



**Findings of the Fitness to Practise Committee
following an Inquiry held pursuant to Part 8
of the Medical Practitioners Act 2007**

Registered Medical Practitioner:	Dr Adam Jacobus Smith
Registration Number:	118620
Registered Address:	41 White's Castle Knocktopher Co. Kilkenny
Date of Inquiry:	18 th , 19 th 20 th April, 18 th , 19 th & 20 th July, 4 th , September, 18 th & 19 th October 6 th 7 th 8 th & 9 th November 17 th 18 th 19 th 20 th 21 st December, 2012 25 th 29 th & 30 th January, 2013 7 th 8 th 18 th & 21 st February 11 th March 29 th & 30 th April 2013
Members of Inquiry Committee:	Dr Michael Ryan (Chairman) Dr Tim O'Neill Dr Abdul Bulbulia
Legal Assessor:	Mr Seamus Woulfe SC
Appearances - For the Chief Executive:	Mr. JP Mc Dowell, Mr S Dwyer and Ms S Taaffe of Mc Dowell Purcell Solicitors.
For the Practitioner:	Mr. Gabriel Gavigan S.C. instructed by Ms Sinead Keavey of William Fry Solicitors

The nature of the Complaint that resulted in the Inquiry:

The Committee noted that:

1. The Preliminary Proceedings Committee (“the PPC”) formed the opinion that there was a prima facie case to warrant further action being taken in relation to the complaint of the Munster Dermatology Group, South Infirmary-Victoria University Hospital, Old Blackrock Road, Cork:
2. The PPC referred the complaint to the Fitness to Practise Committee on the grounds of professional misconduct and/or poor professional performance.

The Committee further noted that:

The allegations of professional misconduct and/or poor professional performance and/or relevant medical disability considered by the Committee were as follows:

That Dr Smith, being a Registered Medical Practitioner and a Consultant Dermatologist while working at the Whitfield Clinic, Butlerstown North, Cork Road, Waterford and/or Aut Even Hospital, Freshford Road, Kilkenny and/or Barringtons Hospital, Georges Quay, Limerick

1. In relation to treatment provided by him to his patient, Patient A, on or around 14 November 2008:
 - a. Failed to take bacterial swabs and/or to arrange adequately or at all for bacterial swabs to be taken for review and/or
 - b. Failed to take a skin biopsy and/or to arrange for a skin biopsy to be taken and/or
 - c. [REDACTED]
 - d. Failed to consider Patient A’s underlying medical condition adequately or at all when making his differential diagnosis of “*MRSA infection or vasculitis*” and/or
 - e. [REDACTED]
 - f. Failed to take any or adequate history from Patient A and/or
 - g. Failed to diagnose Patient A with calciphylaxis and/or
 - h. [REDACTED]
 - i. Failed to arrange any or adequate follow up for Patient A and/or
 - j. [REDACTED]
 - k. Failed to apply appropriate standards of clinical judgment in the care

afforded by you to Patient A and/or

- I. Placed the health and safety of Patient A at risk and/or
2. In relation to treatment provided by him to his patient, Patient B during the period on or around 10 January 2008 -25 September 2008, on one or more occasions:
- a. Failed to take a skin biopsy and/or to arrange for a skin biopsy to be taken for review and/or
 - b. [REDACTED]
 - c. [REDACTED]
 - d. [REDACTED]
 - e. [REDACTED]
 - f. Failed to provide any or adequate treatment for Patient B's condition and/or
 - g. Failed to arrange any or adequate follow up for Patient B and/or
 - h. Failed to inform Patient B's general practitioner adequately or at all of the diagnosis, treatment and/or plan for management in respect of Patient B and/or
 - i. Failed to advise Patient B adequately or at all in relation to the possible drug toxicity and/or side effects of Plaquenil (hydroxychloroquine), prescribed on the 25th September 2008, and/or
 - j. Failed to take any pre-treatment blood tests for a baseline check for blood count and/or liver and/or renal function prior to prescribing Plaquenil to Patient B and/or
 - k. Failed to take a blood test after one month and/or every three months thereafter to monitor Patient B for drug toxicity subsequent to prescribing Plaquenil to Patient B and/or
 - l. Failed to advise Patient B adequately or at all of the steps to be taken in the circumstances where Patient B were to develop rare ocular toxicity and/or
 - m. [REDACTED]
 - n. Failed to apply appropriate standards of clinical judgment in the care afforded by you to Patient B and/or
 - o. Placed the health and safety of Patient B at risk and/or

4. In relation to treatment provided by him to his patient, Patient D during the period on or around 5 May 2008 – 2 October 2008:

- p. On or around 8 May 2008 and/or 3 July 2008 and/or 2 October 2008 prescribed to Patient D, an eleven year old boy, which he knew or ought to have known was inappropriate in the circumstances and/or
- q. On or around 2 October 2008, increased Patient D's dose of to 25mg/BD, which he knew or ought to have known was inappropriate in the circumstances and/or
- r. [REDACTED]
- s. On or around 3 July 2008, failed to take a blood test prior to prescribing 25mg daily to Patient D and/or
- t. On or around 2 October 2008, failed to take a blood test prior to prescribing the increased dose of 25mg BD to Patient D and/or
- u. Failed to monitor and/or arrange for Patient D's epiphyses to be monitored radiologically in circumstances where he had prescribed to Patient D and/or
- v. [REDACTED]
- w. [REDACTED]
- x. Failed to provide any or appropriate adequate treatment for Patient D's condition and/or
- y. Failed to arrange any or adequate follow up for Patient D and/or
- z. Failed to inform Patient D's general practitioner adequately or at all of the diagnosis, treatment and/or plan for management in respect of Patient D and/or
- aa. Failed to apply appropriate standards of clinical judgment in the care afforded by him to Patient D and/or
- bb. Placed the health and safety of Patient D at risk and/or

3. In relation to treatment provided by him to his patient, Patient E, on or around 8 August 2008:

- a. Prescribed methotrexate 15 mg weekly for six weeks to Patient E which he ought to have known was inappropriate in the circumstances and/or
- b. Failed to take any pre-treatment blood tests for a baseline check for blood count and/or liver and/or renal function prior to prescribing methotrexate to Patient E and/or
- c. Failed to prescribe a test dose of methotrexate to Patient E prior to prescribing a starting dose of methotrexate to Patient E and/or

- d. Failed to advise Patient E and/or his mother adequately or at all in relation to the possible drug toxicity and/or side effects of methotrexate and/or
 - e. Failed to take blood tests or arrange for weekly blood tests to be carried out on Patient E to monitor Patient E during the course of his treatment with methotrexate and/or
 - f. Advised Patient E and/or Patient E's mother that once his psoriasis cleared that it would not return which he ought to have known was inappropriate in the circumstances and/or
 - g. Recommended to Patient E and/or his mother that the use of sun beds would be a permissible treatment for psoriasis in circumstances where he knew or ought to have known this was inappropriate and/or
 - h. [REDACTED]
 - i. Failed to take any or adequate history from Patient E and/or
 - j. Failed to provide any or adequate treatment for Patient E's condition and/or
 - k. Failed to arrange any or adequate follow up for Patient E and/or
 - l. [REDACTED]
 - m. Failed to apply appropriate standards of clinical judgment in the care afforded by him to Patient E and/or
 - n. Placed the health and safety of Patient E at risk and/or
4. In relation to treatment provided by him to his patient, Patient F on or around 13 March 2009:
- a. Failed to take a skin biopsy and/or to arrange for a skin biopsy to be taken for review and/or
 - b. Failed to take any or adequate history from Patient F and/or
 - c. [REDACTED]
 - d. [REDACTED]
 - e. Prescribed Dapsone to Patient F without confirming Patient F's diagnosis and/or
 - f. [REDACTED]
 - g. Prescribed a starting dose of Dapsone 200mg daily to Patient F when he ought to have known that such a dose was inappropriate and/or

- h. Failed to take and/or arrange for any pre-treatment blood tests to be carried out for a baseline check for blood count and/or liver and/or renal function prior to prescribing Dapsone to Patient F and/or
- i. Failed to advise Patient F adequately or at all in relation to the possible drug toxicity and/or side effects of Dapsone and/or
- j. Failed to take blood tests or arrange for blood tests to be carried out on Patient F to monitor Patient F during the course of her treatment with Dapsone and/or
- k. [REDACTED]
- l. Failed to provide any or adequate treatment for Patient F's condition and/or
- m. Failed to arrange any or adequate follow up for Patient F and/or
- n. Failed to inform Patient F's general practitioner adequately or at all of the diagnosis, treatment and/or plan for management in respect of Patient F and/or
- o. [REDACTED]
- p. Failed to apply appropriate standards of clinical judgment in the care afforded by him to Patient F and/or
- q. Placed the health and safety of Patient F at risk and/or

5. In relation to treatment provided by him to his patient, Patient G, during the period on or around 12 November 2007 – 16 May 2008:

- a. [REDACTED]
- b. On or around 30 January 2008, following a phone call from Patient G's general practitioner indicating that Patient G had a non-healing ulcer at the side of the excised lesion, failed to review Patient G in a timely manner and/or
- c. Failed to provide adequate treatment for Patient G's condition and/or
- d. Failed to arrange adequate follow up for Patient G and/or
- e. [REDACTED]
- f. [REDACTED]

[REDACTED]

- g. Failed to apply appropriate standards of clinical judgment in the care afforded by him to Patient G and/or
 - h. Placed the health and safety of Patient G at risk and/or
6. In relation to treatment provided by him to his patient, Patient H during the period on or around 31 July 2006 - 28 February 2008:
- a. On one or more occasions failed to take a skin biopsy and/or to arrange for a skin biopsy to be taken and/or
 - b. [REDACTED]
 - c. [REDACTED]
 - d. Failed to provide any or adequate treatment for Patient H's condition and/or
 - e. Failed to arrange any or adequate follow up for Patient H and/or
 - f. Failed to establish an adequate system of review to monitor Patient H's condition and/or
 - g. Failed, having diagnosed Patient H with eczema, to initially treat Patient H with topical treatments as opposed to systemic steroids and/or
 - h. [REDACTED]
 - i. Failed to take a skin biopsy and/or to have a skin biopsy taken prior to prescribing Pimozide to Patient H on or around 28 February 2008 and/or
 - j. Prescribed Pimozide to Patient H which he knew or ought to have known was inappropriate in the circumstances and/or
 - k. [REDACTED]
 - l. Failed to inform Patient H's general practitioner adequately or at all of the diagnosis, treatment and/or plan for management in respect of Patient H and/or
 - m. Failed to apply appropriate standards of clinical judgment in the care afforded by him to Patient H and/or
 - n. Placed the health and safety of Patient H at risk and/or
7. In relation to the treatment provided by him to his patient, Patient I, during the period on or around 20 June 2008 to on or around 1 August 2008:

- a. Failed to take bacterial swabs and/or to arrange for bacterial swabs to be taken for review and/or
 - b. Failed to take a skin biopsy and/or to arrange a for a skin biopsy to be taken for review and/or
 - c. Failed to confirm Patient I's diagnosis of bullous pemphigoid histologically and/or
 - d. [REDACTED]
 - e. On one or more occasions, failed to review Patient I adequately or at all and/or
 - f. On one or more occasions failed to provide any or adequate treatment for Patient I's condition and/or
 - g. On one or more occasions failed to arrange any or adequate follow up for Patient I and/or
 - h. [REDACTED]
 - i. On or around 11 July 2008, prescribed prednisolone 10mg daily for two weeks and then 10mg on alternate days for three months and failed to record adequately or at all any plan for follow up in Patient I's medical records and/or
 - j. Failed to arrange adequately or at all for [REDACTED] or bone protection to be given to Patient I and/or
 - k. Prescribed prednisolone to Patient I and failed to introduce a weaning programme of prednisolone to reach the lowest dose of prednisolone to stop blistering and/or
 - l. Failed to inform the medical staff in St. Otteran's hospital, in which Patient I was an in-patient, adequately or at all of the [REDACTED] plan for management in respect of Patient I and/or
 - m. Failed to maintain adequate medical records in respect of Patient I and/or
 - n. Failed to apply appropriate standards of clinical judgment in the care afforded by him to Patient I and/or
 - o. Placed the health and safety of Patient I at risk and/or
10. In relation to treatment provided by him to his patient, Patient J during the period in or around 21 May 2009:
- a. Failed to take a skin biopsy and/or to arrange for a skin biopsy to be taken for review and/or

- b. [REDACTED]
- c. Prescribed Dapsone to Patient J without confirming Patient J's diagnosis and/or
- d. Failed to take and/or arrange for any pre-treatment blood tests to be carried out, for a baseline check for blood count and/or liver and/or renal function, prior to prescribing Dapsone to Patient J and/or
- e. [REDACTED]
- f. Prescribed a starting dose of Dapsone 200mg daily to Patient J which he knew or ought to have known that such dose was inappropriate and/or
- g. Prescribed oral and topical steroids in addition to Dapsone to Patient J which he knew or ought to have known was inappropriate and/or
- h. Failed to advise Patient J adequately or at all in relation to the possible drug toxicity and/or side effects of Dapsone and/or
- i. Failed to take blood tests or arrange for blood tests to be carried out on Patient J to monitor Patient J during the course of her treatment with Dapsone and/or
- j. [REDACTED]
- k. Failed to take any or adequate history from Patient J and/or
- l. Failed to provide any or adequate treatment for Patient J's condition and/or
- m. Failed to arrange any or adequate follow up for Patient J and/or
- n. [REDACTED]
- o. [REDACTED]
- p. Failed to apply appropriate standards of clinical judgment in the care afforded by you to Patient J and/or
- q. Placed the health and safety of Patient J at risk and/or

11. In relation to treatment provided by him to his patient, Patient K on or around 30 March 2006:

- a. [REDACTED]

- b. Failed to take a swab and/or to arrange for a swab to be taken for review and/or
- c. [REDACTED]
- d. [REDACTED]
- e. Prescribed a one month course of Septrin Forte to Patient K which he knew or ought to have known was inappropriate in the circumstances and/or
- f. [REDACTED]
- g. Failed to provide any or adequate treatment for Patient K's condition and/or
- h. [REDACTED]
- i. [REDACTED]
- j. Placed the health and safety of Patient K at risk and/or

12. In relation to treatment provided by him to his patient, Patient L during the period in or around 25 January 2011 to on or around 14 March 2011:

- a. [REDACTED]
- b. [REDACTED]
- c. Failed to consider Patient L's medical condition adequately or at all when making your differential diagnosis of psoriasis and/or
- d. Failed to examine Patient L adequately or at all when she attended your clinic in and around 25 January 2011 and/or
- e. Failed to take any or adequate history from Patient L and/or her sister when she attended your clinic in and around 25 January 2011 and/or
- f. [REDACTED]
- g. Failed to consider topical treatments as a first-line treatment option and/or to consider more appropriate second line systemic therapy (had your diagnosis been correct) when Patient L attended your clinic in and around 25 January 2011 and/or
- h. Failed to conduct an appropriate clinical assessment of Patient L to justify the use of a biologic drug before prescribing Stelara to Patient L and/or
- i. Failed to have regard to the relevant guidelines, such as the British

Association of Dermatology Guidelines for Biologic interventions for Psoriasis, before prescribing Sterara, a biologic drug, to Patient L and/or

- j. Failed to take any or adequate history from Patient L and/or her sister when she attended your clinic in and around 8 March 2011 and/or
- k. Failed to examine Patient L adequately or at all when she attended your clinic in and around 8 March 2011 and/or
- l. Failed to review your initial diagnosis and/or prescribe appropriate treatment for Patient L when she attended your clinic in or around 8 March 2011 and/or
- m. Failed to consider immediate referral of Patient L to hospital when she attended your clinic in or around 8 March 2011 and/or
- n. Failed to provide any or adequate treatment for Patient L's condition and/or
- o. Failed to arrange any or adequate follow up for Patient L and/or
- p. Failed to inform Patient L's general practitioner adequately or at all of the diagnosis, treatment and/or management plan in respect of Patient L and/or
- q. Failed to apply appropriate standards of clinical judgment in the care afforded by you to Patient L and/or
- r. Placed the health and safety of Patient L at risk and/or

Findings of the Committee:

ALLEGATION 1: PATIENT A

Allegation 1a was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 1b was proven as to fact.

Reason:

Admitted by Dr. Smith.

Allegation 1b did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt having regard to the evidence of Dr. Cotterill.

Allegation 1c was withdrawn.

Allegation 1d was proven as to fact.

Reason:

The evidence of Dr. McMillan established this beyond a reasonable doubt.

Allegation 1d did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt.

Allegation 1e was withdrawn

Allegation 1f was withdrawn.

Allegation 1g was proven as to fact.

Reason:

Admitted by Dr. Smith.

Allegation 1g did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt.

Allegation 1h was withdrawn.

Allegation 1i was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 1j was withdrawn

Allegation 1k was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 1l was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

ALLEGATION 2: PATIENT B

Allegation 2a was proven as to fact.

Reason:

The Committee was satisfied beyond a reasonable that Dr. Smith should have taken a biopsy on the 25th September 2008, in circumstances where this was the latest of several attendances by Patient B. The Committee was so satisfied notwithstanding the suggestion by Dr. Smith that he intended to do a biopsy in December 2008 if the rash was present, in circumstances where there was no documentary evidence to support this suggestion.

Allegation 2a did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan, notwithstanding the evidence to the contrary of Dr. Cotterill, established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practiced by Dr. Smith.

Allegation 2b was withdrawn.

Allegation 2c was withdrawn.

Allegation 2d was withdrawn

Allegation 2e was withdrawn

Allegation 2f was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that the prescription of Plaquenil on the 25th September 2008 represented a failure to provide adequate treatment for Patient B's condition.

Allegation 2f did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt having regard to the evidence to the contrary of Dr. Cotterill.

Allegation 2g was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 2h was proven as to fact.

Reason:

Admitted by Dr. Smith.

Allegation 2h did amount to poor professional performance.

Reason:

The Committee was satisfied beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practiced by Dr. Smith, having regard to the evidence of Dr. Cotterill.

Allegation 2i was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 2j was proven as to fact.

Reason:

Admitted by Dr. Smith.

Allegation 2j did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt.

Allegation 2k was proven as to fact.

Reason:

This factual position was not disputed by Dr. Smith.

Allegation 2k did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt.

Allegation 2l was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 2m was withdrawn.

Allegation 2n was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 2o was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

ALLEGATION 4: PATIENT D

Allegation 4a was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 4b was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 4b did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 4c was withdrawn.

Allegation 4d was proven as to fact.

Reason:

There was no dispute as to the fact that no blood test was taken by Dr. Smith prior to prescribing Neotigason on the 3rd July 2008.

Allegation 4d did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt.

Allegation 4e was proven as to fact.

Reason:

There was no dispute as to the fact that no blood test was taken by Dr. Smith prior to prescribing the increased dose of Neotigason on the 2nd October 2008.

Allegation 4e did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 4f was proven as to fact.

Reason:

Dr. Smith accepted that he did not arrange for Patient D's epiphyses to be monitored radiologically.

Allegation 4f did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt.

Allegation 4g was withdrawn.

Allegation 4h was withdrawn.

Allegation 4i was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that the treatment in October 2008 was both inadequate and inappropriate.

Allegation 4i did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 4j was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 4k was proven as to fact.

Reason:

The Committee was satisfied beyond a reasonable doubt having regard to the absence of any documentary record of any communication with the G.P. after each occasion on which Dr. Smith saw Patient D.

Allegation 4k did amount to poor professional performance.

Reason:

The evidence of Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 4l was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 4l did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 4m was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 4m did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

ALLEGATION 5: PATIENT E

Allegation 5a was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 5b was admitted as to fact and that those facts amounted to poor professional performance.

Allegation 5c was proven as to fact.

Reason:

Not disputed by Dr. Smith that he failed to prescribe a test dose.

Allegation 5c did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt.

Allegation 5d was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 5e was admitted as to fact and that those facts amounted to poor professional performance.

Allegation 5f was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 5g was proven as to fact.

Reason:

The evidence as a whole, including Dr. Smith's letter to the G.P. dated the 8th August 2008, established beyond a reasonable doubt that Dr. Smith recommended to Patient E and his mother that the use of sunbeds in a tanning parlour would be a permissible treatment for psoriasis. The evidence of Dr. McMillan established beyond a reasonable doubt that it was inappropriate for a consultant dermatologist to recommend or advise the use of sunbeds in commercial premises, notwithstanding the evidence of Dr. Cotterill.

Allegation 5g did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt having regard to the absence of expert evidence to that effect.

Allegation 5h was withdrawn.

Allegation 5i was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 5i did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt having regard to the absence of expert evidence to that effect.

Allegation 5j was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 5j did amount to poor professional performance.

Reason:

The evidence of Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 5k was proven as to fact.

Reason:

It was accepted by Dr. Smith that he did not arrange for Patient E to come back for follow up.

Allegation 5k did amount to poor professional performance.

Reason:

The evidence of Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 5l was withdrawn.

Allegation 5m was admitted as to fact and that those facts amounted to poor professional performance.

Allegation 5n was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 5n did amount to poor professional performance.

Reason:

The evidence of Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

ALLEGATION 6: PATIENT F

Allegation 6a was proven as to fact.

Reason:

The Committee was satisfied beyond a reasonable doubt that there was no evidence that Dr. Smith took a skin biopsy or arranged for a skin biopsy to be taken for review, notwithstanding Dr. Smith's own evidence that he planned to do a confirmatory biopsy in the future.

Allegation 6a did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith, notwithstanding the evidence of Dr. Cotterill.

Allegation 6b was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that the history taken by Dr. Smith, as reflected in his clinical notes of the 13th March 2009, was inadequate.

Allegation 6b did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 6c was withdrawn.

Allegation 6d was withdrawn.

Allegation 6e was admitted as to fact.

Allegation 6e did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith, notwithstanding the evidence to the contrary of Dr. Cotterill.

Allegation 6f was withdrawn

Allegation 6g was admitted as to fact.

Allegation 6g did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt as regards the dosage levels taken alone, without regard to the other factors, having regard to the evidence of Dr. Cotterill as to the absence of a clearly defined standard.

Allegation 6h was admitted as to fact and that those facts amounted to poor professional performance.

Allegation 6i was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 6j was admitted as to fact and that those facts amounted to poor professional performance.

Allegation 6k was withdrawn.

Allegation 6l was proven as to fact.

Reason:

The evidence of Dr. McMillan established beyond a reasonable doubt, notwithstanding the evidence of Dr. Cotterill to the contrary.

Allegation 6l did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be

expected of medical practitioners practising medicine of the kind practised by Dr. Smith, notwithstanding the evidence of Dr. Cotterill to the contrary.

Allegation 6m was admitted as to fact and that those facts amounted to poor professional performance.

Allegation 6n was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 6o was withdrawn

Allegation 6p was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 6p did amount to poor professional performance.

Reason:

The evidence of Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 6q was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 6q did amount to poor professional performance.

Reason:

The evidence of Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

ALLEGATION 7: PATIENT G

Allegation 7a was withdrawn.

Allegation 7b was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 7b did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors.

Allegation 7c was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that Dr. Smith's treatment of Patient G after receipt of the histology report was inadequate.

Allegation 7c did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors.

Allegation 7d was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 7d did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors.

Allegation 7e was withdrawn.

Allegation 7f was withdrawn.

Allegation 7g was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 7g did amount to professional misconduct.

Reason:

The evidence of Dr. Cotterill established that this was a serious falling short of the standard of conduct expected among doctors.

Allegation 7h was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 7h did not amount to professional misconduct.

Reason:

The expert evidence did not confirm beyond a reasonable doubt that this was a serious falling short.

ALLEGATION 8: PATIENT H

Allegation 8a was proven as to fact.

Reason:

Accepted by Dr. Smith.

Allegation 8a did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors, notwithstanding the evidence of Dr. Cotterill to the contrary.

Allegation 8b was withdrawn.

Allegation 8c was withdrawn.

Allegation 8d was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 8d did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors.

Allegation 8e was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 8e did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors.

Allegation 8f was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 8f did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors.

Allegation 8g was proven as to fact.

Reason:

Not disputed as to fact by Dr. Smith.

Allegation 8g did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors.

Allegation 8h was withdrawn

Allegation 8i was proven as to fact.

Reason:

Accepted by Dr. Smith.

Allegation 8i did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors, notwithstanding the evidence of Dr. Cotterill to the contrary.

Allegation 8j was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 8j did not amount to professional misconduct.

Reason:

Not proven beyond a reasonable doubt having regard to the evidence of Dr. Cotterill regarding the small dosage of 2mlg given.

Allegation 8k was withdrawn.

Allegation 8l was admitted as to fact.

Allegation 8l did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors.

Allegation 8m was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 8m did amount to professional misconduct.

Reason:

The evidence of Dr. Cotterill established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors.

Allegation 8n was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 8n did amount to professional misconduct.

Reason:

The evidence of Dr. Cotterill established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors.

ALLEGATION 9: PATIENT I

Allegation 9a was proven as to fact.

Reason:

This factual position was accepted by Dr. Smith.

Allegation 9a did not amount to professional misconduct.

Reason:

Not proven beyond a reasonable doubt.

Allegation 9a did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt.

Allegation 9b was proven as to fact.

Reason:

Accepted by Dr. Smith.

Allegation 9b did not amount to professional misconduct.

Reason:

Not proven beyond a reasonable doubt.

Allegation 9b did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt.

Allegation 9c was proven as to fact.

Reason:

Accepted by Dr. Smith.

Allegation 9c did not amount to professional misconduct

Reason:

Not proven beyond a reasonable doubt.

Allegation 9c did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt.

Allegation 9d was withdrawn.

Allegation 9e was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 9f was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 9g was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 9h was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 9i was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 9j was proven as to fact.

Reason:

It was accepted by Dr. Smith that he did not arrange for bone protection to be given to Patient I.

Allegation 9j did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt.

Allegation 9k was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 9l was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 9m was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 9n was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 9o was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

ALLEGATION 10: PATIENT J

Allegation 10a was admitted as to fact.

Allegation 10a did not amount to professional misconduct

Reason:

Not proven beyond a reasonable doubt.

Allegation 10a did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith, notwithstanding the evidence of Dr. Cotterill to the contrary.

Allegation 10b was withdrawn.

Allegation 10c was admitted as to fact.

Allegation 10c did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith, notwithstanding the evidence of Dr. Cotterill to the contrary.

Allegation 10d was admitted as to fact.

Allegation 10d did not amount to professional misconduct.

Reason:

Not proven beyond a reasonable doubt.

Allegation 10d did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 10e was withdrawn.

Allegation 10f was admitted as to fact.

Allegation 10f did not amount to professional misconduct.

Reason:

Not proven beyond a reasonable doubt.

Allegation 10f did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 10g was admitted as to fact and that those facts amounted to poor professional performance.

Allegation 10g did not amount to professional misconduct.

Reason:

Not proven beyond a reasonable doubt.

Allegation 10h was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 10i was proven as to fact.

Reason:

Admitted by Dr. Smith as regards the failure to request a full blood count from the G.P.

Allegation 10i did not amount to professional misconduct.

Reason:

Not proven beyond a reasonable doubt.

Allegation 10i did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 10j was withdrawn.

Allegation 10k was admitted as to fact and that those facts amounted to poor professional performance.

Allegation 10k did not amount to professional misconduct

Reason:

Accepted by the CEO that the expert evidence does not support such a finding.

Allegation 10l was admitted as to fact and that those facts amounted to poor professional performance.

Allegation 10l did not amount to professional misconduct.

Reason:

Not proven beyond a reasonable doubt.

Allegation 10m was admitted as to fact and that those facts amounted to poor professional performance.

Allegation 10m did not amount to professional misconduct

Reason:

Accepted by the CEO that the expert evidence does not support such a finding.

Allegation 10n was withdrawn.

Allegation 10o was withdrawn.

Allegation 10p was proven as to fact.

Reason:

The evidence of Dr. Cotterill established this beyond a reasonable doubt.

Allegation 10p did not amount to professional misconduct.

Reason:

Not proven beyond a reasonable doubt.

Allegation 10p did amount to poor professional performance.

Reason:

The evidence of Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 10q was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 10q did not amount to professional misconduct.

Reason:

Not proven beyond a reasonable doubt.

Allegation 10q did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

ALLEGATION 11: PATIENT K

Allegation 11a was withdrawn.

Allegation 11b was proven as to fact.

Reason:

Not disputed by Dr. Smith.

Allegation 11b did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors, notwithstanding the evidence of Dr. Cotterill to the contrary.

Allegation 11c was withdrawn.

Allegation 11d was withdrawn

Allegation 11e was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 11f was withdrawn

Allegation 11g was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 11h was withdrawn

Allegation 11i was withdrawn.

Allegation 11j was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt, having regard to the use of Betnovate by Patient K which was not prescribed by Dr. Smith.

ALLEGATION 12: PATIENT L

Allegation 12a was withdrawn

Allegation 12b was withdrawn

Allegation 12c was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Smith's own evidence satisfied the Committee beyond a reasonable doubt that Dr. Smith failed to adequately consider Patient L's medical condition when making a diagnosis of psoriasis.

Allegation 12c did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors.

Allegation 12d was proven as to fact.

Reason:

The Committee was satisfied beyond a reasonable doubt on the basis of the evidence of Patient L's sister, and the medical notes of Dr. Smith which the Committee regarded as consistent with this evidence, notwithstanding the evidence of Dr. Smith.

Allegation 12d did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors.

Allegation 12e was proven as to fact.

Reason:

The Committee was satisfied beyond a reasonable doubt that Dr. Smith had failed to take any adequate medical history from Patient L and/or her sister on the date in question.

Allegation 12e did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith, notwithstanding the evidence of Dr. Cotterill to the contrary.

Allegation 12f was withdrawn

Allegation 12g was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 12h was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt.

Allegation 12i was not proven as to fact.

Reason:

Not proven beyond a reasonable doubt

Allegation 12j was proven as to fact.

Reason:

The evidence of Patient L's sister and Dr. McMillan established this beyond a reasonable doubt.

Allegation 12j did not amount to professional misconduct.

Reason:

Not proven beyond a reasonable doubt having regard to the absence of adequate expert evidence to support such a finding.

Allegation 12j did not amount to poor professional performance.

Reason:

Not proven beyond a reasonable doubt having regard to the absence of adequate expert evidence to support such a finding.

Allegation 12k was proven as to fact.

Reason:

The Committee was satisfied beyond a reasonable doubt on the basis of the evidence of Patient L's sister and the medical notes of Dr. Smith which the Committee regarded as consistent with this evidence, notwithstanding the evidence of Dr. Smith.

Allegation 12k did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors.

Allegation 12l was proven as to fact.

Reason:

The evidence of Dr. McMillan established this beyond a reasonable doubt.

Allegation 12l did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors, notwithstanding the evidence of Dr. Cotterill to the contrary.

Allegation 12m was proven as to fact.

Reason:

The evidence of Patient L's sister established this beyond a reasonable doubt.

Allegation 12m did amount to professional misconduct.

Reason:

The evidence of Dr. Cotterill established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors.

Allegation 12n was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable

doubt.

Allegation 12n did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors.

Allegation 12o was proven as to fact.

Reason:

The evidence of Dr. McMillan and Dr. Cotterill established this beyond a reasonable doubt.

Allegation 12o did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 12p was proven as to fact.

Reason:

The Committee was satisfied beyond a reasonable doubt having regard to Dr. McMillan's evidence as to Dr. Smith's failure to inform Patient L's G.P. after the consultation on the 8th March 2011.

Allegation 12p did amount to poor professional performance.

Reason:

The evidence of Dr. McMillan established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 12q was proven as to fact.

Reason:

The evidence of Dr. Cotterill established this beyond a reasonable doubt.

Allegation 12q did not amount to professional misconduct.

Reason:

Not proven beyond a reasonable doubt.

Allegation 12q did amount to poor professional performance.

Reason:

The evidence of Dr. Cotterill established beyond a reasonable doubt that this was a failure by Dr. Smith to meet the standards of competence that can reasonably be expected of medical practitioners practising medicine of the kind practised by Dr. Smith.

Allegation 12r was proven as to fact.

Reason:

The evidence of Dr. McMillan established this beyond a reasonable doubt, notwithstanding the evidence of Dr. Cotterill.

Allegation 12r did amount to professional misconduct.

Reason:

The evidence of Dr. McMillan established beyond a reasonable doubt that this was a serious falling short of the standard of conduct expected among doctors notwithstanding the evidence of Dr. Cotterill.

Other matters relating to the registered medical practitioner the subject of the complaint which the Committee considers appropriate to specify:

The Committee was deeply concerned at the following:

- The evidence heard of extensive use by the doctor of the drug Stellara not then licensed for use in this jurisdiction and the apparent absence of appropriate Irish protocols to cover such circumstances.
- The absence of specialism-specific dosage guidelines operative in Ireland which define the acceptable levels of prescription for second-line treatments specific to appropriate areas of medical practice. The Committee was concerned to hear evidence that dosage guidelines in dermatology were substituted for by significantly more permissive guidelines from other jurisdictions drawn from e.g. rheumatology which, certain expert evidence indicated were considered reckless in dermatological cases.
- The Committee is of the view that it would be conducive to patient safety if all specialists in a region were to participate in the appropriate professional group.
- The Committee is concerned at the repeated failure to communicate with the respective GPs of patients.



Chairperson

30th May, 2013
Date