

**FITNESS TO PRACTISE PANEL OF THE  
MEDICAL PRACTITIONERS TRIBUNAL SERVICE  
2-3 MAY 2013**

7th Floor, St James's Buildings, 79 Oxford Street, Manchester, M1 6FQ

**Name of Respondent Doctor:** Dr Andrew John WRIGHT

**Registered Qualifications:** MB ChB 1983 University of Sheffield

**Area of Registered Address:** Lancashire

**Reference Number:** 2825184

**Type of Case:** Review case of impairment by reason of:  
misconduct

**Panel Members:** Dr M Groom (Medical) – Chairman  
Dr M Kitching (Medical)  
Mrs H Taylor (Lay)

**Legal Assessor:** Ms M Coutino

**Secretary to the Panel:** Miss S North

**Representation:**

GMC: Mr Alistair Bower, Counsel, instructed by GMC Legal

Doctor: Dr Wright was present, and represented by Mr Malcolm Fortune, instructed by RadcliffesLeBrasseur.

**EXCLUSION OF PRESS AND PUBLIC**

At the outset of the proceedings, in accordance with Rule 41 XXX of the General Medical Council (GMC) (Fitness to Practise) Rules 2004 ("the Rules"), the Panel agreed with Mr Fortune's application to hear the hearing in private; this was not objected to by Mr Bower on behalf of the GMC.

## **Determination on impaired fitness to practise**

Dr Wright:

1. At the outset of the proceedings, in accordance with Rule 41 XXX of the General Medical Council (GMC) (Fitness to Practise) Rules 2004 ("the Rules"), the Panel agreed with Mr Fortune's application to hear the hearing in private; there was no objection from Mr Bower on behalf of the GMC.
2. The Panel has heard that between April 2003 and May 2006 you ran a private practice in Lancashire, specialising in the management of fatigue disorders.
3. During this time you allowed yourself to be persuaded by clinicians who promoted the possibility of a link between Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) and *Borrelia burgdorferi*. In so doing you isolated yourself from clinicians practising in mainstream medicine and consequently closed your mind to the orthodox approach for treating patients with CFS/ME. Whilst treating patients you failed to critically appraise the evidence available to you. At no point did you consider that your views on causation, diagnosis and treatment of CFS/ME were or could be wrong. The treatment you gave your patients included the prescription of long term antibiotics and the use of other unconventional treatments, including reinsertion of blood in a non-sterile environment.
4. Despite being challenged by an Inspector of Microbiology and Infection Control at the Department of Health, you persisted with your unorthodox treatment regimes until stopped by the Primary Care Trust in late 2010.
5. A Fitness to Practise Panel in October 2011 found that your fitness to practise was impaired by reason of your serious misconduct. That Panel found that you had breached a number of aspects set out in Good Medical Practice (2001 and 2006 editions). In so doing it was found that your conduct put patients at unwarranted risk of harm, brought the medical profession into disrepute and breached fundamental tenets of the medical profession.
6. That Panel determined that the most appropriate sanction in your case would be immediate suspension for a period of 9 months, to mark the gravity of your misconduct.
7. The previous Panel indicated that this Panel may be assisted by the following:
  - evidence that you have kept your medical knowledge sufficiently and appropriately up to date;
  - evidence of any intention and plans for your future practice;
  - up-to-date references or testimonials;
  - any other information which you think may assist the review Panel XXX.

8. This Panel has met to review your case. It has considered, under Rule 22(f) of the Rules, whether your fitness to practise is impaired by reason of your misconduct. It has taken account of all the evidence placed before it, the oral evidence from yourself and Dr A, Clinical Director, Bolton Community Practice, the submissions made by Mr Bower, on behalf of the GMC, and those made by Mr Fortune on your behalf.

### **The submissions**

9. Mr Bower, on behalf of the GMC reminded the Panel that your previous impairment was founded on the basis of serious misconduct. He referred the Panel to the evidence that was indicated by the last Panel might assist at your review. He emphasised the importance of this being demonstrated sufficiently for this Panel to be satisfied. Mr Bower submitted that the decision of fitness to practice is a matter for the Panel alone to determine, based upon the evidence that you have provided today.

10. Mr Fortune, on your behalf, submitted that you have demonstrated how you have reflected upon your misconduct with the support of people around you, both personally and professionally. He submitted that it has always been your intention to return to general practice and told the Panel that you have only been out of direct contact with patients for 9 months, which is no different from any other doctor returning from an extended period out of clinical practice. Mr Fortune submitted that, given your many years of prior clinical experience and your extensive completion of continuing professional development (CPD), there is no doubt that you have maintained your clinical skills and knowledge.

11. Mr Fortune submitted that the Panel should have an eye to the past, but also an eye to the future, and, considering all the evidence presented today, your fitness to practise is no longer impaired.

12. Whilst the Panel has borne in mind the submissions, whether your fitness to practise is impaired is a decision for the Panel alone to reach, exercising its own judgement.

### **The evidence**

13. In determining whether your fitness to practise is impaired, the Panel has had regard to your oral evidence. You told the Panel that you eternally regret and feel shame for your actions during the period when you were treating patients with CFS/ME in private practice. You admitted it was painful to acknowledge that what you did in the past was wrong, but noted that this was because many years of your career had been spent pursuing treatments for CFS/ME that were not evidence based. You recognised this to be "bad medicine".

14. You told the Panel that you are aware of your past failings and have taken a number of steps to address these, primarily by moving away completely from the

field of CFS/ME, and by no longer engaging in private practice. You stated that one of your difficulties in the past was your isolation from mainstream practice in regard to the treatments of CFS/ME. You told the Panel that this would not happen in the future because the nature of NHS general practice means that there will always be colleagues around to discuss patient care and treatments. You gave evidence that you regularly attend clinical meetings with your colleagues despite your suspension.

15. In respect of your CPD you told the Panel that you feel that you could not have done more than you have, which includes attendance at relevant courses and seminars, organising educational events, and reading journals, NICE updates, relevant websites and other relevant sources of information.

16. You told the Panel that during your period of suspension you have been working at Bolton Community Practice as a full time administrator. You described the work that you have undertaken as part of this role which included: summarisation of patient notes, re-organisation of work processes, auditing GP workload, patient appointments and triage, staff supervision and also organisation of educational activities. You told the Panel that during your time in this role you have gained renewed enthusiasm for general practice and that you miss the day-to-day life of a GP.

17. The Panel heard that your main career goal is to return to full-time, NHS, general practice. You stated that have no intention or desire to ever return to private practice. You also stated that you would consider returning to out of hours work, preferably at Royal Bolton Hospital, because you enjoy the challenges of working as GP in an Accident and Emergency department.

XXX

19. Upon reflection of your past misconduct you told the Panel that you have learnt to listen to views that contradict your own and form a balanced view, take stock when things are not going well, talk over cases with colleagues, reflect upon treatments in the face of an absence of evidence and that you are now ready to move on with your life and career.

20. The Panel has considered the evidence given by Dr A. She told the Panel that the work that you have been doing as an administrator has been invaluable, and that you have made a significant difference to many processes at the practice that have improved the performance of surgeries and the level of care provided to patients.

21. Dr A told the Panel that she has been your line manager, and is fully aware of your previous misconduct and the details surrounding this. Dr A assured the Panel that should you return to general practice at the Bolton Community Practice, the policies to ensure that you did not treat CFS/ME patients, in place during your return to clinical practice between April and July 2012, would remain. She also told the Panel that any return to work would be gradual, and you would be continually

managed and monitored. In terms of out of hours work, Dr A told the Panel that although she was not directly in control of this, she would ensure that it did not adversely affect your GP work at the practice.

22. Dr A told the Panel that despite your misconduct, there have never been any complaints raised with regard to your work in NHS general practice. You are held in high regard with both your patients and colleagues and she was confident that this would remain the case in the future.

### **Panel's decision**

23. The Panel has a duty to consider not only patient safety but your own safety when making a decision regarding impairment and any return to practise. XXX. The Panel is impressed with the evidence that you have provided, the way that you talked candidly about your past failings XXX.

24. The Panel considers that you have provided sufficient evidence to satisfy it that you have kept your medical knowledge up to date, through CPD activity during the period of your suspension. The Panel is encouraged that you have completed 50 hours of CPD, all of it relevant to general practice and some relevant to addressing your previous misconduct. The Panel further accepts your evidence regarding your intentions; your resolve to return to NHS general practice appears unwavering and the Panel considers that the evidence it has received from all sources in this regard is consistent and compelling.

25. The Panel is reassured by the evidence of your reflection on your past misconduct, including your candour and hubris. The Panel is in no doubt that your misconduct was serious but it accepts your evidence that your actions were borne out of a passion and desire to help your patients with CFS/ME, albeit relying on misguided beliefs and poor evidence.

26. The Panel is reassured by Dr A's evidence that should you return to general practice with her, your work would be monitored and managed with an appropriate phased return to work, including the monitoring of your out of hours commitments.

27. The Panel has considered the written and oral testimonials from both Dr A and Dr B of the Farnworth Health Centre, Bolton, who have acted as your supervisors in the past. Both doctors have commented upon how well respected you are as a GP by both patients and colleagues, and that you would be welcomed back into clinical practice should your registration allow this. The Panel has noted that your colleagues at Bolton Community Practice have unanimously decided to offer you a full time position as a GP should your registration allow, and considers this to be a significant demonstration of the high esteem in which your skills as a GP are held.

28. The Panel is impressed with the improvements that you have made during your time working as an administrator at Bolton Community Practice. The Panel is

encouraged that you have demonstrated motivation and drive to improve patients' care and treatment by optimising the work processes at the practice.

29. The Panel notes that the previous Panel determined "that in the future you are not liable to act so as to put patients at unwarranted risk of harm, or bring the medical profession into disrepute or to breach fundamental tenets of the medical profession". There has been nothing since the last hearing that persuades this Panel to take a different view.

30. The Panel has had regard to the Indicative Sanctions Guidance (as amended) on Review hearings, in particular paragraph 116, that it is important that no doctor should be allowed to resume unrestricted practice following suspension unless they are safe to do so. The Panel considers that you have appreciated fully the gravity of your misconduct. There is no evidence before this Panel that you have repeated your misconduct and the Panel is satisfied that you will not do so in future.

31. The Panel accepts your very clear reasons behind your change of mindset, your remorse and regret, and intention to return to NHS general practice. The Panel finds your evidence believable and not formulaic and is satisfied that you have full insight into your past actions. The Panel accepts that you have maintained your medical knowledge and does not consider that patients will be at risk should you return to clinical practice.

32. Having considered all of the evidence, and in all the circumstances, the Panel has determined that your fitness to practise is no longer impaired.

33. The effect of this determination is that, when the current period of suspension imposed on your registration expires on 5 June 2013, you will be able to resume unrestricted practice.

34. That concludes this case.

Confirmed

3 May 2013

Dr Mark Groom, Chairman