

12 February 2018

Professor Terence Stephenson  
Chair of the Council General Medical Council

Dear Professor Stephenson

I am writing to you to raise concerns over the General Medical Council's conduct in dealing with a spurious and vindictive referral. The failure to reject false referrals by NHS managers and medical directors on the one hand while ignoring serious complaints affecting patient safety, on the other, the GMC has shown exceptional bias leading to gross victimisation of number of medical and nursing practitioners. In doing so the GMC has breached its statutory duty and compromised patient safety. I write to you now having completed the legal process that encompasses the referral in question, establishing my whistle-blower status and confirming that I was dismissed because I was a whistle-blower and I contributed no part in my dismissal by poor behaviour, a claim manufactured by my employer. The expectation of the profession is that you will rescue yourself and make proper enquires and issue censures based on the evidence before you.

#### **Outline of the Case**

On 5 July 2013 [redacted] [trust officer] wrote to you following my dismissal as the senior Consultant Cardiologist from Croydon NHS Trust. In this letter he referred to correspondence between the Trust's Medical Director, [redacted] and the GMC dated 16 October 2012. Despite the existence of this letter I am led to believe that the General Medical Council denies having received it.

The basis of my referral is contained in a document detailing the outcome of my Disciplinary Hearing dated 14 September 2012. On 20 September 2013, in order to assist the GMC's investigation, I wrote to [redacted] [GMC officer] of the Fitness to Practice Directorate providing compelling evidence which undermined the Trust's submission. I tried to impress on the officer that the accusations against me were disingenuous and had come only after I had raised concerns about patient safety. I cited the Coroner, Mr Roy Palmer's support of my position. I made it clear that the GMC's protracted delays were compromising my ability to return to clinical practice and were contributing to the destruction of my career. I am still unable to find NHS employment 5 years later.

I also documented the fact that [redacted] who was supposed to be acting as an independent medical advisor ignored his duty under his Code of Conduct and acted to support the Trust's position paying little or no attention to my representations, or his professional duties. Following the Coroner's inquest where despite the concealment of crucial evidence a rule 43 was issued to demand safety improvements.

On 24 January 2014, I wrote to [redacted] [GMC officer] citing the behaviour of 4 Medical Practitioners who had seemingly conspired to mislead the coroner and subsequently the courts, and who were in serious breach of their Code of Conduct; namely [redacted] [redacted] [redacted] [redacted] received no notification of

the details or the outcome of any investigation there are no relevant documents released under FOI and there is no mention of my submissions in the CERF templates in September 2014. As far as I am aware, the GMC made no realistic inquiries as they are obliged to do.

### **Court Proceedings**

My case was heard at an Employment Tribunal in 2014 and a damning verdict against the Trust was delivered in the findings on 24 October 2014, establishing my position as a whistle-blower. This was only possible after the Trust and [REDACTED] were forced to give up documents which they tried to keep secret. As one legal commentator reported the Trust's witnesses were, "kicked all-round the court in terms of their credibility". This included evidence given by [REDACTED] [REDACTED] who both had to return to the court and be re-sworn in order to correct prejudicial and misleading statements made previously.

I wrote to [REDACTED] [GMC officer] on 20<sup>th</sup> November 2014, informing her of the courts findings, but so intent was the GMC on continuing to victimise me as a whistle-blower, they ignored the court's findings. At this stage, I should stress that for over a year the GMC had requested a large number of documents from the Trust which the Trust had failed to provide. This appears to be founded in an unprofessional relationship between [REDACTED] and [REDACTED] (as evidenced by their correspondence).

My case proceeded to the Employment Appeal Tribunal, the Court of Appeal and the Supreme Court where the Trust continued to misrepresent the facts and continued to wilfully withhold evidence which they knew would undermine their case. The higher Courts were not deceived but those practitioners familiar with the facts of my case allowed this process to continue at great public expense and did not seek to intervene to put a halt to the conspiracy, in breach of their Code of Conduct.

### **Systemic failures**

I am mindful of the current controversy surrounding the death of a young patient, and as in my case, the primary cause of death was the Trusts operating an unsafe service overseen by a management who failed to consider the safety of the patients intrusted to their care. When such an adverse event arises, it is common practice for managers in the NHS to find a nurse or a doctor to blame, judging that it is better to destroy someone's career rather than accept the service provision was substandard. Had the GMC been prepared to learn from my case they might well have avoided the misguided handling of the Bawa-Garba case. Furthermore, it is likely this would not happen if the GMC had implemented the findings of the Hooper Enquiry ensuring that the Medical Director sanctioned any official referral to the GMC.

The evidence that I have previously provided to the GMC documents the bullying behaviour of [REDACTED]. It also provides evidence that he conspired to have several clinical staff dismissed by making false accusations against them and he acted against the interests of patients. His capacity to mislead and provide false evidence under oath are contained in the Judgements. It may be that the other guilty parties were misled by his assertions, but they have had ample opportunity to salvage themselves. By discriminating against me as a whistle blower and their

failure to adopt an even-handed approach, the GMC has failed in their statutory obligation to protect staff and patients.

### **Freedom of information request**

I have previously requested that the GMC provide complete disclosure of all the information delivered to them by the Trust. Some copies of internal correspondence have been provided, but witness statements provided by the Trust to the GMC have been withheld because they are not signed. These are documents about me and I assume they were given in good faith and should be provided compliant with the Data Protection Act. In any case, I will need sight of these documents under the rules of disclosure pending further legal action. I would be grateful if you could ensure that these are now provided for me.

### **Summery**

It was not until 2 March 2015 that the GMC finally concluded their investigations on the basis that there was no realistic prospect of formulating a case against me. They seem unconcerned by the evidence and the extensive findings of the Employment Tribunal, subsequently upheld by the Court of Appeal.

The statements by the GMC's Chief Executive, Charlie Massey, appears to be designed to wilfully mislead the medical profession, "we are totally committed to engendering a speak-up culture in the NHS". – the evidence suggests nothing could be further from the truth and, "Doctors should never hesitate to act openly and honestly if something has gone wrong." – only if they want their careers destroyed.

I hope the GMC will come to appreciate that they have an overriding duty to protect whistle blowers when they can, rather than acting as an instrument to victimise doctors for raising proper concerns. Knowing the lack of integrity of many NHS institutions, and with knowledge of the practices raised in the Francis Report, it is plainly wrong for the GMC to attach preferential credibility to evidence provided by institutions above that provided by practitioners. I invite the GMC to reflect fully on their actions and re-examine the relevant Trusts doctors, with the same persistence used to investigate me.

Yours sincerely

Dr Kevin Beatt  
Consultant Cardiologist

cc Mr C Massey