

# Cheats never prosper: fitness to practise cases involving academic misconduct

Cathal Gallagher

University of  
Hertfordshire **UH**

1

## Overview

- Four fitness to practise case studies, one from each of the four largest PSA-overseen professions, each involving academic misconduct
  - Doctor
  - Nurse
  - Dentist
  - Pharmacist

University of  
Hertfordshire **UH**

2

## Academic misconduct

- Undergraduate
  - Student fitness to practise
    - Administered by universities
  - [Registration] [A]ppeals committee
- Postgraduate
  - Fitness to practise

University of  
Hertfordshire **UH**

3

## Guidance

- Good Medical Practice. London: General Medical Council; 2013.
- The Code: Professional standards of practice and behaviour for nurses midwives and nursing associates. London: Nursing and Midwifery Council; 2018.
- Standards for the Dental Team. London: General Dental Council; 2014.
- Standards for pharmacy professionals. London: General Pharmaceutical Council; 2017.

University of  
Hertfordshire **UH**

4

## Subject specificity

- Each Council expects their registrants to work collaboratively with colleagues
  - Doctors must “work collaboratively with colleagues, respecting their skills and contributions ... [and treating] colleagues fairly and with respect”
  - Nurses should “respect the skills, expertise and contributions of [their] colleagues, referring matters to them when appropriate”
  - “[M]embers of the dental team will work effectively together”
  - Pharmacists are required to “work with others to make sure there is continuity of care for the person concerned”

5

## Guidance on qualifications

- Doctors are explicitly required to “always be honest about [their] experience, qualifications and current role.”
- Dentists must “only carry out a task or a type of treatment if [they] are appropriately trained [and] competent.”
- Pharmacists are required to “recognise and work within the limits of their knowledge and skills”
- Nurses...

6

## ... get their own slide

- The NMC is perhaps the most explicit in laying down its expectation with regard to academic dishonesty, requiring nurses and midwives to “[m]ake sure that any advertisements, publications or published material [they] produce or have produced for [their] professional services ... accurately reflect [their] relevant skills, experience and qualifications.”

7

## Three (and-a-half) step process

1. Finding on facts
2. Determination of impairment
  - Do facts proven amount to misconduct?
  - Impaired by reason of the misconduct?
3. Determination of sanction

8

## 1A. Finding on facts (Doctor)

- Didn't take an exam she was supposed to take
  - Lied about it (by saying he had passed)
  - Forged correspondence from the RCGP
  - Self-referred to the GMC
- Lied about further clinical training
  - Forged evidence of this
- Admitted to all allegations

## 1B. Finding on facts (Nurse)

- Provided forged documentation relating to qualifications she had not obtained
  - Three instances
  - Lied about it
- Did not admit to the allegations
  - Panel found that she sought to mislead her employer
  - Dishonest

## 1C. Finding on facts (Dentist)

- Provided forged documentation relating to qualifications he had not obtained
- Forged references
  - Lied about it
  - Forged a second reference in support of the first
- Did not admit to the allegations
  - Panel found that he sought to mislead his employer
  - Dishonest

## 1D. Finding on facts (Pharmacist)

- Plagiarism on exam (PG diploma in clinical pharmacy)
- Student fitness to practise
  - Lied about it (to university)
  - Refer to real fitness to practice
- Admitted all allegations (to GPhC)

## 2A. Impairment (Doctor)

- Good medical practice
  - 66. You must always be honest about your experience, qualifications and current role.
  - 68. You must be honest and trustworthy in all your communication with patients and colleagues.
  - 71. You must make sure that any documents you write or sign are not false or misleading.
- Amounted to serious misconduct
- Insufficient insight
  - Impaired

## 2B. Impairment (Nurse)

- The Code
  - Failed to “act with honesty and integrity” in her “calculated deception”
  - Failed to “act as a role model of professional behaviour for students and newly qualified nurses”
  - Practised without the necessary qualifications “plac[ing] patients at an unwarranted risk of harm”
- Misconduct
- Limited insight
  - Impaired

## 2C. Impairment (Dentist)

- Standards for the Dental Team
  - “justify the trust that patients, the public and your colleagues place in you by always acting honestly and fairly in your dealings with them ... [including] ... education activities in which you are involved”
- Lack of insight
- Lack of remorse
  - Impaired

## 2D. Impairment (Pharmacist)

- Standards for pharmacy professionals
  - Failed to act with honesty and integrity to maintain public trust and confidence in the profession
  - Failed to meet accepted standards of personal and professional behaviour or respond honestly and openly to the complaint made against her
- Had she not been caught, there was a risk to patients and the public
  - Genuine insight, so risk small
  - Impaired

## More guidance

- Sanctions guidance for members of Medical Practitioners Tribunals and for the General Medical Council's decision makers. London: General Medical Council; 2020.
- Fitness to practise Library: Sanctions. London: Nursing and Midwifery Council; 2018.
- Guidance for the Practice Committees including Indicative Sanctions Guidance. London: General Dental Council 2016.
- Good decision making: fitness to practise hearings and sanctions guidance. London: General Pharmaceutical Council; 2017.

## 3. Sanction

- “We remind ourselves that the purpose of sanction is threefold...”
  1. Public safety
  2. Upholding public confidence
  3. Maintaining standards
- Least restrictive sanction that satisfies all three

## 3A. Sanction (Doctor)

### Aggravating factors

- Dishonest
- Persistent
- Covered up

### Mitigating factors

- Early career stage
- Co-operation at early stage (of investigation)
- Capable of developing fuller insight

## 3B. Sanction (Nurse)

### Aggravating factors

- Dishonest
- Persistent
- Covered up
- Risk of harm
- Untrustworthy (conditions?)

### Mitigating factors

- None

### 3C. Sanction (Dentist)

#### Aggravating factors

- Dishonest
- Persistent
- Covered up
- No insight
- Distain for committee

#### Mitigating factors

- None

21

### 3D. Sanction (Pharmacist)

#### Aggravating factors

- Dishonest
- Covered up

#### Mitigating factors

- Difficult personal circumstances
- Genuine insight
- Remediation

22

Profession	Medicine	Nursing	Dentistry	Pharmacy
<b>Nature of allegations</b>	Lying about (postgraduate) qualification; falsifying certification; repeated behaviour	Lying about (postgraduate) qualification; lying about CPD; falsifying certification	Lying about (postgraduate) qualification; falsifying certification; falsifying references	Plagiarism (postgraduate qualification);
<b>Allegations proven</b>	All admitted	All proven	All proven	All admitted
<b>Level of insight</b>	Incomplete	Limited	None	Complete; genuine
<b>(Further) risk to public?</b>	No	Yes	No	No
<b>Damaging to reputation of profession?</b>	Yes	Yes	Yes	Yes
<b>Sanction</b>	Suspension (1 year)	Erasure	Erasure	Warning

### In conclusion...

- Maintenance of public confidence and of proper standards in response to an act of academic dishonesty can be dealt with a sanction from the lower end of the spectrum of severity
- A lack of insight invites a period of suspension from practice in which to reflect
- Where there is an ongoing risk to the safety of patients the public, or where a practitioner does not engage, removal from the professional register may be necessary

23

24

## Further reading

- Gallagher, C.T., et al. (2022). *Fitness to practise determinations after academic dishonesty among UK health professionals*. Journal of Nursing Regulation: **13(1)**; 54-61.
- Gallagher, C.T., et al. (2022). *Disciplinary Action Against UK Health Professionals for Sexual Misconduct: A Matter of Reputational Damage or Public Safety?* Journal of Medical Regulation: **107(4)**; 7-16.