



**MEDICAL PRACTITIONERS DISCIPLINARY TRIBUNAL**

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**PUBLICATION OF  
THE NAMES OF  
THE COMPLAINANTS,  
WITNESSES AND  
ANY OTHER THIRD  
PARTIES INVOLVED  
IN THE HEARING  
OF THE CHARGES  
IS PROHIBITED**

**DECISION NO:**

**210/00/61C/01/84C**

**IN THE MATTER**

of the Medical Practitioners Act 1995

**-AND-**

**IN THE MATTER**

of a charge laid by a Complaints  
Assessment Committee pursuant to  
Section 93(1)(b) of the Act against  
**BERIS FORD** medical practitioner  
of Whangarei

**BEFORE THE MEDICAL PRACTITIONERS DISCIPLINARY TRIBUNAL**

**TRIBUNAL:**

Mrs W N Brandon (Chair)

Mrs J Courtney, Dr J C Cullen, Dr A R G Humphrey,

Dr U Manukulasuriya (Members)

Mr B A Corkill (Legal Assessor)

Ms K L Davies (Hearing Officer)

Mrs G Rogers (Stenographer)

Hearing held at Whangarei on Monday 4 to Friday 8 and Monday 11 to  
Friday 15 March 2002

**APPEARANCES:** Ms K P McDonald QC for a Complaints Assessment Committee ("the  
CAC")

Mr A J Knowsley for Dr B Ford.

### **Supplementary Decision – Dr Beris Ford**

**THIS** supplementary decision should be read in conjunction with Decision No. 201/00/61C/01/84C ("the Substantive Decision") dated 10 June 2002.

1. In the Substantive Decision, this Tribunal found Dr Ford guilty of conduct unbecoming a medical practitioner and that conduct reflects adversely on his fitness to practise medicine in relation to three of five charges laid against him by the CAC, established under Section 88 of the Act. In keeping with its usual practice, details of the facts and circumstances giving rise to the charges, together with the Tribunal's findings and reasons are all contained in the Substantive Decision.
2. The Tribunal's findings against Dr Ford were made in relation to allegations that (in general terms) he carried out inappropriate and unnecessary examinations; that he made inappropriate comments to the patients concerned of a personal and/or sexual nature, and that he failed to obtain proper informed consent before carrying out the subject examinations.
3. Two of the five charges laid against Dr Ford were dismissed. One of the charges that was dismissed (re: Mrs P) was laid against Dr Ford at the level of disgraceful conduct, the most serious of the range of professional disciplinary offences, and the other (re: Ms W) was laid at the level of professional misconduct.

4. Of the charges which the Tribunal was satisfied were established, one (re: Ms D) was laid at the level of professional misconduct and the other two (re: Ms R and Mrs S), were laid at the level of conduct unbecoming a medical practitioner and that conduct reflects adversely on the practitioner's fitness to practice medicine. These are all matters which the Tribunal has taken into account in determining the appropriate penalty to impose in respect of each of the relevant charges. The Tribunal has approached the imposition of penalty on each of the charges separately and cumulatively, as it considers appropriate.

### **Ms D**

5. The charge against Dr Ford in relation to Ms D alleged that when she presented to him with a persistent sore throat, he performed a breast examination which was inappropriate and unnecessary. The Tribunal was satisfied that the charge was established on the basis of its finding in relation to Particular 1 but Particulars 2 and 3 of the charge were not established. As stated above, this charge was laid at the level of professional misconduct and the Tribunal was satisfied that Dr Ford was guilty of conduct unbecoming and that reflected adversely on his fitness to practice medicine.
6. The Tribunal was satisfied that given Ms D's presenting symptoms, it was inappropriate and unnecessary for Dr Ford to carry out a breast examination. It was Ms D's evidence that she had previously had tonsillitis and had thought when she went to the consultation that all that was probably required was a prescription for some antibiotics. Dr Ford was not her regular doctor and at the time of the examination she was 18 years of age.
7. The Tribunal accepted Ms D's evidence that at no time did Dr Ford ask her if she wanted to have a breast examination, he simply told her that one was required and she did what he asked in terms of removing her clothes and submitting to the examination. It was also Ms D's evidence that at no time during the consultation did Dr Ford examine her throat, check her glands or use a stethoscope to examine her chest.
8. Dr Ford's examination caused Ms D to suffer discomfort, embarrassment and anxiety. Notwithstanding that the consultation occurred in 1984, Ms D has since attended only female

medical practitioners wherever possible and Ms D still feels very strongly that what Dr Ford did at the time was wrong and that he used his position as a doctor to take advantage of her.

### **Ms R**

9. The charge against Ms R related to a consultation that occurred in 1984 when Ms R was 16 years old. At that time he was her family doctor and this was the first occasion on which she visited Dr Ford on her own. Like Ms D, she also visited Dr Ford for a sore throat and in the course of the consultation Dr Ford asked her to remove her clothes so that he could examine her. Ms R was too shy and embarrassed to object and the Tribunal was satisfied that Dr Ford did not offer any explanation, nor did he offer her any privacy while she undressed, although Ms R was adamant that Dr Ford must have been aware of her embarrassment and discomfort. As Ms R was dressing after the consultation, Dr Ford made a comment to the effect that she was “*developing nicely*”, which Ms R also found extremely distressing.
10. The charge against Ms R contained two Particulars, both of which the Tribunal was satisfied were established. The Tribunal was also satisfied, that by reason of her age and her clinical background (which was known to Dr Ford) Ms R was particularly vulnerable and that Dr Ford ought to have been aware of this and to have taken appropriate steps to reassure her and take proper care of her.
11. The majority of the Tribunal was satisfied that Dr Ford was guilty of conduct unbecoming and that reflects adversely on his fitness to practice. Dr Cullen departed from the majority because, notwithstanding that he was satisfied that the factual basis of the charge was established and that Dr Ford’s conduct towards Ms R was inappropriate, he was not satisfied that the threshold for a professional disciplinary offence was reached.

### **Mrs S**

12. The circumstances of the offence relating to Mrs S were broadly similar to those already recounted. Mrs S presented to Dr Ford with earache and, it was alleged, he carried out a

breast examination that was unnecessary and inappropriate and that, in carrying out this examination, he failed to obtain Mrs S's informed consent. On the basis of its finding in relation to Particular 1 of the charge, the Tribunal was satisfied that the charge was established. However, in relation to Particulars 2 and 3 of the charge, while two members of the Tribunal, Mrs Brandon and Mrs Courtney, were satisfied that these Particulars also were established, the majority were not satisfied to a requisite standard of proof either that the examination was "*unnecessary and inappropriate*" or that Dr Ford failed to obtain Mrs S's consent prior to carrying out the examination.

13. All of the members were satisfied that Dr Ford did not obtain any explicit consent from Mrs S, however she did not object to the examination (notwithstanding that she may have misunderstood the reason for it) and accordingly the majority were satisfied that Dr Ford was entitled to the benefit of the doubt and that any failure to obtain informed consent, whilst established, was inadvertent and unintentional. The Tribunal was satisfied that Dr Ford's examination, and Mrs S's submission to it, was "*part of a matrix of a misunderstanding and miscommunication*" which the Tribunal was satisfied characterised the consultation.

#### **Submissions on penalty on behalf of the CAC**

14. For the CAC, Ms McDonald noted the striking similarities between the three cases in respect of which Dr Ford was found guilty, and in respect of the other cases where the Tribunal had found the facts to be established. Ms McDonald also referred to the Tribunal's indication, at paragraph 159 of the Substantive Decision, that it "*records its concern at the weight of the evidence presented against Dr Ford and the pattern of conduct contained in that evidence*".
15. On behalf of the CAC, Ms McDonald submitted that this case demonstrates a worrying pattern of conduct by Dr Ford and urged the Tribunal to keep "*at the forefront of its mind*" the principal purpose of the Act which is to protect the health and safety of the public. Evidence led at the hearing demonstrated that a significant number of women have complained about Dr Ford's conduct towards them over a very long period of time. The evidence established that there were at least 15 complaints about Dr Ford's conduct (five complainants;

four similar fact witnesses and other complainants that were referred to Dr Ford during the course of the evidence: paragraph 48 of the Substantive Decision).

16. In Ms McDonald's submission, "*past complaints have been dealt with on a piecemeal basis over an extended period. It goes without saying that the manner in which past complaints have been dealt with has been most unsatisfactory from the complainant's point of view and from the point of view of public safety*".
17. Ms McDonald submitted that the conduct established in the cases before the Tribunal falls into the category of sexual abuse; certainly as sexual impropriety if not as sexual misconduct, in terms of the Medical Council's Statement to the Profession, referred to in the Substantive Decision.
18. The CAC seeks conditions to be placed on Dr Ford's practice "*that go some way towards meeting the public safety concerns that arise in this case and that Dr Ford be referred to the Medical Council's Health Committee. The CAC also seeks orders that Dr Ford be censured, pay fines, and ordered to pay costs*".
19. In relation to conditions, the CAC notes that Dr Ford is currently practising under conditions imposed by the Tribunal requiring him to advise all female patients that they are entitled to have a chaperone or support person present with them and that he is required to display a notice to that effect in his waiting room and consultation room. The CAC submits that, in light of the findings made against Dr Ford, it is appropriate that he be required to have a chaperone present for all female intimate examinations and that, referring to the Tribunal's findings at paragraph 154 of the Substantive Decision, any condition requiring the use of chaperones must be accompanied by a requirement that the chaperone is made fully aware of the purpose of the examination.
20. The CAC also submits that, given the nature of the findings made against Dr Ford, it is not appropriate for him to be involved in teaching general practitioners.

21. The CAC referred to evidence given to the Tribunal in the context of an earlier application for name suppression to the effect that Dr Ford suffers from long-term health problems, including serious depression, and that issues were raised about Dr Ford's psychological and emotional health during the course of the substantive hearing such that Dr Ford should be referred to the Medical Council's Health Committee for assessment and such assistance as the Committee may consider necessary.
22. The CAC provided Victim Impact Statements from the three complainants whose charges were upheld and submitted that: *"It will be clear from those victim impact statements and from the evidence of these women during the course of the hearing that Dr Ford's conduct towards them significantly impacted on their lives. Ms D and Ms R undertook extensive counselling to address the psychological effects of Dr Ford's conduct. That fact should not be overlooked in any penalty imposed by this Tribunal"*.

#### **Submissions on behalf of Dr Ford**

23. On behalf of Dr Ford, Mr Knowsley pointed out that Dr Ford faced one charge of disgraceful conduct, with three particulars; two charges of professional misconduct (five particulars) and two charges of conduct unbecoming and that reflects adversely on his fitness to practice (five particulars). Of those charges and particulars, Dr Ford was found guilty of conduct unbecoming a medical practitioner and that reflects adversely on his fitness to practise in relation to three charges (four particulars).
24. In relation to the charge alleging professional misconduct towards Ms R, Mr Knowsley advised the Tribunal that Dr Ford has previously apologised to Ms R in writing and repeats that apology. He accepts he should have been aware of her particular vulnerability and taken appropriate steps to reassure her and to take proper care of her and that he should have been more sensitive. He notes that it is now almost 18 years since the event in question occurred.
25. In relation to Ms D, Mr Knowsley submitted that Dr Ford accepts the Tribunal's finding that it was unnecessary and inappropriate to carry out a breast examination in the circumstances. Dr Ford has no recollection of the consultation but his notes do record "breasts normal" and

therefore a breast examination was performed. The recording in the notes is a clear indication that Dr Ford considered the examination to be a proper one.

26. Mr Knowsley also advises the Tribunal that Dr Ford's practice regarding 'opportunistic breast screening' has changed since 1984 and he no longer does these checks, which he believed at the time were appropriate. Mr Knowsley submitted that this matter falls at the lower end of the scale of professional disciplinary events, and it is now also 18 years since the consultation occurred.
27. As to the charge relating to Mrs S, Dr Ford accepts the Tribunal's findings that the questions asked of Mrs S were inappropriate and unnecessary, although motivated by her past history of ectopic pregnancy. Dr Ford agrees with the Tribunal's finding that this consultation went off the rails relatively early and that there was a significant degree of miscommunication between himself and the patient (although unrecognised at the time). On behalf of Dr Ford, Mr Knowsley submits that Dr Ford's conduct in relation to Mrs S falls at the lower end of the scale. The events occurred in 1999 so it is now two and a half years since the consultation in question.
28. Mr Knowsley also makes general submissions in relation to statements provided to the Tribunal from doctors, practice nurses, receptionists and patients that he submits demonstrate a pattern of a very caring and thorough general practitioner who was well received by the vast majority of his patients. Dr Ford was upset to receive complaints from patients and he regrets that his actions and comments have unwittingly upset patients as this was never intended. Mr Knowsley advises that Dr Ford unreservedly apologises for any upset caused and regrets that he was not more careful and considerate during these three consultations. He will be very mindful of the matters raised and the need to be careful in his deeds and words in the future.
29. Dr Ford intends to continue with notices regarding the availability of chaperones and to offer chaperones for all women undergoing intimate examinations. He has found the whole process of the disciplinary system to be very traumatic and stressful and he has been receiving professional counselling and support to assist him through the process and he intends to



continue with that. He has, however, received tremendous support from his family, friends, colleagues and patients and he is very grateful for that. He accepts that his communication needs to be more careful to avoid misunderstandings and potential upset and he intends to be very vigilant to ensure that he does not let his patients, family and colleagues down in the future.

30. Mr Knowsley submits that the appropriate penalty on each matter would be censure, coupled with the media publicity suffered by Dr Ford. Censure on each of the charges will be a substantial penalty and is sufficient to *“mark the Tribunal’s view of the matter”*.
31. Mr Knowsley submitted that, given the nature of the findings and the circumstances of the events, fines are not an appropriate penalty. However, if the Tribunal is minded to impose a fine then the Tribunal is reminded that the charges in relation to Ms R and Ms D took place prior to the 1995 Act coming into force and the maximum fines are therefore \$1,000 in both of those cases, and that any fine imposed needs to be in keeping with the level of misconduct that has been established.
32. Mr Knowsley rejects the CAC’s submission that Dr Ford should be referred to the Health Committee, nor does he accept that there are grounds for any conditions on his practice beyond those already in place. Dr Ford is willing to continue to comply with those conditions. In addition, there is wide publicity of his name and details and members of the public will be well aware of the findings made against him and have a fair opportunity to decide whether or not to consult him.
33. As to costs, Mr Knowsley submits that the disgraceful conduct and professional misconduct charges were not upheld and the findings against Dr Ford are at the lower end of the scale, but to a large extent the costs of the hearing and the CAC reflects various charges brought. Dr Ford cannot be criticised for defending the charges or for the material presented to the Tribunal. The Tribunal has obviously carefully considered all of the material and arguments in reaching its conclusions.

34. While an order of costs in the range of 30-35% would be appropriate, it should not apply to costs incurred in relation to those charges and particulars not sustained, that is, they should be assessed and deducted prior to a figure of costs being quantified based on the percentage set by the Tribunal.
35. Mr Knowsley also submits that a downward assessment is appropriate where a lesser level of conduct is found than that charged.
36. The Tribunal has also been provided with a copy of Mr Knowsley's letter to the Secretary of the Tribunal, dated 5 August 2002, in which Mr Knowsley comments on the schedule of costs produced by the CAC. The Tribunal has taken the matters raised in that letter into account, and it accepts a number of Mr Knowsley's submissions in this regard.

### **Decision**

37. In the course of assessing its options as to the penalty it should impose, the Tribunal has considered all of the relevant evidence and submissions made to it in the course of the hearing of these charges, counsels' submissions as to penalty and the Victim Impact Reports provided by the CAC.
38. It has reviewed its Substantive Decision and particular matters relevant to each of the three complainants, such as –
- the length of time since the subject events occurred,
  - the complainants' ages at the time and other relevant personal and clinical factors,
  - the impact that Dr Ford's conduct of the consultations had on them at the time the consultations complained of occurred and subsequently.
39. In this latter regard, each of the three complainants told the Tribunal about the effect that Dr Ford's conduct of the consultations has had on their physical and mental well-being. In their evidence at the hearing and in the Victim Impact Reports, the complainants have referred to

their need to seek counselling; of their reluctance to attend any doctor for routine screening and health checks (hence they do not have the benefit of preventative health care and/or the potential for early detection of serious illness); their fear and distrust of doctors generally, especially male doctors; and their anxiety whenever they, or their children, require medical attention.

40. It has also put to one side those matters that were relevant only to the charges that were dismissed.
41. In assessing the options provided for in s110 of the Act, the Tribunal has approached the task of imposing penalty mindful of its principal purpose (s3) and the public interest generally. In the present context, the Tribunal's considerations have included:
- (a) The requirement to protect the health and safety of members of the public, including Dr Ford's patients and the community in which he practises;
  - (b) The role of the Tribunal in setting standards: *B v Medical Council* (High Court, Auckland, 11/1996, 8 July 1996)
  - (c) The degree to which the practitioner's conduct fell below acceptable, professional standards. In this context, the Tribunal acknowledges that the relevant standards are those that were acceptable at the time the events occurred, and it has reviewed the evidence given in this regard at the hearing, in particular, the evidence given on behalf of Dr Ford that 'opportunistic' breast examinations were considered to be good practice;
  - (d) The need for penalty to be appropriate to the circumstances of the case and the role of penalty in terms of punishment – the Tribunal must not avoid the punitive nature of its task, deterrence - especially in the context of sexual misconduct, professional education and rehabilitation; and

- (e) Other legitimate considerations such as the need to maintain the public's, especially women's, trust and confidence in the medical profession, particularly general practitioners, and the degree to which Dr Ford has failed his professional colleagues and peers and caused them to incur costs and be subject to adverse public comment.

42. Having taken into account all of these matters and having reviewed its findings made in the Substantive Decision, the Tribunal is satisfied that the following penalty is appropriate:

- (1) **Censure:** The Tribunal is satisfied that it is appropriate that Dr Ford should be censured on each charge; that is, three incidents of censure should be recorded against his professional registration.
- (2) **Fine:** The Tribunal considers that it is appropriate to impose fines in relation to each of the three charges in the following amounts:
- (a) in relation to the charge concerning Ms D: \$450 (maximum \$1,000);
  - (b) in relation to the charge concerning Ms R: \$600 (maximum \$1,000);
  - (c) in relation to the charge concerning Mrs S: \$2,000 (maximum \$20,000).

The Tribunal considers that fines in these amounts are fair and reasonable in the circumstances and that they are generally consistent with the amount of such fines ordered in similar cases.

- (3) **Conditions:** The Tribunal is satisfied that, given the nature of the charges which the Tribunal was satisfied were established, it is both appropriate and necessary to impose the following conditions:
- Dr Ford is required to have a chaperone present for all intimate examinations undertaken on female patients and is to ensure that the entitlement all patients have to have a chaperone or support person present during consultations if they

wish, is notified to them by means of a notice to that effect in the reception area and all consultation rooms used by him at his practice rooms, and any after hours practice or medical centre attended by him.

- Dr Ford is to provide an explanation of the purpose of the examination to the patient concerned in the presence of the chaperone or support person;
  - Except in an emergency situation, in the event that a female patient declines a chaperone and/or a support person to be present, or no appropriate person is available or willing to act in this capacity, then Dr Ford is to refer the patient to another practitioner. That is, the intent of these conditions is that Dr Ford is not to perform intimate examinations on female patients in the absence of either a chaperone provided by him, or a support person whom the patient requests to accompany her, for example, a parent, friend, partner or spouse;
  - Dr Ford is to be referred to the Medical Council's Health Committee for assessment and such assistance as the Committee may consider necessary;
  - Dr Ford is not permitted to undertake any teaching in general practice, either to his peers or junior practitioners. The Tribunal is satisfied that given the nature and circumstances of his offending, it is not appropriate for him to be undertaking such a role in a professional context.
- (4) **Costs:** The Tribunal is satisfied that it is appropriate to order that Dr Ford should contribute to the costs and expenses of and incidental to the CAC's inquiry made in relation to the subject-matter of the relevant charges and the prosecution of those charges by the CAC, and the Tribunal's hearing. Taking into account the chronology of the charges, and the submissions made on behalf of the CAC and Dr Ford, the Tribunal is satisfied that the amount of costs Dr Ford is ordered to pay should be calculated as follows:

- (1) That 40% of the total amount of the CAC's and Tribunal's costs (\$242,705.47) should be deducted to allow for:
  - the fact that the most serious of the charges laid was not established; and
  - this charge was the first of the charges laid against Dr Ford.
  - As a result, costs were incurred in the context of this charge prior to any other charge being laid; and
  - such a deduction appropriately takes into account the submissions made in paragraphs 1-3 of Mr Knowsley's letter dated 5 August 2002.
  
- (2) The balance of the total amount of costs (\$145,623.29) should be divided by 4, and ¼ share (\$36,405.82) also disregarded on the basis that it relates to the other charge that was not established. The Tribunal considers that, on this basis the matters raised in Mr Knowsley's letter are adequately taken into account and no further deduction (except as provided for in the apportionment of the costs set out below) should be made. The Tribunal does not accept the submission made in paragraph 4 of Mr Knowsley's letter;
  
- (3) Of the sum remaining (\$109,217.47, being \$36,405.82 x3) the Tribunal is satisfied that it is appropriate to apply the general principle that, taking into account the nature of the offending, the matters already referred to, and like cases, 50% of the total amount of fair and reasonable costs (\$36,405.82 per charge) is an appropriate guide to a reasonable order for costs, with a downwards adjustment if the Tribunal considers that is justified in the circumstances: *Cooray v Preliminary Proceedings Committee*.
  
- (4) In the case of the charge relating to Ms W, the Tribunal is satisfied that a downwards adjustment that takes into account all of the relevant circumstances including, for example, that the charge was established at a lesser level than that charged, should be made. Accordingly, on this charge, Dr Ford should pay 33% of a 1/3 share of the remaining sum (\$12,013.92);

- (5) In respect of the charge relating to Ms R, the Tribunal has applied the same relevant considerations and legal principles and is satisfied that Dr Ford should pay 35% of a 1/3 share of the remaining sum (\$12,742.03); and
- (6) In respect of the charge relating to Mrs S, again bearing in mind all of the relevant considerations and legal and general principles, the Tribunal is satisfied that Dr Ford should pay 33% of a 1/3 share of the remaining sum (\$12,013.92).
43. In calculating these costs the Tribunal considers that it has fairly taken into account all relevant considerations. In all the circumstances therefore, the Tribunal is satisfied that the amount of costs ultimately awarded against Dr Ford fairly and reasonably takes into account all of the relevant facts and circumstances and the relevant legal principles, including the general principle that costs awards are not to be used as a means to punish a practitioner, but that the seriousness of the Tribunal's findings ought to be appropriately reflected in the overall penalty.
44. In assessing penalty, the Tribunal has also sought to address those aspects of Dr Ford's professional practice giving rise to the concerns identified in its Substantive Decision and the general nature of the pattern of offending in relation to which the charges against him were established.
45. **SMAT Assessment:** In light of the Tribunal's desire to ensure that the penalty imposed on Dr Ford appropriately addresses the nature and circumstances of his offending, the Tribunal also considers that Dr Ford should be assessed by the Medical Council's Sexual Misconduct Assessment Team (SMAT) and that he should be required to undergo any counselling, treatment, supervision and/or monitoring that SMAT considers appropriate.
46. The Medical Council's SMAT policy has only relatively recently been established. The SMAT assessment and treatment model is designed for the assessment of doctors who are found guilty of sexual boundary violations, i.e. sexual misconduct, and is a tool for evaluation and rehabilitation. The SMAT assessment model is to be used by the Medical Council to

inform its decisions (particularly in the re-registration situation) about the regulation, monitoring and conditions of disciplined doctors.

47. The Tribunal considers that Dr Ford is a practitioner who would benefit from a SMAT evaluation, and from a period of counselling and treatment. It would certainly be in the public interest that Dr Ford should undergo such evaluation to ensure that he is safe to practise. Given the nature of the complaints established against him, and the pattern of conduct and complaints extending over several years that was referred to at the hearing and in respect of which the Tribunal was given a great deal of evidence, the Tribunal does have concerns regarding Dr Ford's insight and understanding of sexual boundaries and relevant professional standards.
48. For all of these reasons therefore the Tribunal orders that copies of the Substantive Decision and this decision are to be forwarded to the Medical Council's SMAT Convenor together with a request from the Tribunal that the Team meet with Dr Ford to undertake an evaluation, and provide any counselling, treatment and/or monitoring that the Team may consider is indicated. The SMAT Convenor is to report the outcome of its processes to the Medical Council's Health Committee.
49. **Publication:** A report of the Tribunal's Decision together with the penalty imposed is to be published in the New Zealand Medical Journal.

### **Orders**

50. For the reasons set out above, the Tribunal orders as follows:
  - (1) Dr Ford is to be censured in relation to each of the three established charges.
  - (2) Dr Ford is to pay fines in the following amounts:
    - (a) as to the charge concerning Ms D: \$450.00;
    - (b) as to the charge concerning Ms R: \$600.00;
    - (c) as to the charge concerning Mrs S: \$2,000.00.



- (3) For a period not exceeding three years from the date of this decision, Dr Ford is to practise medicine only in accordance with the conditions set out in paragraph 42 of this decision.
- (4) Dr Ford is to pay costs in the sum of \$36,769.87, being the total amount of costs calculated in accordance with the formula contained in paragraph 42 of this decision.
- (5) Dr Ford is to be referred to the Medical Council's Sexual Misconduct Assessment Team to undergo evaluation and any subsequent counselling, treatment and/or monitoring that the Team may consider necessary and appropriate. Any report of the Sexual Misconduct Assessment Team to be referred to the Medical Council's Health Committee for such assistance as the Committee may consider necessary.
- (6) A report of the Tribunal's Substantive Decision and this Decision is to be published in the New Zealand Medical Journal.
- (7) Publication of the names of the complainants, witnesses and any other third parties involved in the hearing of the charges laid against Dr Ford is prohibited subject to any individual's right to waive suppression of their own identity but not the identity of any other person whose identity may not be published or otherwise disclosed by this Order.

**DATED** at Wellington this 10<sup>th</sup> day of October 2002

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W N Brandon

Chair

Medical Practitioners Disciplinary Tribunal