the emails, as set out at paragraph 8, you knew that the content was false as you subsequently arranged to work in the UK as referred to at paragraphs 2 and 7; **Admitted and found proved**

e. responded to Mr D, as set out at paragraph 9, you knew that your responses were false as, in relation to paragraph:

   i. 9a, you knew that you had been suspended by the IOT; **Admitted and found proved**

   ii. 9b, you knew that the GMC’s investigation did not include you working in England under a Scottish Performers list membership **Admitted and found proved**;

   iii. 9c, you knew that you had not received correspondence from the GMC dated 7 June 2018 informing you that you had been suspended for 6 months; **Admitted and found proved**

f. applied for the position of GP, as set out at paragraph 10, you knew that you were suspended from the Medical Register on an interim basis; **Admitted and found proved**

g. responded to Mr E in relation to paragraph:

   i. 11a, you knew that you had been suspended; **Admitted and found proved**

   ii. 11b, you knew that you had not voluntarily withdrawn your registration; **Admitted and found proved**
Record of Determinations – Medical Practitioners Tribunal

iii. 11c, you knew that there had not been an administrative error in relation to your registration; **Admitted and found proved**

iv. 11d, you knew that it was not possible to practise medicine as a doctor in a hospital or private practice without being registered with the GMC. **Admitted and found proved**

13. Your actions as described at paragraphs 1, 2, 3 and 5 to 11 were dishonest by reason of paragraph 12. **Admitted and found proved**

The Admitted Facts

7. At the outset of these proceedings, through her counsel, Ms Maudsley, Dr Armstrong made admissions to all paragraphs of the Allegation, 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 all paragraphs of the Allegation as admitted and found proved.

Impairment

8. In light of the full admissions made by Dr Armstrong, the Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts found proved, Dr Armstrong’s fitness to practise is impaired by reason of her misconduct.

Evidence

Factual Witness Evidence

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

- Ms A, Contract Performance & IT Administrator, Battle Hill Health Centre;
- Dr B, Assistant Medical Director, NHS England Cumbria and the North East;
- Ms C, Programme Manager, NHS England North;
- Mr F, Investigation Officer, GMC;
- Mr D, Account Manager & Recruitment Consultant, Merco;
- Mr G, Managing Director, Freeman Clinics;
- Ms H, Practice Administrator, Battle Hill Health Centre;
- Ms I, Project Officer, NHS England North;
- Ms J, Practice Manager, Stanley Medical Group;
- Ms K, Practice Manager, Garden Park Surgery;
- Ms L, Practice Manager, Wellspring Medical Practice;
Record of Determinations –
Medical Practitioners Tribunal

- Mr M, Practice Manager, Railway Medical Group;
- Ms N, Practice Manager, Gas House Lane Surgery;
- Ms O, Practice Manager, Second Street Surgery;
- Mr P, Practice Manager, Biddlestone Health Group;
- Mr E, GP Recruitment Manager, Eastbrooke Medical Centres.

Documentary Evidence

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

- Email from Ms A to Ms C, dated 4 October 2017;
- Care ID user ID profile Dr Armstrong, dated 8 December 2017;
- Notes of phone calls by Dr B to Dr Armstrong, dated 2 October 2017;
- Letter from Dr Armstrong to Dr B, 7 October 2017;
- Formal referral and email trail of Dr B’s email attempts to contact Dr Armstrong, dated 2 – 6 October 2017;
- File notes of telephone contact attempts by Dr B to Dr Armstrong, dated 2 – 5 October 2017;
- Letter from GMC to Dr Armstrong notifying her of the investigation and submitting work details form, dated 30 October 2017;
- Notice of IOT hearing, dated 30 April 2018;
- Email from MPTS notifying Dr Armstrong of outcome of IOT hearing, dated 15 May 2018;
- Email correspondence between Mr D and Dr Armstrong, dated 19 March 2018;
- Dr Armstrong’s completed application form for Nuffield Health, dated 20 December 2017;
- Dr Armstrong’s completed application form for Push Doctor, dated 11 April 2018;
- List of dates when cover provided by Dr Armstrong at several practices;
- Forwarded email from Dr Armstrong to state she was on the Scottish Performers List, dated 18 April 2018;
- Copy of Medical Board of Australia Certificate of Registration, dated 9 November 2017;
- Emails from Mr E to GMC to seek clarification on Dr Armstrong’s registration, dated 24 & 30 August 2018;
- Reflective statement by Dr Armstrong, dated 3 December 2019;
- Course certificates;
  - XXX
  - XXX

11. Dr Armstrong also gave oral evidence at the impairment stage of the hearing.
Submissions

12. On behalf of the GMC, Ms Duong submitted that Dr Armstrong’s fitness to practise is impaired by reason of her misconduct. She reminded the Tribunal of the two-stage process to be adopted. Firstly, whether the facts found proved amount to misconduct and secondly, whether Dr Armstrong’s fitness to practise is currently impaired by reason of her misconduct.

13. Ms Duong stated that the facts found proved against Dr Armstrong relate to serious and persistent dishonesty along with a failure to cooperate with investigations on behalf of NHS England and submitted that these are closely connected. She stated that Dr Armstrong had worked in a position that required her to be on the MPL and submitted that Dr Armstrong had continued to work in this position whilst knowing that she was not on the list. She submitted that there had been several opportunities for Dr Armstrong to ‘come clean’ however her dishonesty persisted. She reminded the Tribunal that, even when matters had been referred to the GMC and Dr Armstrong was placed on an interim order of suspension, there was further dishonest conduct by Dr Armstrong as she failed to inform potential employers of this suspension.

14. Ms Duong referred to Good Medical Practice (2013 edition) (‘GMP’) and submitted that Dr Armstrong’s conduct had breached a fundamental tenet of the medical profession. She submitted that Dr Armstrong’s conduct had the potential to place patients at unwarranted risk of harm, was financially motivated and that the Tribunal could readily conclude that her actions amounted to misconduct.

15. Ms Duong acknowledged that Dr Armstrong had admitted the Allegation in full. She also acknowledged that Dr Armstrong has taken some steps towards remediating her conduct by attending relevant courses. However, she submitted that this should be weighed against the fact that Dr Armstrong’s dishonest conduct was lengthy, persistent and multi-faceted. She submitted that Dr Armstrong’s dishonest conduct crosses the threshold in that her dishonesty is so serious that it is difficult to fully remediate. Whilst Dr Armstrong has confirmed that she does not intend to practise in the UK, Ms Duong reminded the Tribunal that the test to be applied is whether the doctor is safe to return to unrestricted practice. Ms Duong acknowledged the difficult personal circumstances that Dr Armstrong was in at the time of the events. However, she submitted that there is a risk of repetition, should Dr Armstrong find herself in another stressful situation.

16. Given the serious nature of findings, Ms Duong submitted that a finding of impairment is necessary to satisfy all three limbs of the overarching objective.

17. On behalf of Dr Armstrong, Ms Maudsley submitted that Dr Armstrong accepts that her conduct fell below the standards expected of a registered medical
practitioner and amounted to misconduct. However, she submitted that Dr Armstrong’s current fitness to practise is not currently impaired.

18. Whilst Dr Armstrong accepts that she has acted dishonestly and has acted in a way that has brought the medical profession into disrepute, Ms Maudsley submitted that Dr Armstrong has fully engaged with these proceedings and has left her family in Australia to attend this hearing in order to give oral evidence to the Tribunal. She submitted that this shows great commitment to this process. Further, she submitted that Dr Armstrong has set out her reasons for why she acted as she did and has shown genuine remorse. She submitted that Dr Armstrong is ashamed of the way she behaved and has recognised that she should have sought help and looked for other sources of employment, rather than acting dishonestly. Given the extensive nature of Dr Armstrong’s reflection and her acknowledgement of what had gone wrong, Ms Maudsley submitted that Dr Armstrong has demonstrated a high level of insight.

19. Ms Maudsley submitted that Dr Armstrong is aware that practising as a GP without being registered on the MPL potentially put patients at risk. Further, she submitted that Dr Armstrong is aware that she is in a privileged position as a doctor and that her dishonest conduct could have an impact on public confidence in the medical profession. Ms Maudsley submitted that Dr Armstrong has sought to remedy her misconduct by attending various courses and has undertaken a significant amount of personal reading. Further, she reminded the Tribunal that Ms Armstrong has taken the difficult step to XXX and XXX.

20. Ms Maudsley told the Tribunal that Dr Armstrong had undergone a similar regulatory process in Australia and has been working under conditions for the last year. She referred to the positive testimonial that Dr Armstrong’s supervisor, Dr R, has provided. She submitted that it is clear that he is aware of the Allegation against her and has confirmed that he has had no issue with her honesty or probity. She also submitted that Dr Armstrong had been working as a GP in the UK from 2004 to 2012 and there were no issues with her practise.

21. Ms Maudsley referred to the case of *Uppal v GMC [2015] EWHC 1304* (*Uppal*) and submitted that not all findings of misconduct amount to a current finding of impairment. She submitted that Dr Armstrong has demonstrated remorse, full insight and has remediated her misconduct. She submitted that Dr Armstrong’s fitness to practise is not currently impaired.

The Relevant Legal Principles

22. The Tribunal had regard to the advice given by the Legally Qualified Chair as a matter of record.
23. The Tribunal was mindful of the overarching objective of the GMC set out in section 1 of the Medical Act 1983 (as amended) which requires the Tribunal to:

   a. Protect, promote and maintain the health, safety and well-being of the public,

   b. Promote and maintain public confidence in the medical profession, and

   c. Promote and maintain proper professional standards and conduct for members of that profession.

24. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal’s judgement alone.

25. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted. Firstly, whether the facts as found proved amounted to misconduct. Secondly, whether the finding of that misconduct could lead to a finding of impairment.

26. The Tribunal took account of *Roylance v GMC [2000] 1 AC 311* in which Lord Clyde stated that misconduct is conduct that relates to the profession of medicine and is a serious breach of the expected professional standard. It was also mindful of *Meadow v GMC [2007] 1 AER 1* in which it is stated that misconduct could not be viewed as anything less than serious professional misconduct.

27. The Tribunal must determine whether Dr Armstrong’s fitness to practise is impaired today, taking into account Dr Armstrong’s conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

28. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*. In particular, the Tribunal considered whether its findings of fact showed that Dr Armstrong’s fitness to practise is impaired in the sense that she:

   '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; and/or
d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.’

Misconduct

29. In determining whether Dr Armstrong’s fitness to practise is currently impaired by reason of misconduct, the Tribunal first considered whether the facts found proved amounted to misconduct.

Paragraph 4

30. The Tribunal took the view that, when determining whether the facts found proved amounted to misconduct, this paragraph of the Allegation should be treated separately to the rest of Allegation that relates to Dr Armstrong’s dishonest conduct.

31. The Tribunal had regard to paragraph 73 of GMP:

‘73 You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in Confidentiality.’

32. The Tribunal acknowledged that the NHS England investigation arose from Dr Armstrong’s alleged dishonesty. However, the paragraph of the Allegation is framed separately and differently from the paragraphs concerning dishonesty. It noted that Dr Armstrong has admitted that she failed to cooperate with NHS England during their investigations. In her oral evidence, Dr Armstrong accepted that she did not respond to all of Dr B’s calls and emails. She told the Tribunal that she regretted not engaging with Dr B as, in her view, she thought that he would have been supportive of her situation and would have tried to help, which may have resulted in a different outcome. The Tribunal noted that Dr Armstrong did respond to Dr B, by email, on 3 October 2017. Whilst it is apparent that Dr Armstrong did not fully engage with the enquires, the Tribunal took the view that there was some engagement, albeit limited. Therefore, it determined that there was not a complete failure to cooperate with the NHS England investigation.

33. Although the Tribunal was satisfied that Dr Armstrong’s conduct did breach paragraph 73 of GMP, the Tribunal determined that this breach was not serious enough so as to amount to misconduct.

Dishonesty

34. The Tribunal went on to consider Dr Armstrong’s dishonest conduct.

35. The Tribunal further considered the paragraphs of GMP which set out the standards that a doctor must continue to meet throughout their professional career.
Record of Determinations –
Medical Practitioners Tribunal

The Tribunal acknowledged the admissions that Dr Armstrong has made in respect of her dishonest conduct. It noted that the following paragraphs of GMP had been engaged:

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

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

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

76 If you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must, without delay, inform any other organisations you carry out medical work for and any patients you see independently.’

36. The Tribunal had particular regard to paragraph 1 of GMP. It considered that doctors have an obligation to be honest and act with integrity and that this is a key principle set out in GMP. The Tribunal noted Dr Armstrong’s oral evidence that fellow practitioners would be ‘disgusted’ at her dishonest conduct. In all the circumstances, the Tribunal determined that Dr Armstrong’s conduct would be considered as deplorable by fellow practitioners and was a breach of a fundamental tenet of the profession. In addition, it brought the profession into disrepute. It concluded that her dishonest conduct did fall far short of the standards of conduct reasonably expected of a doctor and was so serious as to amount to misconduct.

Impairment

37. The Tribunal, having determined that the facts found proved in relation to dishonesty amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Armstrong’s fitness to practise is currently impaired.

38. In determining whether a finding of current impairment of fitness to practise is necessary, the Tribunal looked for evidence of insight and remediation, and the likelihood of repetition, balanced against the three limbs of the statutory overarching objective.

39. The Tribunal acknowledged Dr Armstrong’s full admissions. It noted that Dr Armstrong has fully engaged with these regulatory proceedings and has flown from Australia in order to give oral evidence to the Tribunal. It found Dr Armstrong to be
a frank and honest witness, who provided clear answers to all of the questions put to her. She stated that she was ashamed of what she had done. The Tribunal accepted that her apology was genuine and considered her to be genuinely remorseful.

40. The Tribunal also accepted that Dr Armstrong fully understood that her dishonesty had a significant impact on others. It was clear from her oral evidence and also particularly from her reflective piece that she understood the requirement for a GP to be on the MPL and that failure to be on the list could have an impact on patient safety. Further, it was clear that Dr Armstrong was aware of the impact that her actions could have had on public confidence in the medical profession. In her oral evidence, Dr Armstrong told the Tribunal that she wanted to write to the witnesses involved in her case once the proceedings were over. She accepted that these were ‘good and kind’ people. Her distress at having been dishonest to them was clear to the Tribunal. Therefore, the Tribunal was satisfied that Dr Armstrong has developed full appreciation of the gravity and impact of her actions.

41. The Tribunal went on to consider the issue of remediation. Whilst it accepted that it is difficult to demonstrate remediation following a finding of dishonesty, the Tribunal considered that, in this case, to the extent possible, Dr Armstrong had endeavoured to demonstrate remediation of her conduct. It noted that Dr Armstrong completed a Fundamentals of Medical Ethics Course in August 2019 and a further Medical Professionalism Course in December 2019. In her oral evidence, Dr Armstrong explained broadly to the Tribunal what she had learnt from these courses. The Tribunal also had regard to the extensive reading list that Dr Armstrong has provided and considered that she had reflected on her misconduct in detail.

42. The Tribunal considered the risk of repetition. Whilst the Tribunal accepted that Dr Armstrong’s dishonest conduct continued for a period of over two years, it noted that is clear from the evidence before it that for the duration of her dishonest conduct Dr Armstrong was subject to a combination of significant factors in her personal life which affected her thinking and decision making. These included financial pressures, adverse health events in her close family and XXX. The Tribunal acknowledged that Dr Armstrong did not seek to use this as an excuse for her behaviour, for which she took sole responsibility. Dr Armstrong told the Tribunal that she has now put measures in place to ensure her conduct is not repeated, including XXX. The Tribunal was satisfied that Dr Armstrong has put measures in place to ensure her misconduct is not repeated. Due to the unique circumstances, the Tribunal determined that the likelihood of repetition in this case was exceptionally low.

43. The Tribunal also had regard to the positive testimonials provided on behalf of Dr Armstrong. It noted that her colleagues who provided the testimonials did so with knowledge of the Allegation against her and that they had no concerns with her honesty, probity or integrity.
44. The Tribunal was particularly mindful to balance its thoughts on insight and remediation with all three limbs of the statutory overarching objective. It was satisfied that, given the level of insight demonstrated, the attempts at remediation undertaken and the testimonials it has seen, the risk of repetition of Dr Armstrong’s behaviour was extremely low and that she did not pose an ongoing risk to patient safety.

45. The Tribunal went on to consider the need to uphold proper professional standards and maintain public confidence in the medical profession. The Tribunal had regard to the reminder in Grant of the need to take account of the wider public interest and it gave these issues careful consideration. The Tribunal took the view that the confidence of members of the public fully informed of the circumstances of this case, would not be undermined were there to be a finding of no impairment in this case.

46. In addition, given the circumstances of this case, it concluded that its duty to promote and uphold proper professional standards for the profession was satisfied by this rigorous regulatory process which had resulted in a finding of serious professional misconduct.

47. The Tribunal was mindful of the submissions it had heard in regard to the case of Uppal. It noted the finding of no impairment in relation to an incident of dishonesty in what had been determined to be exceptional circumstances. The conduct in this case arose during a period in which Dr Armstrong was subject to a combination of multiple, significant adverse life stressors. The Tribunal was satisfied that the particular circumstances of this case were also exceptional. For the reasons it has set out, it was satisfied that a finding of no impairment was appropriate in this case and met the requirements of the statutory overarching objective.

48. The Tribunal therefore determined that Dr Armstrong’s fitness to practise is not currently impaired.

**Determination on Warning - 22/01/2020**

1. As the Tribunal determined that Dr Armstrong’s fitness to practise was not impaired it considered whether in accordance with s35D(3) of the 1983 Act, a warning was required.

**Submissions**

2. On behalf of the GMC, Ms Duong referred the Tribunal to the relevant paragraphs of the Guidance on Warnings document (February 2018) (‘the warnings guidance’). She submitted that a warning is necessary in this case.
3. Ms Duong submitted that a warning will operate as a necessary deterrent and will send a message to Dr Armstrong, the profession as a whole and the wider public that such behaviour is unacceptable. She reminded the Tribunal of its earlier determination on impairment, where it had found Dr Armstrong’s dishonest conduct had breached a fundamental tenet of the medical profession.

4. Ms Duong stated that Dr Armstrong had admitted to working as a GP whilst not being on the required MPL. Dr Armstrong also failed to disclose to potential employers that she was subject to a GMC investigation. She submitted that, if there were to be any repeat of this dishonest conduct by Dr Armstrong, this would likely lead to a finding of impairment. Notwithstanding the mitigating circumstances in the case, Ms Duong submitted that the persistent dishonesty on behalf of Dr Armstrong was sufficiently serious for the Tribunal to issue a warning.

5. On behalf of Dr Armstrong, Ms Maudsley reminded the Tribunal of the unique circumstances of this case. She pointed to the mitigating factors and submitted that Dr Armstrong has demonstrated a high level of insight and attempts at remediation. Ms Maudsley stated that she did not have a forceful submission to make in response to the GMC’s submission that a warning should be imposed. She submitted that it is a matter for the Tribunal.

The Tribunal’s Determination on Warning

6. The Tribunal took account of the specific circumstances of this case and had regard to the submissions provided by both parties.

7. The Tribunal had regard to the statutory overarching objective, as well as to the principle of proportionality, weighing the interests of the public with Dr Armstrong’s interests.

8. The Tribunal considered the warnings guidance with particular reference to paragraphs 16 and 20 which state:

'16 A warning will be appropriate if there is evidence to suggest that the practitioner’s behaviour or performance has fallen below the standard expected to a degree warranting a formal response by the GMC or by a MPTS tribunal. A warning will therefore be appropriate in the following circumstances:

- there has been a significant departure from Good medical practice, or
- there is a significant cause for concern following an assessment of the doctor’s performance.

...

20 The decision makers should take account of the following factors to determine whether it is appropriate to issue a warning.

MPT: Dr ARMSTRONG
Record of Determinations –
Medical Practitioners Tribunal

a There has been a clear and specific breach of Good medical practice or our supplementary guidance.

b The particular conduct, behaviour or performance approaches, but falls short of, the threshold for the realistic prospect test or in a case before a tribunal, that the doctor’s fitness to practise has not been found to be impaired.

c A warning will be appropriate when the concerns are sufficiently serious that, if there were a repetition, they would likely result in a finding of impaired fitness to practise. Warnings may be an appropriate response to any type of allegation (subject to the comments in paragraph 7 regarding cases solely relating to a doctor’s health); the decision makers will need to consider the degree to which the conduct, behaviour or performance could affect patient care, public confidence in the profession or the reputation of the profession. If the decision makers consider that a warning is appropriate, the warning should make clear the potential impact of the conduct, behaviour or performance in question, accordingly.

d There is a need to record formally the particular concerns (because additional action may be required in the event of any repetition).’

9. With reference to paragraph 33 of the warnings guidance, the Tribunal considered the mitigating factors in this case. The Tribunal noted Dr Armstrong’s admissions, her genuine remorse, insight, remediation and the positive testimonials provided by her colleagues. The Tribunal has previously determined that the circumstances overall did not warrant a finding of current impairment.

10. The Tribunal also considered the gravity of Dr Armstrong’s misconduct in that it involved a potential risk to patient safety and serious, persistent dishonesty. The Tribunal was satisfied that this represented a significant departure from the standards set out in GMP. As such, it met the requirements of the test for the issue of a warning set out in the warnings guidance.

11. The Tribunal was of the view that, should Dr Armstrong’s dishonest conduct be repeated, it would likely result in a finding of impairment. The Tribunal determined that it was necessary for it to highlight to Dr Armstrong, the profession as a whole and the wider public, that her conduct was serious, unacceptable and had the potential to bring the profession into disrepute. The Tribunal determined that a warning was necessary to reinforce the importance of maintaining proper professional conduct and behaviour and was proportionate in the circumstances.

12. The Tribunal therefore imposed the following warning on Dr Armstrong’s registration:
‘Dr Armstrong has admitted to being dishonest in her practice as a doctor. This dishonest conduct included Dr Armstrong working as a General Practitioner (‘GP’) at several practices whilst knowing that she was not on the Medical Performers List (‘MPL’). Dr Armstrong then lied by stating that she was on the Newcastle MPL. Further, Dr Armstrong was dishonest about the fact that she was under investigation with the GMC and was then dishonest about the order of suspension that was imposed by an interim orders tribunal of the Medical Practitioners Tribunal Service. The Tribunal has found that Dr Armstrong’s dishonesty amounted to misconduct.

This conduct does not meet with the standards required of a doctor. It risks bringing the profession into disrepute and it must not be repeated.

In this case Dr Armstrong breached the required standards set out in Good medical practice, specifically:

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

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

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

76. If you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must, without delay, inform any other organisations you carry out medical work for and any patients you see independently.

Whilst the Tribunal has determined that a finding of impaired fitness to practise is not required for the reasons set out in the determination, it is necessary in response to issue this formal warning.’

13. This warning will be published on the medical register in line with our publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy.

14. The interim order of suspension currently imposed on Dr Armstrong’s registration is revoked with immediate effect.
Record of Determinations – Medical Practitioners Tribunal

15. That concludes this case.

Confirmed
Date 22 January 2020

Mr Damian Cooper, Chair
Record of Determinations – Medical Practitioners Tribunal

SCHEDULE 1 – Garden Park Surgery

1. 23 December 2015;
2. 29 December 2015;
3. 30 December 2015;
4. 8 January 2016;
5. 22 January 2016;
6. 29 January 2016;
7. 11 March 2016;
8. 24 March 2016;
9. 4 April 2016;
10. 15 April 2016;
11. 21 April 2016;
12. 22 April 2016;
13. 29 April 2016;
14. 6 May 2016;
15. 3 June 2016.

SCHEDULE 2 – Second Street Surgery

1. 15 January 2016.

SCHEDULE 3 – Battle Hill Health Centre

1. 17 January 2016;
2. 5 February 2016;
3. 7 February 2016;
4. 10 February 2016;
5. 7 March 2016;
6. 1 April 2016;
7. 5 April 2016;
8. 19 July 2016;
9. 24 July 2016;
10. 2 August 2016;
11. 9 August 2016;
12. 12 August 2016;
13. 16 August 2016;
14. 18 August 2016;
15. 19 August 2016;
16. 24 August 2016;
17. 2 September 2016;
18. 15 September 2016;
19. 25 October 2016;
20. 28 October 2016;
21. 21 November 2016;
Record of Determinations –
Medical Practitioners Tribunal

22. 28 November 2016;
23. 5 December 2016;
24. 12 December 2016;
25. 28 December 2016;
26. 29 December 2016;
27. 2 January 2017;
28. 28 January 2017;
29. 28 May 2017;
30. 4 June 2017;
31. 25 June 2017;
32. 4 September 2017;
33. 11 September 2017;
34. 15 September 2017;
35. 17 September 2017;
36. 18 September 2017;
37. 24 September 2017;
38. 25 September 2017;

SCHEDULE 4 – Waterloo Practice

1. 10 March 2016;
2. 11 March 2016;
3. 15 March 2016;
4. 29 March 2016;
5. 30 March 2016;
6. 1 April 2016;
7. 12 April 2016;
8. 13 April 2016;
9. 18 April 2016;
10. 19 April 2016;
11. 20 April 2016;
12. 21 April 2016;
13. 25 April 2016;
14. 27 April 2016;
15. 28 April 2016;
16. 25 May 2016
17. 26 May 2016
18. 27 May 2016
19. 30 May 2016;
20. 2 June 2016;
21. 27 June 2016;
22. 28 June 2016;
23. 4 July 2016;
24. 5 July 2016;
Record of Determinations – Medical Practitioners Tribunal

25. 11 July 2016;
26. 12 July 2016;
27. 19 July 2016;
28. 25 July 2016;
29. 15 August 2016;
30. 16 August 2016;
31. 22 August 2016;
32. 23 August 2016;
33. 30 August 2016.

SCHEDULE 5 – Biddlestone Health Group

1. 26 April 2016;
2. 4 May 2016;
3. 9 May 2016;
4. 10 May 2016;
5. 12 May 2016;
6. 16 May 2016;
7. 17 May 2016;
8. 19 May 2016;
9. 23 May 2016;
10. 26 May 2016;
11. 27 May 2016;
12. 6 June 2016;
13. 7 June 2016;
14. 13 June 2016;
15. 14 June 2016;
16. 20 June 2016;
17. 21 June 2016.

SCHEDULE 6 – Stanley Medical Group

1. 27 September 2017.

SCHEDULE 7 – Wellspring Medical Practice

1. 7 October 2016;
2. 11 October 2016;
3. 14 October 2016;
Record of Determinations – Medical Practitioners Tribunal

SCHEDULE 8 – Nuffield Health

1. 21 May 2018;
2. 22 May 2018;
3. 24 May 2018;
4. 28 May 2018;
5. 29 May 2018;
6. 6 June 2018;
7. 7 June 2018;
8. 8 June 2018 (due to work);
9. 5 July 2018 (due to work);
10. 6 July 2018 (due to work);
11. 12 July 2018 (due to work);
12. 13 July 2018 (due to work);
13. 14 July 2018 (due to work);
14. 16 July 2018 (due to work);
15. 19 July 2018 (due to work);
16. 20 July 2018 (due to work);
17. 21 July 2018 (due to work);
18. 23 July 2018 (due to work);
19. 26 July 2018 (due to work);
20. 27 July 2018 (due to work);
21. 30 July 2018 (due to work).