

PUBLIC RECORD

Date: 29/08/2025

Doctor: Dr Allister FRANCKS

GMC reference number: 6128620

Primary medical qualification: MB ChB 2005 University of Glasgow

Type of case **Outcome on impairment**

Review - Misconduct Not Impaired

Summary of outcome

Suspension to expire

Tribunal:

Legally Qualified Chair:	Mrs Linda Lee
Lay Tribunal Member:	Dame Nicola Stephenson
Registrant Tribunal Member:	Dr Janet Nicholls

Tribunal Clerk:	Mr Larry Millea
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Andrew Colman, Counsel, instructed by the MDDUS
GMC Representative:	Ms Claire Anderson, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Impairment - 29/08/2025

1. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Francks' fitness to practise is impaired by reason of misconduct.
2. This determination will be read in private. However, as this case concerns Dr Francks' misconduct a redacted version will be published at the close of the hearing.

Background

3. Dr Francks qualified in 2005 with a Bachelor of Medicine, Bachelor of Surgery (MB ChB) from the University of Glasgow. He was admitted as a member of the Royal College of General Practitioners in 2013. Dr Francks worked in a series of locum positions in general practice and then worked for a six-month locum period at Wellhall Medical Centre in Hamilton. He joined the partnership in that practice in 2015, where he remained working as a GP at the time of the events.
4. Dr Francks' hearing took place in June 2025. The facts found proved can be summarised as follows:
 - between 1 February 2020 and 31 August 2023, Dr Francks issued a number of prescriptions to Patient A, with whom he had a close personal relationship, when he knew or should have known that he should not prescribe a controlled drug on a non-emergency basis,
 - he failed to seek independent clinical advice, make a record in Patient A's medical records, or inform Patient A's GP.
 - Dr Francks issued 23 prescriptions for XXX, two prescriptions for XXX and one prescription for XXX for Patient A.

- Further, between 1 April 2021 and 31 August 2023, Dr Francks self-prescribed medicines and failed to seek independent clinical advice, make a record of the medicines and update his GP of the treatment and progress. Dr Francks issued six prescriptions for XXX for himself.

5. The June 2025 Tribunal concluded that Dr Francks' actions in prescribing for himself during a period of over two years, and in prescribing for Patient A over a period of three and a half years, fell far below the standards expected of a doctor and were in breach of *Good Medical Practice (2013)* ('GMP'). The June 2025 Tribunal determined that Dr Francks' actions brought the profession into disrepute, placed both Patient A and himself at risk and engaged all three limbs of the overarching objective. It concluded that Dr Francks' actions therefore amounted to serious misconduct.

6. Whilst accepting that Dr Francks was very unlikely to repeat his misconduct and had taken significant steps toward developing insight and remediating, the June 2025 Tribunal considered that Dr Francks' insight into his misconduct was still developing and that he did not immediately appear to fully identify the risks to his or Patient A's health in circumstances in which his prescribing was not known to his or Patient A's GP and there was no objective oversight.

7. The June 2025 Tribunal determined that, given its findings in respect of the relatively low risk of repetition and the fact that there are no clinical concerns in this case, a finding of impairment was necessary in order to uphold the second and third limbs of the overarching objective but that the first limb, whilst engaged in respect of misconduct, was not so engaged in respect of impairment.

8. The June 2025 Tribunal determined that Dr Francks' misconduct was sufficiently serious that action was required to maintain public confidence in the medical profession and maintain proper professional standards. It determined that suspension for a period of two months was the minimum sanction which could be imposed which would be sufficient to mark the seriousness of Dr Francks' misconduct and meet the public interest. The Tribunal also considered that such a period would provide Dr Francks with sufficient opportunity to further reflect on his misconduct and fully develop his insight.

9. The June 2025 Tribunal indicated that it may assist the reviewing Tribunal if Dr Francks provided:

- A further reflective statement to include how his insight has developed and addressing, in particular, his reflections on the risks to himself and Patient A arising from his misconduct; and
- Evidence of Dr Francks' letters of apology having been sent, and that
- Dr Francks may also provide any other information that he considers will support his case in showing that his fitness to practise is no longer impaired.

The Evidence

10. The Tribunal received documentary evidence which included, but was not limited to:

- The Record of Determinations of the June 2025 Tribunal;
- Dr Francks' stage 2 bundle, as provided to the June 2025 Tribunal;
- Letters of apology sent by Dr Francks to:
 - the Pharmacy Manager for Superdrug Pharmacy who referred him to the GMC, with proof of delivery;
 - Dr Francks' partners at Wellhall Medical Centre in Hamilton, proof of delivery not yet available;
 - Dr Francks' GP, with proof of delivery;
 - Patient A's GP, with proof of delivery;
- Certificate of posting for all apology letters, dated 8 August 2025;
- Dr Francks' further written reflections following the June 2025 Tribunal, dated 11 August 2025.

Submissions

11. On behalf of the GMC, Ms Anderson, counsel, submitted that the GMC was neutral on whether Dr Francks' fitness to practise remains impaired.

12. On behalf of Dr Francks, Mr Colman submitted that the June 2025 Tribunal had determined that a reasonable and fully informed member of the public would regard a two-month suspension as a sufficient marker of the gravity of this particular case and that this represented an appropriate balance between satisfying the overarching objective and providing an opportunity for Dr Francks to return to practice, recognising that he is an otherwise competent and experienced doctor whose misconduct was entirely out of character.

13. Mr Colman submitted that the public interest element of this case is therefore satisfied by the expiration of that period of two months. He submitted that Dr Francks has done all that was asked of him in preparation for this review and has reflected further on the risks to himself and Patient A arising from his misconduct.

14. Mr Colman submitted that the only reason that the proof of delivery of the letter to his partners is shown as ‘not yet available’ is that the Royal Mail tracking site is currently not updating, but that Dr Francks has received feedback from his partners thanking him for the letter, confirming that the letter had been received.

15. Mr Colman submitted that Dr Francks has paid for the cost of locum cover during his suspension himself although the cost of the locum was greater than the amount Dr Francks received in drawings from the partnership as he did not want his partners to be out of pocket. Mr Colman submitted that with the service of the period of suspension, his remediation is complete, and the Tribunal was invited to find that there is no further impairment of Dr Francks’ fitness to practise.

The Relevant Legal Principles

16. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal’s judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.

17. This Tribunal must determine whether Dr Francks’ fitness to practise is impaired today, taking into account Dr Francks’ conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

The Tribunal’s Determination on Impairment

18. The Tribunal noted that Dr Francks had accepted the findings of the June 2025 Tribunal that his conduct was sufficiently serious as to amount to misconduct. This Tribunal accepted that finding.

19. The Tribunal then went on to consider whether Dr Francks’ fitness to practise remained impaired by reason of his misconduct. In doing so it considered remediation, insight and any risk of repetition.

20. In respect of remediation, the Tribunal noted the June 2025 Tribunal's finding that there remained concerns in respect of his insight regarding the risk to himself and Patient A, and its indication that this review Tribunal would be assisted by:

- A further reflective statement to include how his insight has developed and addressing, in particular, his reflections on the risks to himself and Patient A arising from his misconduct; and
- Evidence of Dr Francks' letters of apology having been sent.

21. The Tribunal had received further written reflections from Dr Francks and copies of his apology letters as indicated by the June 2025 Tribunal. It accepted the submission of Mr Colman that whilst there was not a delivery receipt for the apology letter to Dr Francks' partners at his practice, this had been received by them.

22. The Tribunal considered that Dr Francks' apology letters appeared very genuine and humble in their contents and suitably addressed the impact Dr Francks' actions had on the recipients. It was of the opinion that these letters demonstrated that Dr Francks' had developed insight into the broader impact of his actions, as well as setting out that he understood the risks to himself and Patient A, which was the outstanding area of concern for the June 2025 Tribunal.

23. The Tribunal was also satisfied that Dr Francks' further written reflections adequately addressed the outstanding area of concern of the June 2025 Tribunal, demonstrating that he has sufficient insight into his misconduct and the potential risks to himself and Patient A as a result of his actions. It considered those reflections to be thorough and appropriate to the nature and impact of his misconduct.

24. The Tribunal noted that at the time of the June 2025 Tribunal there was already a significant amount of remediation undertaken by Dr Francks and considered that the additional remediation he has now undertaken sufficiently addressed any gaps or areas of concern and demonstrated that he clearly understands why his actions were unacceptable.

25. The Tribunal also noted that Dr Francks has been voluntarily paying for the locum cover required by his practice in his absence, which is more than he draws from the practice. It considered that this further demonstrated that Dr Francks has developed insight into the impact on others.

26. Overall, the Tribunal was satisfied that Dr Francks has demonstrated insight into his actions and the impact on others, including the fact that his actions put the pharmacist in the difficult position of having to refer Dr Francks to the GMC. Similarly, he has demonstrated clear insight into the potential risks to himself and Patient A, particularly in relation to failing to give both his and Patient A's GPs oversight and the opportunity to provide input into their care.

27. In the circumstances and in light of the evidence, the Tribunal concluded that the risk of repetition was very low.

28. In respect of the overarching objective, the Tribunal was satisfied that the two-month period of suspension imposed was sufficient to uphold the second and third limbs of the overarching objective, as found by the June 2025 Tribunal and submitted by Mr Colman on Dr Francks' behalf. It concluded that members of the public and profession alike would understand that Dr Francks had been suspended to reflect the gravity of his misconduct and that he had used that period of suspension to address the deficiencies identified by the June 2025 Tribunal.

29. The Tribunal was of the opinion that given Dr Francks' thorough remediation and well-developed insight, public confidence and professional standards would be upheld by the imposition of the previous suspension, and so therefore a finding of current impairment was not required on this basis.

30. The Tribunal was satisfied that Dr Francks would uphold proper standards going forwards, and that there was no clinical reason that he should not return to practice following the original suspension.

31. This Tribunal has therefore determined that Dr Francks' fitness to practise is not impaired by reason of misconduct.

32. The Tribunal determined that the current order of suspension should be left to expire. It considered that the June 2025 Tribunal had determined that a period of two months was necessary in order to uphold the second and third limbs of the overarching objective, and it did not seek to go behind that original finding, noting the submission made on behalf of Dr Francks that *"a reasonable and fully informed member of the public would regard a two-month suspension as a sufficient marker of the gravity of this particular case."*