

GENERAL MEDICAL COUNCIL

FITNESS TO PRACTISE PANEL (MISCONDUCT/PERFORMANCE)

On:
Wednesday, 5 September 2007

Held at:
St James's Buildings
79 Oxford Street
Manchester M1 6FQ

Case of:

GORDON ROBERT BRUCE SKINNER MB ChB 1965 Glasg SR

Registration No: 0726922

(Day Fourteen)

Panel Members:
Mrs S Sturdy (Chairman)
Dr M Elliot
Mr W Payne
Mrs K Whitehill
Mr P Gribble (Legal Assessor)

MR A JENKINS, Counsel, instructed by RadcliffesLeBrasseur, Solicitors, appeared on behalf of the doctor, who was not present.

MR T KARK, Counsel, instructed by Eversheds, Solicitors, appeared on behalf of the General Medical Council.

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FITNESS TO PRACTISE

DETERMINATION on the facts

1

A

(The Panel continued to deliberate in camera)

STRANGERS HAVING BEEN READMITTED

THE CHAIRMAN: Sorry for the long wait.

B

MR JENKINS: The doctor is not here, I am sorry about that, but he will be here over the weekend, I am sure. I am content that we should continue with the doctor not here.

DETERMINATION

C

THE CHAIRMAN: Dr Skinner, the Panel has given careful consideration to the evidence adduced in this case, including your evidence, the evidence of the witnesses and the documentation submitted. It has also taken account of the submissions made by Mr Kark on behalf of the GMC and those made on your behalf by Mr Jenkins. It has borne in mind that the burden of proof rests on the GMC throughout and that the standard of proof is the criminal standard, namely that the Panel has to be satisfied so that it is sure of the facts alleged before finding them proved.

D

The Panel has considered each paragraph separately and has made the following findings on the facts:

1. At all material times you were practising as a private doctor from 22 Alcester Road, Moseley, Birmingham, B13 8BE.

Paragraph 1 has been admitted and found proved.

E

PATIENT A

2(a) On 20 December 2002 Mrs A was referred to you by her NHS general practitioner, Dr Cooke.

Paragraph 2(a) has been admitted and found proved.

F

2(b) The letter of referral contained the results of two previous blood tests showing Mrs A's Thyroid Stimulating Hormone (hereinafter referred to as TSH) to have been within the normal range.

Paragraph 2(b) has been found proved. You accepted this in evidence.

G

3(a) On 16 January 2003 you saw Mrs A as a private patient.

Paragraph 3(a) has been admitted and found proved.

3(b) You took an inadequate history.

3(c) You carried out an inadequate examination.

H

Paragraphs 3(b) and 3(c) have not been found proved on the basis of the documentation presented and the oral evidence of Mr Lynn.

A

3(d) You took a blood sample for thyroid chemistry results to be obtained.

Paragraph 3(d) has been admitted and found proved.

B

3(e) You provided Mrs A with a prescription for Sodium Thyroxine 25µg per day for seven days followed by 50µg for four weeks.

Paragraph 3(e) has been admitted and found proved.

3(f) Your prescription was provided prior to obtaining the biochemical results of the blood test.

C

Paragraph 3(f) has been admitted and found proved.

3(g) You suspected a diagnosis of B12 deficiency.

Paragraph 3(g) has been admitted and found proved.

D

3(h) In the light of your suspicion you failed to perform any investigation on Mrs A to assess a B12 deficiency.

Paragraph 3(h) has been found proved on the basis of the documentation presented, which does not indicate any investigation to assess a B12 deficiency.

3(i) You suspected a diagnosis of secondary hypoadrenalism.

E

Paragraph 3(i) has been found proved on the basis of your own oral evidence.

3(j) In the light of your suspicion you failed to refer Mrs A to an endocrinologist or other relevant specialist for evaluation.

Paragraph 3(j) has been found proved on the basis of your own oral evidence.

F

4(a) On or about 24 January 2003 you received the biochemical results for Mrs A's blood test that showed her TSH and Thyroxine level (hereinafter referred to as T4) to be within the reference range.

Paragraph 4(a) has been found proved. You accepted this in evidence.

G

4(b) On 6 February 2003 you prescribed Mrs A with ½ Grain Armour thyroid per day for one week, followed by 1 Grain Armour thyroid per day for two weeks, followed by 1 ½ Grain Armour thyroid per day for six weeks.

Paragraph 4(b) has been admitted and found proved.

H

5. Your prescribing to Mrs A was inappropriate, unnecessary, irresponsible, not in the best interests of your patient and to place your patient at risk of harm.

A Paragraph 5 in its entirety has not been found proved. The Panel could not be satisfied, on the basis of all the evidence presented, that a therapeutic trial of thyroxine therapy was inappropriate for a patient with clinical features of hypothyroidism and with thyroid function tests within the reference range. In addition, for Mrs A, your prescribing was reviewed by Professor Franklyn and continued by Mrs A's GP, Dr Cooke.

B **6. Your conduct set out above was inappropriate, unprofessional, irresponsible, not in the best interests of your patient and to place your patient at risk of harm.**

Paragraph 6 in its entirety has not been found proved. Though you did not investigate to assess a B12 deficiency and did not refer Mrs A to an endocrinologist or other relevant specialist for evaluation, you did inform Mrs A's GP, Dr Cooke, of your suspicions.

C **7(a) Between 16 January 2003 and 6 February 2003, you spoke to Mrs A on the telephone who complained of new symptoms that could have been an adverse effect to your prescription.**

Paragraph 7(a) has not been found proved. Though you have admitted that you spoke to Mrs A on the telephone, the Panel has not received evidence to satisfy it that Mrs A's symptoms were new, nor that they could have been an adverse effect to your prescription.

D **7(b) You made no record in the patient medical notes of such conversations.**

Paragraph 7(b) has been found proved. You accepted this in evidence.

7(c) You failed to assess Mrs A or arrange for her to be assessed by her general practitioner.

E Paragraph 7(c) has not been found proved. The Panel is satisfied that you assessed Mrs A through the course of the telephone conversation.

PATIENT B

F **8(a) On 20 March 2003 you saw Miss B as a private patient without a referral from her general practitioner.**

Paragraph 8(a) has been admitted and found proved.

G **8(b) At that consultation you became aware of the fact that results of her blood tests showed her thyroid chemistry to be within the reference range.**

Paragraph 8(b) has been found proved. You accepted this in evidence.

8(c) You took an inadequate history,
8(d) You carried out an inadequate examination,

H Paragraphs 8(c) and 8(d) have not been found proved on the basis of the documentation presented and the oral evidence of Mr Lynn.

A

8(e) You provided Miss B with a prescription for Sodium Thyroxine. After 17 June 2003 the prescription was due to increase to 125µg per day for the three months thereafter.

Paragraph 8(e) has been found proved. You accepted this in evidence.

B

9. Your prescribing to Miss B was inappropriate, unnecessary, irresponsible, not in the best interests of your patient, to place your patient at risk of harm.

Paragraph 9 in its entirety has not been found proved. The Panel could not be satisfied, on the basis of all the evidence presented, that a therapeutic trial of thyroxine therapy was inappropriate for a patient with clinical features of hypothyroidism and with thyroid function tests within the reference range.

C

10(a) After 20 March 2003 you next saw Miss B on the 21 January 2004.

Paragraph 10(a) has been admitted and found proved.

10(b) Between 20 March 2003 and 21 January 2004 you failed to monitor Miss B adequately or at all.

D

Paragraph 10(b) has been found proved on the basis of all the evidence presented.

10(c) On or before 21 January 2004 you were aware of the results of a blood test set out in a report dated 9 December 2003, obtained by Miss B's NHS general practitioner, Dr Blair.

E

Paragraph 10(c) has been admitted and found proved.

10(d) The results of the above report showed that Miss B had become biochemically thyrotoxic.

Paragraph 10(d) has been found proved.

F

10(e) This over replacement was a result of your prescribing thyroxine.

Paragraph 10(e) has been found proved on the basis of there being no evidence presented as to any other possible cause of Miss B's over replacement other than taking thyroxine, which you prescribed.

G

10(f) On 21 January 2004 you provided Miss B with a prescription for Sodium Thyroxine 150µg per day for 150 days and Tertroxin 20µg per day for one month and thereafter 40µg per day.

Paragraph 10(f) has been admitted and found proved.

H

11. Your prescribing to Miss B was inappropriate, unnecessary, irresponsible, not in the best interests of your patient, to place your patient at risk of harm.

A Paragraph 11 in its entirety has been found proved on the basis that you continued prescribing thyroxine and added a prescription for Tertroxin, when Miss B had become biochemically thyrotoxic and had exhibited palpitations.

12(a) On the 18th March 2004 you saw Miss B again.

B Paragraph 12(a) has been admitted and found proved.

12(b) You provided Miss B with a prescription for Sodium Thyroxine 75µg or 100µg on alternate days and Tertroxin 20µg per day.

Paragraph 12(b) has been found proved. You accepted this in evidence.

C 13. Your prescribing to Miss B was inappropriate, unnecessary, irresponsible, not in the best interests of your patient, to place your patient at risk of harm.

Paragraph 13 has been found proved on the basis that you continued prescribing thyroxine and Tertroxin, when Miss B had become biochemically thyrotoxic and had exhibited palpitations.

D 14. On 14 July 2004 you provided Miss B with a prescription for Sodium Thyroxine 150µg per day for three months.

Paragraph 14 has been admitted and found proved.

15. Your prescribing to Miss B was inappropriate, unnecessary, irresponsible, not in the best interests of your patient, to place your patient at risk of harm.

E Paragraph 15 has been found proved in its entirety, on the basis that you continued and increased the prescription for Sodium Thyroxine, in the absence of any tests to establish whether Miss B was not still biochemically thyrotoxic.

PATIENT C

F 16(a) On 6 March 2004 you saw Miss C as a private patient without a referral from her general practitioner.

Paragraph 16(a) has been admitted and found proved.

**G 16(b) You took an inadequate history.
16(c) You carried out an inadequate examination.**

Paragraphs 16(b) and 16(c) have not been found proved on the basis of the documentation presented and the oral evidence of Mr Lynn.

16(d) You took a blood sample for thyroid chemistry results to be obtained.

H Paragraph 16(d) has been admitted and found proved.

A

16(e) On or about 16 March 2004 you received the results of the blood test of Miss C which showed her TSH and T4 to be within the reference range.

Paragraph 16(e) has been found proved, as amended. You accepted this in evidence.

B

17. On 6 March 2004 you prescribed Miss C with Sodium Thyroxine.

Paragraph 17 has been found proved. You accepted this in evidence.

18. Your prescribing to Miss C was inappropriate, unnecessary, irresponsible, not in the best interests of your patient, to place your patient at risk of harm.

C

Paragraph 18 in its entirety has not been found proved. The Panel could not be satisfied, on the basis of all the evidence presented, that a therapeutic trial of thyroxine therapy was inappropriate for a patient with clinical features of hypothyroidism and with thyroid function tests within the reference range.

19(a) On 8 May 2004 you saw Miss C again.

Paragraph 19(a) has been admitted and found proved

D

19(b) You provided Miss C with a prescription (or agreed to the continuing of a prescription) for Sodium Thyroxine 150µg per day and Tertroxin 20µg per day.

Paragraph 19(b) has been found proved. You accepted this in evidence.

E

20. On 8th May 2004 your prescribing to Miss C (or allowing the continuation of a prescription) was

- (a) inappropriate,**
- (b) unnecessary,**
- (c) irresponsible,**
- (d) not in the best interests of your patient,**
- (e) to place your patient at risk of harm.**

F

Paragraphs 20(a) and (b) have been found proved.
Paragraphs 20(c), (d) and (e) have not been found proved.

G

Though the Panel was satisfied so that it was sure that your change of therapy to a more active medication in the absence of a blood test was inappropriate and unnecessary, it was not satisfied so that it was sure that these actions were irresponsible, not in the best interests of your patient, or to place your patient at risk of harm.

21(a) On 7 August 2004 you saw Miss C again.

Paragraph 21(a) has been admitted and found proved.

H

21(b) You advised that Miss C be provided with a prescription for Sodium Thyroxine 150µg per day and Tertroxin 20µg per day.

A

Paragraph 21(b) has not been found proved. The Panel found no documented evidence to support this paragraph.

B

22. Your allowing the continuation of a prescription to Miss C was inappropriate, unnecessary, irresponsible, not in the best interests of your patient, to place your patient at risk of harm.

Paragraph 22 its entirety has not been found proved.

23(a) You suspected a diagnosis of B12 deficiency.

Paragraph 23(a) has not been found proved.

C

23(b) In the light of your suspicion you failed to perform any investigation on Miss C to assess a B12 deficiency.

Paragraph 23(b) has not been found proved.

D

24(a) On or after 16 August 2004 you received the blood test results for Miss C from the blood sample you had taken following the consultation on the 7 August 2004.

Paragraph 24(a) has been admitted and found proved.

24(b) The blood test results demonstrated that Miss C had become biochemically thyrotoxic.

E

Paragraph 24(b) has been found proved. The Panel found that the blood tests showed that Miss C was biochemically thyrotoxic.

24(c) You failed to take steps to reduce or stop her thyroid medication.

Paragraph 24(c) has been found proved. The Panel found no evidence within Miss C's notes to suggest that she should reduce her dose. Indeed, you had noted that Miss C should stay at the same dose.

F

24(d) You suspected that Miss C might be suffering adrenal failure.

Paragraph 24(d) has been found proved. The Panel found that you had checked Miss C's cortisone level, which was clearly indicative that you suspected that she might be suffering adrenal failure.

G

24(e) You failed to refer Miss C to an endocrinologist to assess your suspicion.

Paragraph 24(e) has been found proved.

H

A

PATIENT D

25(a) On 24 August 2004 you saw Mrs D as a private patient without a referral from her general practitioner.

Paragraph 25(a) has been admitted and found proved.

B

25(b) You took an inadequate history.

25(c) You carried out an inadequate examination.

Paragraphs 25(b) and (c) have not been found proved on the basis of the documentation presented and the oral evidence of Mr Lynn.

C

25(d) She informed you that her recent blood tests had shown her TSH level to be within the reference range.

Paragraph 25(d) has been found proved. You accepted this in evidence.

25(e) You took a blood sample for thyroid chemistry results to be obtained.

D

Paragraph 25(e) has been admitted and found proved.

25(f) You provided Mrs D with a prescription for thyroxine for 25µg per day for seven days, followed by 50µg per day for twenty one days, followed by 75µg per day for twenty one days, followed by 100µg per day for sixty days.

Paragraph 25(f) has been admitted and found proved.

E

26. Your prescribing to Mrs D was inappropriate, unnecessary, irresponsible, not in the best interests of your patient, to place your patient at risk of harm.

Paragraph 26 in its entirety has not been found proved. The Panel could not be satisfied, on the basis of all the evidence presented, that a therapeutic trial of thyroxine therapy was inappropriate for a patient with clinical features of hypothyroidism and with thyroid function tests within the reference range.

F

27(a) On or about 3 September 2004 you received the results of Mrs D's blood test that showed her T4 and TSH levels to be within the reference range.

Paragraph 27(a) has been found proved. You accepted this in evidence.

G

27(b) In a letter dated 3 September 2004 you wrote to Mrs D's NHS general practitioner enclosing the above results stating that you "would be quite prepared to institute a 4 month trial of thyroid replacement but will not proceed thus for 10 days to allow you the opportunity to comment on this strategy".

H

27(c) In a letter of response dated 7 September 2004 the three doctors at Mrs D's general practice stated that (*inter alia*) "We do not feel it safe or appropriate for her [Mrs D] to have Thyroxine".

A

Paragraphs 27(b) and (c) have been admitted and found proved.

28(a) On 18 November 2004 you saw Mrs D again.

B

28(b) You provided Mrs D with a prescription dated 17 November 2004 for Sodium Thyroxine 125µg per day for three weeks, followed by 150µg per day for three weeks, followed by 175µg per day for six weeks.

Paragraphs 28(a) and (b) have been admitted and found proved.

29. Your prescribing to Mrs D was inappropriate, unnecessary, irresponsible, not in the best interests of your patient, to place your patient at risk of harm.

C

Paragraph 29 in its entirety has not been found proved. The Panel noted that you were aware that Mrs D's GP thought that your prescribing to her was not appropriate. Nevertheless, it accepted that your treatment was in line with your original plan of gradually incrementally increasing her dose.

D

30(a) You suspected a diagnosis of B12 deficiency.

Paragraph 30(a) has been admitted and found proved.

30(b) In the light of your suspicion you failed to perform any investigation on Mrs D to assess a B12 deficiency.

E

Paragraph 30(b) has been found proved. The Panel found no evidence that you performed any investigation on Mrs D to assess a B12 deficiency and nor did you inform her GP of your suspicion. You accepted this in evidence.

31(a) On or about 6 January 2005 you received a further result from the blood sample taken by you on 24 August 2004, showing that the level of Tri-iodothyronine (hereinafter referred to as T3) was within the reference range.

F

31(b) On 23 February 2005 you provided Mrs D with a prescription for Sodium Thyroxine 125µg per day for three months.

31(c) On 13 May 2005 you provided Mrs D with a prescription for Sodium Thyroxine 150µg per day for three months.

G

31(d) On 16 August 2005 you provided Mrs D with a prescription for Sodium Thyroxine 175µg per day for six weeks followed by 200µg per day for six weeks.

31(e) In a letter to you dated 31 August 2005 Mrs D's NHS general practitioner stated that the doctors at the practice did not agree that Mrs D should be taking thyroxine and requested that you discharged Mrs D from your care.

H

31(f) On 18 November 2005 you provided Mrs D with a prescription dated 16 November 2005 for Sodium Thyroxine 200µg per day for three months.

A

Paragraphs 31(a) to 31(f) have been admitted and found proved.

31(g) Between 17 November 2004 and the 16 November 2005 you failed to monitor Mrs D adequately or at all.

B

Paragraph 31(g) has not been found proved. The Panel found that you had seen Mrs D at three review appointments during this period.

31(h) On or about 24 November 2005 you received the results of a blood sample taken by you on 18 November 2005 which showed that Mrs D had become biochemically thyrotoxic.

C

Paragraph 31(h) has been found proved. The Panel found that Mrs D had become biochemically thyrotoxic.

31(i) This over replacement was as a result of your prescribing thyroxine.

Paragraph 31(i) has been found proved.

D

32. Your prescribing in relation to the dates set out in head 31 (individually and/or cumulatively) was

- (a) inappropriate,**
- (b) unnecessary,**
- (c) irresponsible,**
- (d) not in the best interests of your patient,**
- (e) to place your patient at risk of harm.**

E

The Panel considered your prescribing in relation to the dates set out in paragraph 31 cumulatively as the principles were the same for all prescriptions.

F

Paragraph 32(a) has not been found proved. The Panel were critical of the fact that you did not take blood tests from Mrs D, but nevertheless noted Mrs D's own evidence on this matter that the treatment had given her back her life.

Paragraph 32(b) has not been found proved. The Panel noted that Mrs D thought that the treatment which you gave her was necessary and that she had responded to it.

G

Paragraph 32(c) has not been found proved.

Paragraph 32(d) has not been found proved. The Panel found that both you and Mrs D concurred that the treatment was in her best interests.

Paragraph 32(e) has not been found proved.

H

33(a) In a letter dated 1 September 2004 the General Medical Council, in the light of information it had received, invited you to agree that an assessment of the standard of your professional performance be carried out.

A

33(b) In a letter dated 3 October 2004 you agreed to undergo a performance assessment.

B

33(c) In a letter dated 10 November 2004 you returned the PDL1a and PDL1a2 forms completed which contained an acceptance of the invitation from the Screener to undergo an assessment of the standard of your professional performance.

33(d) In a letter dated 6 January 2005 the solicitors acting on your behalf, RadcliffesLeBrasseur, wrote a letter to the General Medical Council stating that they had “received specific instructions” from you to the effect that you no longer agreed to an assessment of your performance being carried out.

C

33(e) Accordingly you have failed to submit to an assessment.

Paragraphs 33(a) to 33(e) have been admitted and found proved.

D

Having reached findings on the facts, the Panel will now invite Mr Kark to adduce further evidence and to make any further submissions as to whether, on the basis of the facts found proved, your fitness to practise is impaired. Following Mr Kark’s submissions, Mr Jenkins will be given the opportunity to respond and to call any evidence if he so wishes.

Looking at the time, as it is 20-to six, Mr Kark?

E

MR KARK: First of all, thank you obviously for your very careful deliberations. Could I just raise just two short matters? First in relation to head of charge 31(a). On the green copy, which is the latest version I think, you said that had been admitted and found proved. My note is that 31(a) had not been admitted. Apologies if I have that wrong. You dealt with 31(a) through (i) as a piece, as it were. I have not got the determination in front of me but as I listened to it I thought you said 31(a) had been admitted and found proved.

F

MR JENKINS: Can I assist? It was accepted in evidence by Dr Skinner.

MR KARK: That may well be right.

G

MR JENKINS: If that needs to be cleaned up, I am content that it is found proved whether by admission or whether it is accepted in evidence. That may be something the Panel will want to think about.

MR KARK: Absolutely. My note is that it was not admitted, although it may well have been admitted in evidence and, therefore, found proved on that basis. That is 31(a) I think.

H

One other matter. When you read out the determination in relation to 2(b), you actually, perhaps a slip of the tongue, used the word “normal” as opposed to “reference range”.

THE CHAIRMAN: It is actually in the charge.

A

MR KARK: The charge has been amended to “reference range”.

THE CHAIRMAN: It obviously did not end up on *that* computer.

MR KARK: No. Perhaps that could be amended ---

B

THE CHAIRMAN: Are we happy to amend that on the spot?

MR JENKINS: There is no objection from me.

THE CHAIRMAN: In fact, we have it as “within the reference range”.

C

MR KARK: Yes, I think throughout it should be “reference range”.

THE CHAIRMAN: Did I read it anywhere else, Mr Kark?

MR KARK: No. Madam, obviously we need time to assimilate those findings in any event. Perhaps we can then address you on Saturday morning on the next step, as it were?

D

THE CHAIRMAN: Thank you. Mr Jenkins?

MR JENKINS: I was assuming when you said you will now invite Mr Kark to address you, I assumed that “now” meant at some stage in the future rather than right now.

THE CHAIRMAN: That is fine. We will reconvene on Saturday morning at 9.30.

E

(The Panel adjourned until 9.30 a.m. on Saturday, 8 September 2007)

F

G

H