



# Other Document Form

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**Operation Rochester.**

**Review of General Medical Council Fitness to practise panel from 8<sup>th</sup> June to 21<sup>st</sup> August 2009.**

**Generic facts found proved and/or admitted.**

At all material times you were a medical practitioner working as a clinical assistant in elderly medicine at the Gosport War Memorial Hospital ("GWMH"), Hampshire;

(a) You did not keep clear, accurate and contemporaneous notes in relation to Patients A, B, C, D, E, F, G, H, I, J, K and/or L 's care and in particular you did not sufficiently record,

- (i) the findings upon each examination,
- (ii) an assessment of the patient's condition,
- (iii) the decisions made as a result of examination,
- (iv) the drug regime,
- (v) the reason for the drug regime prescribed by you,
- (vi) the reason for the changes in the drug regime prescribed and/or directed by you,

(b) Your actions and omissions in relation to keeping notes for Patients A, B, C, D, E, F, G, H, I, J, K and/or L were,

- (i) inappropriate,
- (ii) not in the best interests of your patients;

**Lesile Pittock. Facts admitted and/or proved.**

2. (a) (i) Patient A was admitted to Dryad Ward at the GWMH on 5 January 1996 for long term care,

**Code A**

**Code A**

(b) In relation to your prescriptions described in paragraphs 2(a)(ii) and 2(a)(iii),

**Code A**

(d) Your prescription described at paragraphs 2(a)(vi) in combination with the other drugs already prescribed were excessive to the patient's needs,

(e) Your actions in prescribing the drugs as described in paragraphs 2(a)(ii), (iii), were,

- (i) inappropriate,
- (ii) potentially hazardous,
- (iii) not in the best interests of Patient A;

Dr Barton gave her evidence in chief on day 25 (Page 76) with regard to Mr PITTOCK during

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**Code A**

Elsie Lavender. Facts admitted and/or proved.

3. (a) (i) Patient B was admitted to Daedalus Ward at the GWMH on  
22 February 1996,

(b)

**Code A**

- (c) Your actions in prescribing the drugs described in paragraphs 3(a), (iii) and/or (iv) were,
- (i) inappropriate,
  - (ii) potentially hazardous,
  - (iii) not in the best interests of Patient B,
- (d) In relation to your management of Patient B you,
- (ii) did not conduct an adequate assessment as Patient B's condition deteriorated,
  - (iv) did not obtain the advice of a colleague when Patient B's condition deteriorated,
- (e) Your actions and omissions in relation to your management of patient B were,
- (i) inadequate,
  - (ii) not in the best interests of Patient B;

Dr Barton gave her evidence in chief on day 25 (Pg 86) with regard to Mrs LAVENDER during which Dr

**Code A**

Eva PAGE. Facts admitted and/or proved.

- 4. (a) (i) on 27 February 1998 Patient C was transferred to Dryad Ward at GWMH for palliative care,

- (ii) **Code A**

- (b) In relation to your prescription for drugs described in paragraph 4(a)(ii),

- (i) **Code A**

- (ii) the prescription created a situation whereby drugs could be administered to the patient which were excessive to the Patient C's needs,

- (c) Your actions in prescribing the drugs described in paragraph 4(a)(ii) were,

- (i) inappropriate,
  - (ii) potentially hazardous,
  - (iii) not in the best interests of your patient;

Dr Barton gave her evidence in chief on day 26 (Pg 53) with regard to Mrs PAGE during which Dr Barton justified her prescription on 3<sup>rd</sup> March for two reasons, one was to cover **Code A**

**Code A**

# Code A

Alice WILKIE. Facts admitted and/or proved.

5. (a) (i) on 6 August 1998 Patient D was transferred to Daedalus Ward at GWMH for continuing care observation,
- (ii) **Code A**
- (b) In relation to your prescription for drugs as described in paragraph 5(a)(ii),
- (i) the dose range was too wide,
- (ii) the prescription created a situation whereby drugs could be administered to Patient D which were excessive to the patient's needs,
- (c) Your actions in prescribing the drugs as described in paragraph 5(a)(ii) were,
- (i) inappropriate,
- (ii) potentially hazardous,
- (iii) not in the best interests of Patient D;

# Code A

interest.

Gladys RICHARDS. Facts admitted and/or proved.

6. (a) (i) Patient E was admitted to Daedalus Ward at GWMH on 11 August 1998 after an operation **Code A** Royal Haslar Hospital,

# Code A

- (b) In relation to your prescription for drugs described in paragraph 6(a)(iii),

- (i) the dose range was too wide,
- (ii) the prescription created a situation whereby drugs could be administered to Patient E which were excessive to the patient's needs,
- (c) Your actions in prescribing the drugs described in paragraph 6(a) (ii) and/or (iii) were,
  - (i) inappropriate,
  - (ii) potentially hazardous,
  - (iii) not in the best interests of Patient E;

**Code A**

**Ruby LAKE. Facts admitted and/or proved.**

- 7. (a) (i) Patient F was admitted to Dryad Ward at GWMH on
 

**Code A**
- (ii) on 18 August 1998 you (as required),
 

**Code A**
- (b) In relation to your prescription for drugs described in paragraph 7(a)(iii),
 

**Code A**
- (i) the dose range was too wide,
- (ii) the prescription created a situation whereby drugs could be administered to Patient F which were excessive to the patient's needs,
- (c) Your actions in prescribing the drugs described in paragraphs 7(a) (iii) were,
  - (i) inappropriate,
  - (ii) potentially hazardous,

- (iii) not in the best interests of Patient F;

# Code A

Arthur CUNNINGHAM. Facts admitted and/or proved.

8. (a) (i) Patient G was admitted to Dryad Ward at GWMH on 21 September 1998 with the painful swellings and other medical conditions

# Code A

- (b) In relation to your prescriptions for drugs described in paragraphs 8(a)(ii) and/or (iii),

- (i) the dose range was too wide,
- (ii) the prescription created a situation whereby drugs could be administered to Patient G which were excessive to the patient's needs,

- (c) Your actions in prescribing the drugs described in paragraphs 8(a) (ii) and/or (iii), were,

- (i) inappropriate,
- (ii) potentially hazardous,
- (iii) not in the best interests of Patient G,

- (d) You did not obtain the advice of a colleague when Patient G's condition deteriorated;



Dr Barton gave her evidence in chief on day 28 (Pg 2) with regard to Mr Cunningham during which Dr Barton justified her prescription on 21<sup>st</sup> September 1998 as she was aware of how very ill Mr Cunningham

**Code A**

Dr Barton does not comment on the prescription written on 25<sup>th</sup> September 1998.

**Code A**

Dr Barton did not think that it was appropriate to take the advice of a consultant with regard to Mr Cunningham.

**Robert WILSON. Facts admitted and/or proved.**

- 9. (a) (i) Patient H was admitted to Dryad Ward GWMH on 14 October 1998 for ongoing assessment and possible rehabilitation suffering

**Code A**

(ii)

(iii)

(iv)

**Code A**

(b) In light to give

- (i) inappropriate,
- (ii) potentially hazardous,
- (iv) not in the best interests of Patient H,

- (c) In relation to your prescription described in paragraph (9)(a)(iii),
- (i) the dose range was too wide,
  - (ii) the prescription created a situation whereby drugs could be administered to Patient H which were excessive to the patient's needs,
- (d) Your actions in prescribing the drugs described in paragraphs 9(a)(ii), (iii) and (iv) were,
- (i) inappropriate,
  - (ii) potentially hazardous,
  - (iii) not in the best interests of Patient H.,
- (e) You did not obtain the advice of a colleague when Patient H's condition deteriorated;

**Code A**

**Enid SPURGIN. Facts admitted and/or proved.**

- 10 (a) (i) Patient I was admitted to Dryad ward at GWMH on 26 March 1999 following her treatment for Code A the Haslar Hospital,

# Code A

- (c) In relation to your prescription for drugs described in paragraph 10(a)(ii),
- (i) the dose range was too wide,
  - (ii) the prescription created a situation whereby drugs could be administered to Patient I which were excessive to the patient's needs,
- (d) Your actions in prescribing the drugs described in paragraph 10(a)(ii) were,
- (i) inappropriate,
  - (ii) potentially hazardous,
  - (iii) not in the best interests of Patient I,
- (e) The dosage you authorised/directed described in paragraph 10(a)(iii) was excessive to Patient I's needs. This was,
- (i) inappropriate,
  - (ii) potentially hazardous,
  - (iii) not in the best interests of Patient I;

# Code A

**Code A**

Geoffrey PACKMAN. Facts admitted and/or proved.

- 11 (a) (i) Patient J was admitted to Dryad Ward at GWMH on 23 August 1999 following his treatment at the Queen Alexandra Hospital where the patient had been admitted as an emergency following a fall at home,

**Code A**

- (b) In relation to your prescription for drugs described in paragraph 11(a)(v),
- (i) **Code A** prescribed were too high,
  - (ii) the dose range was too wide,
  - (iii) the prescription created a situation whereby drugs could be administered to Patient J which were excessive to the patient's needs,
- (c) Your actions in prescribing the drugs described in paragraphs 11(a)(v) were,
- (i) inappropriate,
  - (ii) potentially hazardous,
  - (iii) not in the best interests of Patient J,
- (d) Your failure to obtain medical advice and/or undertake further investigation described in paragraph 11(a)(iv) was,
- (i) inappropriate,
  - (ii) not in the best interests of Patient J;

**Code A**

# Code A

Elsie DEVINE. Facts admitted and/or proved.

- 12 (a) (i) Patient K was admitted to Dryad Ward at GWMH for continuing care on 21 October 1999 from Queen Alexandra Hospital She was reported to

**Code A**

**Code A**

- (b) The prescription on admission described in paragraph 12(a)(ii) was not justified by the patient's presenting symptoms,
- (c) In relation to your prescription for drugs described in paragraph 12(a)(iv),
- (i) the lowest doses of diamorphine and midazolam prescribed were too high,
  - (ii) the dose range was too wide, only with regard to the midazolam,
  - (iii) the prescription created a situation whereby drugs could be administered to Patient K which were excessive to the patient's needs,
- (d) Your actions in prescribing the drugs described in paragraphs 12(a)(ii), (iii) and/or (iv) were,
- (i) inappropriate,
  - (ii) potentially hazardous,
  - (iii) not in the best interests of Patient K,

(e) You did not obtain the advice of a colleague when Patient K's condition deteriorated;

**Code A**

# Code A

Jean STEVENS. Facts admitted and/or proved.

13 (a) (i) Patient L was admitted to Daedalus Ward at GWMH on 20 May 1999 following a period of treatment at the Haslar Hospital from

(ii) on 20 May 1999 you prescribed,

(a)

(b) Discharge with a dose of 600 to 800 mg to be administered SC

# Code A

(b) In relation to your prescription for drugs described in paragraph 13(a)(ii) and/or (iii),

(i) there was insufficient clinical justification for such prescriptions,

(ii)

(iii) the prescriptions created a situation whereby drugs could be administered which were excessive to the patient's needs,

(iv) your actions in prescribing the drugs described in paragraph 13(a)(ii) and or (iii) were,

(a) inappropriate,

(b) potentially hazardous,

(c) not in the best interests of patient L,

(c) You did not obtain the advice of a colleague when Patient L's condition deteriorated;

# Code A

**Code A**