

This case was considered by a Fitness to Practise Panel which applied the General Medical Council's Preliminary Proceedings Committee and Professional Conduct Committee (Procedure) Rules 1988

Date of Fitness to Practise Panel Hearing: 1 July 2005

Name of respondent doctor: Patrick Vernon Finn COSGROVE

Registered qualifications: MB BS 1968 Lond 1968

Registered address: Avon

Registration number: 3408261

Panel: Professor J Crane (Chairman) Mr I Ashraf Mrs P Clarke Mr M Cann Mr J A Morecroft

Legal Assessor: Mrs Judith Walker

Secretary to the Panel: Mrs Zaheda Khan

Type of Case: Resumed Case of Fitness to Practise

Representation:

Mr Christopher Tehrani, Counsel, instructed by Field Fisher Waterhouse Solicitors represents the General Medical Council.

Dr Cosgrove was not present and not represented.

The Charge which was found proved by the Committee in June 2004 was as follows:

"That, being registered under the Medical Act,

‘1. At all material times, you were practising as a Consultant Child and Adolescent Psychiatrist working in private practice at the Bristol Priority Clinic; Admitted and Found Proved

‘2.

a. On 3 May 1996, you saw Patient A, a child who had been diagnosed as suffering from Attention Deficit Hyperactivity Disorder (ADHD), Admitted and Found Proved

b. You prescribed drugs to Patient A as follows:

i. between May 1996 and May 1999, you prescribed methylphenidate (Ritalin), Found Proved

ii. by July 1996, you had increased the prescribed dose of Ritalin to 62.5 mg per day, Not Found Proved

iii. in May 1998, you increased the daily dosage of Ritalin to 100 mg per day, Not Found Proved

iv. by May 1999, you had increased the dose of Ritalin to 130 mg per day, Found Proved

v. from July 1996, you prescribed an additional daily dosage of risperidone at 1 mg per day, Found Proved

vi. by November 1998, you had in addition prescribed clonidine as a night time sedative, Found Proved

c. Having so prescribed, your monitoring of Patient A was irresponsible in that Found Proved in relation to (i), (ii),

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(iv) and (v) below

.. you did not see Patient A in person between May 1996 and May 1999, Found Proved

ii. you did not make an adequate assessment of Patient A's weight, Found Proved

iii. you did not monitor Patient A's growth, Not Found Proved

iv. you did not warn Patient A's mother that sudden withdrawal of clonidine could have a deleterious effect on Patient A's blood pressure, Found Proved

v. you did not advise Patient A's General Practitioner (GP) to monitor Patient A as above; Found Proved

‘3.

a. On 1 December 1999, you saw Mr B as a private patient and diagnosed that he was suffering from ADHD, Admitted and Found Proved

b. On 3 December 1999, you wrote a letter about that consultation to Dr I, Mr B's GP, which letter you copied to Dr J and to Mr and Mrs B, Admitted and Found Proved

c. In that letter, you stated as follows:

i. that Mr B had seen a doctor who might have been Dr J, Admitted and Found Proved

ii. that the doctor whom Mr B had seen had been rude and unhelpful, Found Proved

iii. that the doctor whom Mr B had seen had been scruffily dressed, Found Proved

iv. that the doctor whom Mr B had seen knew nothing about ADHD, Admitted and Found Proved

v. that the doctor whom Mr B had seen was guilty of medical negligence, Admitted and Found Proved

vi. that the doctor whom Mr B had seen had demonstrated professional incompetence, Admitted and Found Proved

d. The comments that you made in the said letter were

i. unprofessional, Found Proved

ii. unsustainable, Found Proved

iii. likely to cause the reader to doubt Dr J's knowledge and/or skills; Admitted and Found Proved

‘4.

a. On 27 May 1999, you saw Master C, a nine year old boy, as a private patient, Admitted and Found Proved

b. On 29 May 1999, you wrote a letter to Master C's GP about the consultation, sending a copy of the letter to Dr K, Consultant Child Psychiatrist responsible for the treatment of Master C under the NHS, Admitted and Found Proved

c. The said letter requested that Master C's GP prescribe him risperidone and Ritalin, Admitted and Found Proved

d. The letter did not contain any advice for Master C's GP about appropriate monitoring of Master C whilst he was taking those drugs, Admitted and Found Proved

e. Your failure to provide such advice to Master C's GP was

i. irresponsible, Found Proved

ii. not in the best interests of Master C; Found Proved

‘5.

a. On 7 July 1999, you wrote a letter to Dr K, which letter you copied to Master C's parents and his GP, Admitted and Found Proved

b. In that letter, you stated

i. that Dr K was likely to deny some or all of what Master C's parents had told you about her treatment of Master C, Admitted and Found Proved

ii. that Dr K had seen Master C only once whilst he was a day patient on the children's psychiatric unit at St Cadoc's Hospital, Caerleon, Newport, during which period Master C was getting worse and worse when he should have been getting better and better, Found Proved

iii. that Dr K owed Master C's parents an explanation as to why she had not prescribed Ritalin during the time that Master C was a patient at the children's psychiatric unit, Admitted and Found Proved

iv. that when Dr K first saw Master C he was aged 5 years old, and that she made no diagnosis and that she had done nothing that resulted in alleviating Master C's malfunctioning, Admitted and Found Proved

v. that nothing that Dr K had done when she saw Master C aged 5, 6 and 7 years had prevented his behaviour causing him to be asked to leave two schools and to be admitted to St Cadoc's Hospital, Admitted and Found Proved

c. The comments that you made in the said letter were

i. unprofessional, Found Proved

ii. unsustainable, Found Proved

iii. likely to cause the reader to doubt Dr K' knowledge and skills; Admitted and Found Proved

‘6.

a. In or about May 1996 you saw Master D, a ten year old boy, as a private patient, Admitted and Found Proved

b. You diagnosed Master D as suffering from ADHD, Admitted and Found Proved

c. You prescribed Ritalin for Master D, Admitted and Found Proved

d. Your examination of Master D on that occasion was inadequate in that

i. you did not weigh him, Found Proved

ii. you did not take his blood pressure, Found Proved

e. You subsequently spoke to Master D's mother by telephone, following which you prescribed risperidone, Admitted and Found Proved

f. You failed to make proper arrangements for monitoring the effects of the treatment which you provided for Master D; Found Proved

‘7.

a. In or around August 2000, Oxfordshire Mental Healthcare NHS Trust carried out an investigation into a number of features of the treatment of a patient of the Trust, Patient E, Admitted and Found Proved

b. On 29 September 2000, Miss L, Complaints Manager at the Oxfordshire Mental Healthcare NHS Trust, wrote to you requesting copies of your medical records concerning Patient E and enclosing signed authorisation for the release of the records, Admitted and Found Proved

c. By a letter dated 3 October 2000, you replied to Miss L that you would not supply the medical records, Admitted and Found Proved

d. Your failure to supply the notes as requested was

i. inappropriate, Not Found Proved

ii. unprofessional; Not Found Proved

‘8.

a. In the letter referred to in paragraph 7 c above, you also stated as follows:

i. that Patient E had been given inadequate care by an employee of the Oxfordshire Mental Healthcare NHS Trust, Admitted and Found Proved

ii. that the investigation being carried out might end in a whitewash of such inadequate care, Admitted and Found Proved

iii. that you believed the investigation to be a cover up of grossly inadequate care received by Patient E from the Trust, Admitted and Found Proved

iv. that the investigation was programmed to ensure that the Trust was not criticised at all or only criticised in a minor way, Admitted and Found Proved

b. The comments set out in the letter were

i. unprofessional, Found Proved

ii. unsustainable, Found Proved

iii. likely to cause the reader to doubt the knowledge or skills of the employees of the Oxfordshire Mental Healthcare NHS Trust who treated Patient E; Admitted and Found Proved

‘9.

a. By a letter dated 17 November 2000, concerning a patient Mr F, which you sent to his GP, and copies of which you sent to Dr M, Consultant Psychiatrist at the Cardiff and Vale NHS Trust and Dr N, SHO in psychiatry at the same Trust, you stated that you had diagnosed Mr F as suffering ADHD and that you had prescribed him Ritalin, Admitted and Found Proved

b. That letter did not contain any advice to the prescribing GP about the monitoring of Mr F, Admitted and Found Proved

c. In the letter, you stated as follows:

i. that Mr F had not felt that Dr N had listened to him when he talked about his personal understanding of ADHD,

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Admitted and Found Proved

- ii. that Dr N had stated that a “concentration problem is for messy kids”,
- iii. that the comment alleged to be made by Dr N was an ignorant comment, Admitted and Found Proved
- iv. that both Dr N and Dr M were arguably guilty of medical negligence in knowing less about ADHD in adults than Mr F, Admitted and Found Proved
- v. that Dr N had made an assertion of “therapeutic nihilism” in saying “the consultant thinks that you have got a personality disorder which is not treatable”, Admitted and Found Proved
- vi. that if Mr F responded to treatment for adult-type ADHD, it would indicate that Dr N and Dr M were negligent in not listening to Mr F and in not knowing about ADHD as a real condition in adults, leaving room for formal complaint to the Fitness to Practice Directorate of the General Medical Council, Admitted and Found Proved

d. The comments that you made in the said letter were

- i. unprofessional, Found Proved
- ii. unsustainable, Found Proved
- iii. likely to cause the reader to doubt the knowledge or skills of Dr M and Dr N; Admitted and Found Proved

‘10.

a. On or around 24 February 2003 , you saw a 4 year old child, Patient G, as a private patient, Admitted and Found Proved

b. Thereafter, you prescribed Ritalin and risperidone to Patient G, Admitted and Found Proved

c. By May 2003, you were prescribing

- i. Ritalin at 25 mg per day, Found Proved
- ii. risperidone at 0.625 mg per day, Found Proved

d. Having so prescribed, your monitoring of Patient G was irresponsible in that

- i. you did not make an adequate assessment of Patient G's weight, Found Proved
- ii. you did not monitor Patient G's growth, Found Proved
- iii you did not adequately monitor any possible side effects; Not Found Proved

‘11.

a. On or around 16 July 2003, you saw Patient H as a private patient, Admitted and Found Proved

b. On 19 July 2003, you wrote to Patient H's GP, which letter you copied to Patient H's parents and to Dr O, a Consultant Psychiatrist who had treated Patient H, Admitted and Found Proved

c. In that letter you stated amongst other things

- i. that, if Dr O did not believe in ADHD, he might have difficulty in being revalidated by the General Medical

Council, Admitted and Found Proved

ii. that Dr O should have studied Patient H's school reports, Admitted and Found Proved

iii. that Dr O had behaved in a professionally unacceptable manner by not arranging a second opinion when asked to do so, Admitted and Found Proved

d. The comments that you made in the said letter were

i. unprofessional, Found Proved

ii. unsustainable, Found Proved

iii. likely to cause the reader to doubt the knowledge or skills of Dr O;' Admitted and Found Proved

"And that in relation to the facts alleged you have been guilty of serious professional misconduct." Guilty of Serious Professional Misconduct

Determination:

Mr Morris

At all material times, Dr Cosgrove was practising as a Consultant Child and Adolescent Psychiatrist working in private practice at the Bristol Priority Clinic. The Committee has considered the cases of a number of patients seen by Dr Cosgrove between May 1996 and January 2003. These patients were both adult and children and were diagnosed as suffering from Attention Deficit Hyperactivity Disorder (ADHD). Dr Cosgrove prescribed drugs to these patients but did not take appropriate steps to monitor the patients whilst they were taking the drugs prescribed and as such acted irresponsibly and not in the best interests of the patients.

The Committee have further found proved that on a number of occasions Dr Cosgrove sent letters to other practitioners who were involved in the care of the patients he had seen and copied these letters to the patients or their parents. In those letters he made comments, which were unprofessional, unsustainable and likely to cause the reader to doubt the knowledge and skills of the practitioners referred to within the letters.

The Committee have also found that in or around August 2000, Oxfordshire Mental Healthcare NHS Trust carried out an investigation into a number of features of the treatment of a patient of the Trust, Patient E. On 29 September 2000, Miss L, Complaints Manager at the Oxfordshire Mental Healthcare NHS Trust, wrote to Dr Cosgrove requesting copies of his clinical notes concerning Patient E and enclosed a signed authorisation for the release of the records. Dr Cosgrove replied to this request by letter dated 3 October 2000, stating that he would not supply the medical records. The Committee have heard that Dr Cosgrove and Mrs E came to a shared agreement that the records should not be disclosed and for that reason the Committee did not find that his failure to supply the medical records was inappropriate or unprofessional. Nonetheless, the Committee found that Dr Cosgrove acted unprofessionally and made unsustainable comments in his letter dated 3 October 2000 to Oxfordshire Mental Healthcare NHS Trust. These comments were likely to cause the reader of the letter to doubt the knowledge or skills of the employees of the Trust who treated Patient E.

The Committee acknowledge that throughout the course of this inquiry there has been no criticism of Dr Cosgrove's prescribing practice to those patients whom he diagnosed as suffering from ADHD. Instead this case has been centred around Dr Cosgrove's monitoring of those patients whom he diagnosed as suffering from ADHD and the letters he subsequently sent to other practitioners involved in the care of those patients. The Committee are concerned about the evidence adduced in relation to Dr Cosgrove's management of patients to whom he had prescribed drugs.

Professor P, a Child and Adolescent Psychiatrist, attended to give his expert opinion on these matters. He has told the Committee that it is necessary to undertake a physical examination including height, weight and blood pressure of patients who are taking Ritalin and Risperidone, in order to determine whether continued prescribing is

appropriate.

The Committee have had regard to the “European Child and Adolescent Psychiatry Clinical Guidelines for Hyperkinetic Disorder, 1998” on monitoring patients to whom Ritalin is prescribed and to Professor P's protocol for the monitoring of patients to whom Ritalin in doses of up to 60 mg per day is prescribed. They have found that Dr Cosgrove's monitoring of patients over the telephone was not sufficient to obtain relevant information for the monitoring of patients and prescribing of Ritalin and fell short of the standards of monitoring which both the European Guidelines and Professor P's own protocol recommend.

The Committee have heard that an initial consultation was carried out on a face to face basis and that Dr Cosgrove usually undertook follow up consultations over the telephone. Whilst some information can be obtained by means of a telephone conversation this is inadequate for the totality of monitoring which was required for these patients. The Committee acknowledges that whilst some of the patients' GPs were undertaking some monitoring, this was not undertaken to its fullest extent nor did Dr Cosgrove give explicit instructions for the monitoring of these patients. The Committee note that Dr Cosgrove also made arrangements for some of the parents to undertake some monitoring of their child, however, the Committee consider that those arrangements were inadequate and unacceptable. The Committee consider that Dr Cosgrove was the prescribing practitioner and as such was responsible for the proper monitoring of his patients. In not doing so he failed to discharge his duties in being responsible for those patients.

The Committee also heard evidence from a number of witnesses with regard to certain of the correspondence that Dr Cosgrove sent to other medical practitioners, patients or their parents. The Committee have found that the nature of this correspondence goes far beyond what amounts to robust criticism and that he acted in a wholly unprofessional manner in sending those letters. The Committee consider that he was not in possession of all of the facts pertaining to the issues dealt with in the letters when he made his judgements and as a consequence he persistently undermined the opinions provided by and the standing of other practitioners involved in the care of the patients for whom he prescribed. Furthermore, in copying those letters to the patients or their parents and GPs of patients he undermined future patient/doctor relationships and the further proper medical care of these patients.

The Committee consider that in sending those letters, Dr Cosgrove breached the principles contained within the GMC publication “Good Medical Practice”. The October 1995 and July 1998 editions state “You must not make any patient doubt a colleague's knowledge or skills by making unnecessary or unsustainable comments about them” and in similar terms the May 2001 edition states “You must not undermine patients' trust in the care or treatment they receive, or in the judgement of those treating them, by making malicious or unfounded criticisms of colleagues”.

The Committee have considered all the submissions made on behalf of Dr Cosgrove including those of Mrs C and Mrs E who attended the hearing. It has been submitted that Dr Cosgrove in treating his patients considered he was acting only in their best interests. It has further been submitted that Dr Cosgrove did not act out of malice or to gain personal advantage. There has been no evidence before the Committee that suggests that any patients suffered harm as a result of Dr Cosgrove's actions.

The Committee have also read and carefully considered the many testimonials, which demonstrate that Dr Cosgrove is well respected and held in high regard by his patients. There is no doubt that Dr Cosgrove considered he had the best interests of his patients at the forefront of his mind.

Whilst the Committee acknowledges the difficulties that Dr Cosgrove faced within the profession with regard to the recognition of ADHD and its treatment with medication, this cannot justify his failure to discharge his duties as a treating Consultant and cannot be used as an excuse for his lack of patient monitoring and attitude towards colleagues.

Dr Cosgrove as a Consultant should have been working to the highest standards and should have demonstrated good standards of care. All patients are entitled to receive good standards of practice and care from their doctors and the practice of medicine involves teamwork at all levels. Patients and colleagues are entitled to be treated properly and considerately. Dr Cosgrove did not demonstrate this consideration. The Committee have found that he repeatedly, through correspondence, made unsustainable criticisms against other medical practitioners and cast doubts on their clinical competence.

The Committee have considered all the matters and judge Dr Cosgrove's behaviour to be a serious departure from the standards of care and conduct expected of a registered medical practitioner.

The Committee find Dr Cosgrove guilty of serious professional misconduct.

The Committee have noted the letter from Dr Cosgrove dated 16 March 2004 in which he states that he has now retired from medical practice. Despite this, the Committee note that Dr Cosgrove remains on the Medical Register as a fully registered medical practitioner. The Committee are therefore bound to decide what action to take, if any, concerning his future registration with the GMC. In doing so they have carefully considered the issue of proportionality. It is the duty of this Committee to protect patients and maintain public confidence in the medical profession. It is the Committee's duty to ensure that the public continues to have confidence in self-regulation of the medical profession and that the reputation of the profession is upheld.

The Committee have considered the range of sanctions available and have also taken account of the advice provided in the Indicative Sanctions Guidance published by the GMC and have followed the advice tendered by the Legal Assessor.

The Committee first considered whether to conclude this case by taking no action or by issuing a reprimand. The findings against Dr Cosgrove represent a serious breach of the principles of Good Medical Practice and the standards of care and conduct which the public is entitled to receive from registered medical practitioners. Furthermore, the Committee note that further similar incidents occurred after 2002 despite Dr Cosgrove being notified of these matters by the GMC in 2002. The Committee found that Dr Cosgrove did not demonstrate insight into his failings, he has not expressed any remorse or regret for his actions and there is no evidence that he has taken rehabilitative steps to remedy the matters which have brought this case before the Council.

They have therefore determined that to conclude this case with a reprimand would not sufficiently reflect the seriousness of the case.

The Committee have carefully considered whether to impose conditions on Dr Cosgrove's registration. They consider that any conditions should be appropriate, proportionate, workable and measurable. The persistent nature of his inappropriate and unprofessional conduct from 1996 to 2003, which included a period after which he became aware that his conduct was under review by the GMC, provided evidence of the presence of attitudinal difficulties. The Committee have had no indication of his willingness to respond positively to re-training and coupled with the difficulty in formulating practical conditions for the type of work that Dr Cosgrove undertook, the Committee have determined that any conditions would be an insufficient response to the finding of serious professional misconduct.

The Committee consider that Dr Cosgrove has not demonstrated any remorse or insight into his behaviour. The matters under consideration by this Committee have occurred over a significant period of time in particular in 2003, by which time he was aware of the investigations being carried out by the GMC. The Committee have come to the conclusion, having taken into consideration his significant departure from Good Medical Practice in several areas that it is in the public interest and to protect members of the public and the reputation of the medical profession, that Dr Cosgrove's registration should be suspended for a period of 12 months.

The effect of the foregoing direction is that, unless Dr Cosgrove exercises his right of appeal, his registration will be suspended for a period of 12 months beginning 28 days from the date that proper notice is deemed to have been served on him.

The Committee will resume consideration of his case at a meeting to be held before the end of the period of 12 months. At that hearing the Committee will expect to receive evidence that Dr Cosgrove has addressed the problems identified throughout this determination including:

- Evidence as to how he would improve his practice towards monitoring patients whom he may treat or for whom he may be responsible;
- Evidence that he has improved his communication skills;
- Evidence that he has addressed his attitudinal difficulties.

The Committee will consider whether to take further action in relation to Dr Cosgrove's registration. He will be informed of the date of that meeting which he will be expected to attend.

Shortly before the resumed hearing he will be asked to furnish the General Medical Council with the names and addresses of professional colleagues and persons of standing to whom the Council may apply for information as to his conduct since the hearing of Dr Cosgrove's case.

The Committee are minded to consider the issue of making an order for the immediate suspension of Dr Cosgrove's registration and would wish Counsel to address the Committee on those issues.

Further determination on immediate suspension:

Mr Morris:

The Committee have considered your submissions. The Committee have been mindful of Dr Cosgrove's letter of 16 March 2004 in which he states that he has retired from medical practice, however, the Committee remain of the view that he remains on the Medical Register as a fully registered medical practitioner and would therefore be able to return to medical practice in the intervening period should he so decide.

The Committee have determined that in accordance with Rule 32 of the Procedure Rules, Dr Cosgrove's registration shall be suspended forthwith. The reason for so doing is for the protection of members of the public.

The effect of this direction is that Dr Cosgrove's registration will be suspended from the date on which notice of the direction is deemed to have been served upon him.

The substantive period of suspension for 12 months, as already announced, will then take effect 28 days from the date on which notice of the direction is deemed to have been served upon him, unless he lodges an appeal in the interim.

The order for immediate suspension will remain in force until the substantive order for suspension takes effect.

That concludes this case.

At the conclusion of the proceedings on 1 July 2005 the Chairman announced the Panel's determination as follows:

“Mr Tehrani

This case has been considered by a Fitness to Practise Panel applying the General Medical Council's Preliminary Proceedings Committee and Professional Conduct Committee (Procedure) Rules 1988.

Dr Cosgrove was neither present nor represented during this case. The Panel received evidence as to the service of notice of this hearing. The Panel determined that service had been effected pursuant to Rule 54 of the General Medical Council Preliminary Proceedings Committee and Professional Conduct Committee (Procedure) Rules Order of Council 1988, as amended. The Panel then considered whether to exercise its discretion and to hear the case in Dr Cosgrove's absence. It concluded that Dr Cosgrove would not suffer any injustice should it do so and determined to proceed to hear the case.

In June 2004 the Professional Conduct Committee found that Dr Cosgrove had prescribed drugs to a number of patients who were diagnosed as suffering from Attention Deficit Hyperactivity Disorder (ADHD). He did not take appropriate steps to monitor these patients whilst they were taking the prescribed drugs and as such acted irresponsibly and not in the best interests of the patients. The Committee also found that on a number of occasions Dr Cosgrove sent letters to other medical practitioners involved in the care of these patients and had copied these letters to the patients or their parents. In these letters he had made comments, which were unprofessional, unsustainable and likely to cause the reader to doubt the knowledge and skills of the practitioners referred to within the letters.

The Committee concluded that Dr Cosgrove's behaviour was a serious departure from the standards of care and conduct expected of a registered medical practitioner and accordingly found him guilty of serious professional misconduct. The Committee found that Dr Cosgrove did not demonstrate insight into his failings. He had persisted in inappropriate and unprofessional conduct from 1996-2003, which included a period after which he became aware that his conduct was under review by the GMC. He had not expressed any remorse or regret for his actions and had not taken any rehabilitative steps to remedy the matters, which had brought him before the GMC. The Committee suspended his registration for a period of 12 months. The Committee also directed the immediate suspension of his registration. The substantive direction of suspension came into effect on 21 July 2004.

The Committee directed that a resumed hearing of the case would take place before the end of the period of suspension. Dr Cosgrove was informed that at this hearing, the Panel would expect to receive evidence that he had addressed the problems identified at the previous hearing, including:-

- Evidence as to how he would improve his practice towards monitoring patients whom he may treat or for whom he may be responsible;
- Evidence that he has improved his communication skills;
- Evidence that he has addressed his attitudinal difficulties.

The Committee also indicated that before the resumed hearing he would be asked to furnish the GMC with the names and addresses of professional colleagues and persons of standing to whom the Council could apply for information as to his conduct since the previous hearing.

The Fitness to Practise Panel has today resumed consideration of Dr Cosgrove's case. It has considered the evidence placed before it, including copies of the letters produced at the original PCC hearing. The Panel were concerned by the content of those letters which were sent to colleagues and copied to the patients or their parents and which contained unsustainable criticisms against other medical practitioners and cast doubts on their clinical competence. The Panel were also concerned by his failure to adequately monitor patients to whom he had prescribed powerful drugs over a long period of time.

The Panel has not been presented with any evidence to indicate that Dr Cosgrove has taken steps to address the problems identified at the previous hearing and which led to his suspension. He has not complied with the Committee's request to submit the names and addresses of professional colleagues who can give references in relation to his conduct since his suspension. As a consequence no references have been received.

The Panel has considered your submissions as to the appropriate sanction, if any, to take against Dr Cosgrove's registration. It has also considered the advice of the Legal Assessor and has had regard to the guidance contained within the GMC's Indicative Sanctions Guidance – April 2005. In particular it has considered paragraph 31 of the guidance in relation to review hearings and the information that the Panel would wish the doctor to submit in advance of the review hearing.

The Panel were particularly concerned about Dr Cosgrove's persistent lack of insight into the seriousness of his misconduct and, furthermore, his failure to comply with the requirements of the previous Committee which demonstrated a blatant disregard of his obligations to the GMC.

In considering this case, the Panel has taken into account that Dr Cosgrove has not responded to any correspondence from the GMC since the hearing in June 2004. The Panel has no information with regard to his future plans in continuing to practise medicine albeit he had previously indicated that he was retiring from practise in March 2004. It has not received any information, which demonstrates that he has reflected on the matters, which brought him before the GMC, nor is there any information to show that he has apologised either to his patients who he had failed to monitor adequately or to his professional colleagues of whom he had made malicious and unfounded criticisms.

The Panel has also carefully considered the issue of proportionality, but it is mindful that it is the duty of this Panel to protect patients, to maintain public confidence in the medical profession and to uphold proper standards of behaviour of medical practitioners.

Against this background the Panel considered that in order to protect the public, maintain public confidence in the

medical profession and to maintain proper standards required of medical practitioners, it would be insufficient to take no further action, or to impose conditions. The Panel then considered whether a further period of suspension would be an appropriate sanction. It is clear that Dr Cosgrove has not complied with the directions of the previous Committee and in so doing has demonstrated a blatant disregard of the GMC's requirements of him. Furthermore, the Panel has received no evidence that he has shown any insight in respect of his previous behaviour and concludes that a further period of suspension would be insufficient. The Panel finds Dr Cosgrove's conduct to be incompatible with that of a registered medical practitioner and has concluded it would be proportionate and appropriate to erase Dr Cosgrove's name from the medical register.

The effect of the foregoing direction is that, unless Dr Cosgrove exercises his right of appeal, his name will be erased from the register 28 days after the date when written notice of the direction is deemed to have been served upon him. A note explaining his right of appeal against this decision will be sent to him. In the meantime, the current period of suspension of his registration will continue until the new direction takes effect.

That concludes this hearing.”

Confirmed

1 July 2005 Chairman