12th January 2018

Mr Charlie Massey,
Chief Executive and Registrar,
General Medical Council,
350 Euston Road,
London,
NW1 3JN

Dear Charlie,

GMC role and MPTS judgment of Dr Hadiza Bawa-Garba

While we are keenly aware that the loss of a child to the Adcock family is unsurmountable and therefore the demand for justice is entirely understandable; there is mounting concern within our organisation as well as externally that the GMC has been swayed by the media and has therefore lost sight of the need to be fair and proportionate in this case. The GMC's controversial decision that she should be Erased from the register thus overturning the ruling by the Medical Practitioners Tribunal Service (MPTS) that she should be reinstated after serving her two-year suspended sentence, seems entirely bizarre.

Dr Bawa-Garba has dedicated her life to improving patient health in a way many of us would have been proud to emulate. As a young student, from the age of thirteen she has volunteered in Africa in her holidays, after school and at the weekends, covering hospitals and AIDS clinics. She continued her charitable work even as a medical student and later as a doctor by raising funds for benevolent causes and awareness of matters such as HIV/AIDS and organ donation. She has used her unique position to provide necessary and effective health information to women in underprivileged communities across the globe.

She received a First-class degree in Physiology and Pharmacology from University of Southampton, where she also received the Physiology Society Prize and went onto study medicine, receiving outcomes of 'Merit' and 'Excellent' in many modules including in her finals. She continued to perform over and above average by contributing to excellent audit projects and guidelines, of high enough standard to be incorporated in working databases. She is popular with patients, families, nurses and her fellow medics.

On the unfortunate day when young Jack Adcock tragically died, we understand that Dr Bawa-Garba, herself having just returned from long leave and new to her place of work and leading an inexperienced team, was covering the workload of 3 doctors throughout the day (absent registrar, absent consultant in Warwick, and her own role) as well as that of her SHO during the afternoon who had to be delegated to telephoning for results due to computer system breakdown. Dr Bawa-Garba was covering multiple areas, spanning four floors in the Hospital, as well as being tasked with advice on paediatric patient matters external to her direct cover ward areas and to the wider community. The nursing team were also hard pressed to make full observations and due to pressures on beds patients were moved between ward areas and given medications without Dr Bawa-Garba's awareness.

Invasive Group A streptococcal disease is recognised to have high mortality (35%) despite treatment. It is also known that even senior experienced doctors undertreat severe sepsis in over 60 % of cases in the first twelve hours in the UK. She prescribed fluids, oxygen and antibiotics in line with guidelines and her initial treatment was acknowledged as good by the investigators of the case. This despite the overwhelming demand from wards and caring for numerous other seriously ill children, all of whom received excellent care on the day. How many lives were saved by Dr Bawa-Garba that fateful day, we will perhaps never know.

She did make errors, however in a well-resourced system these would not have contributed to such a tragic outcome. She was only one part of a multitude of failures of the system, however, she alone has been found guilty of manslaughter by gross negligence in this incredibly tragic event.

How has this inspirational young woman whom the health service should treasure come to such grief? There are a number of compelling matters at the heart of what we regard as a systems failure. For instance, we do not agree that human and system factors were sufficiently acknowledged in her case. We question the initial response of her supervisors and the bereavement follow up offered to Jack's family. We admire Dr Bawa-Garba' quiet dignity in the face of a racial hatred campaign in the press, but do not understand or accept how the responsible medical & management establishment in the Trust allowed her, a single mother alone in Leicester with a disabled child, to take the full onslaught. We believe she has been badly advised in such matters as that of making an apology which contributed to the eventual outcome in court – why was the advice provided to her sub-standard? Why did her employers and HEE not support and guide her through the process? We fail to understand how Dr Bawa-Garba is considered responsible for the failures of the nursing team and the administration of medication that she did not prescribe? We fail to understand why the GMC continues to pursue her despite numerous mitigations, given her obvious reflection, support from colleagues, excellent track record and lack of a previous persistent pattern of negligent practice. What benefit would it be to patients to strike off such a high performing and kind doctor?

Given the published data that BME doctors are three to five times more likely to get GMC public warnings and restrictions compared to white doctors, we find it hard not to come to the conclusion that Dr Bawa-Garba's pursuit by the GMC reflects the inherent bias that exists within the GMC which treats BME doctors differently and harshly.

In addition to the above queries, we request your reassurance on the following:

1. What monitoring and actions are in place regarding any differential treatment of Black or Minority Ethnicity (BME) doctors by the GMC?
2. We would like to know in how many instances such as this, has GMC questioned

the verdict of the MPTS in the case of non-BME doctors.

3. What active work on prevention of scapegoating of individual medical practitioners has been undertaken by the GMC where it is obvious that systematic failures have contributed significantly to adverse patient outcome?
4. What steps the GMC has taken to investigate whether racial factors may in any way have influenced Trust and Deanery, and indeed its own, response to Dr Bawa-Garba?
5. What public stand has the GMC taken to protect doctors, Dr Bawa-Garba in particular, against the appalling vitriolic press and social media campaign run against her, including petitions and comments by some supporters of the tragically bereaved family?
6. What mental health support or monitoring of mental health support was offered to trainees in a situation like Dr Bawa-Garba, in line with the GMC press release 14th July 2015 "Key principles for supporting vulnerable doctors agreed"?
7. What steps is the GMC taking to marry up the wishes of the public and of medical practitioners to maintain the best possible health care, including doctors from the BME community working towards enabling unity, not enmity?

We look forward to hearing from you.

Yours sincerely,

Dr Ramesh Mehta OBE
President

Dr JS Bamrah
Chairman

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cc: Sir Terence Stephenson, Chairman, General Medical Council