

## PUBLIC RECORD

Dates: 23/11/2020 - 27/11/2020

Medical Practitioner's name: Dr Brian CHEADLE

GMC reference number: 2428312

Primary medical qualification: MB ChB 1978 University of Sheffield

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Impaired

## Summary of outcome

Erasure

## Tribunal:

Legally Qualified Chair	Mrs Kim Parsons
Medical Tribunal Member:	Dr Nitesh Raithatha
Medical Tribunal Member:	Mr Mike Haywood

Tribunal Clerk:	Matt O'Reilly & Esther Morton - 23/11/20 John Poole - 24/11/20 to 27/11/20
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## Attendance and Representation:

Medical Practitioner:	Not present and not represented
GMC Representative:	Ms Georgina Goring, Counsel - 23/11/20 to 16/11/20 Ms Chloe Fairley, Counsel - 27/11/20

## 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 Facts - 25/11/2020

### Background

1. Dr Cheadle qualified in 1978 with a MB ChB from the University of Sheffield. At the time of the events in question Dr Cheadle was employed by the Stockport NHS Foundation Trust ('the Trust') as a Consultant in Acute Medicine at Stepping Hill Hospital.
2. XXX
3. Concerns were first raised in July 2015 by Dr A, Consultant Histopathologist and Director of Mortuary Services at Stepping Hill. Following a discussion with the mortuary manager, Dr A was concerned that Dr Cheadle might have been signing Part 2 of the Cremation 5 cremation form ('Part 2 Forms'), despite not viewing the bodies of the deceased patients.
4. The Trust subsequently carried out a preliminary investigation into these concerns; this investigation found that during the period between 5 June 2015 and 10 July 2015 Dr Cheadle had signed 14 Part 2 forms, despite only signing into the mortuary on two occasions to view the bodies.
5. On 27 July 2015 the Trust's Medical Director (who was also the Responsible Officer) spoke to Dr Cheadle about the findings of the preliminary investigation. Dr Cheadle had been given no prior information about the purpose of this meeting. At the meeting Dr Cheadle accepted that he had signed the declarations before viewing the bodies, and that in some instances he had not gone on to view the body of the deceased in the mortuary.

6. As a result of these findings, the Trust referred Dr Cheadle to the GMC as well as to the Mersey Internal Audit Agency ('MIAA').
7. The Medical Director accepted that there was a flawed hospital custom and practice at Stepping Hill hospital of doctors signing cremation forms before they went to view the bodies. This was because the cremation forms were held, and could not be removed from, the general office which was situated around 320 metres from the mortuary.
8. The MIAA carried out its own investigation into the concerns and found that between 2010 and 2015 there were approximately 485 instances where there was evidence to suggest that Dr Cheadle had not signed into the mortuary when Part 2 forms were signed by him. Dr Cheadle was interviewed by the MIAA on 31 March 2016. He admitted making false statements.
9. Dr Cheadle was subsequently charged and on 2 October 2018 at Manchester Crown Court, he was convicted on an indictment of 'Make a false representation with view to procuring the burning of human remains'. Dr Cheadle was sentenced to a 12-month conditional discharge order.
10. The Tribunal noted the following from the Judge's sentencing comments:

'RECORDER PRESLAND: Dr. Cheadle. Obviously, I have heard the facts of this and have been involved in the processes of understanding what evidence was being offered and what was not. Clearly, to some extent it is an administrative offence, it is a strict liability; the bodies were not seen until after you signed, so even in those cases where you were documented as entering the mortuary, you were accepting that you signed the declaration before having seen the body. I have taken on-board the fact that this was a hospital practise, and a poor one, and purely because of the logistics of the hospital and that documentation could not be taken into the mortuary. It is a shame that it has had to come to this in terms of the impact it has had on your career and your life, although obviously there is a responsibility that all clinicians have when signing these documents, and it is a serious examination that you are making. I accept that all the other questions that you asked and the investigations that you undertook to make sure that there was no foul play, essentially this is a post-Shipman---

THE DEFENDANT: Yes.

RECORDER PRESLAND: ---process, were undertaken correctly, so there are no concerns that therefore any bodies were burnt that should have been burnt (sic). However, I think it does need to be marked by some form of recognition from the criminal justice point of view, more as a way of sending out a message to all other clinicians...'

## The Outcome of Applications Made during the Facts Stage

11. The Tribunal determined, pursuant to Rule 31 of the GMC Fitness to Practice Rules 2004 as amended ('the Rules'), to proceed with this case in Dr Cheadle's absence. The Tribunal's full reasoning is set out at Annex A.

## The Allegation and the Doctor's Response

12. The Allegation made against Dr Cheadle is as follows:

### Paragraph One

On more than one occasion between 18 November 2010 and 12 July 2015, as set out in schedule 1, you:

- a. signed the declaration on a Cremation 5 form when you had not viewed the body of the deceased; **To be determined**
- b. accepted payment from the funeral director of the deceased for your completion of the Cremation 5 form;  
**To be determined**
- c. kept the payment you received. **To be determined**

### Paragraph Two

When you signed a Cremation 5 form declaration in relation to the deceased, as set out in schedule 1, you knew:

- a. you had not viewed the body of the deceased;  
**To be determined**
- b. it was a requirement for you to see the body of the deceased before signing the declaration. **To be determined**

### Paragraph Three

Your actions as described at paragraph 1 were dishonest by reason of paragraph 2. **To be determined**

### Paragraph Four

On 2 October 2018 at Manchester Crown Court you were made the subject of

an order for conditional discharge for a period of 12 months in respect of making a false representation on Cremation forms with a view to procuring the burning of human remains. **To be determined**

## Evidence

13. The Tribunal received witness statements from the following witnesses on behalf of the GMC:

- Dr B, Chief Clinical Information Officer at the Trust, formerly Medical Director (and Responsible Officer), dated 21 January 2010. Dr B also provided oral evidence at this hearing;
- Ms C, Senior Anti-Fraud Manager at MIAA, dated 7 February 2020.

14. The Tribunal also had regard to the extensive documentary evidence received, which includes – but is not limited to – the following:

- Correspondence between Dr Cheadle and the Trust;
- Correspondence between the Trust and MIAA;
- A record and transcript of Dr Cheadle’s interview with MIAA;
- Additional witness statements obtained as part of Dr Cheadle’s criminal investigation, including witness statements from crematorium staff and funeral directors;
- Dr Cheadle’s Certificate of Conviction;
- Dr Cheadle’s Rule 7 response;
- Dr A’s statement;
- Ms Recorder Preslands’ sentencing comments;
- Correspondence between Dr Cheadle and the GMC.

## Oral evidence

15. The Tribunal heard from Dr B who had known Dr Cheadle for around 30 years. He told the Tribunal that Dr Cheadle's involvement in signing the cremation forms was a purely voluntary aspect of his employment with the Trust. He informed the Tribunal that the only aspect the Trust was concerned about regarding Dr Cheadle's actions in signing these forms was the specific requirement to view the body of the deceased. Dr B said that there was no issue with the other aspects of the work required prior to signing the declaration, such as reviewing the medical notes and investigations and engaging with the clinician who treated the patient before death, all of which would have taken Dr Cheadle time and effort to complete.
16. Dr B told the Tribunal that he had a frank discussion with Dr Cheadle at his meeting with him on 27 July 2015, and that Dr Cheadle had admitted his wrongdoing without hesitation. He said Dr Cheadle was an honest person, and when there was an issue, he conceded it. Dr Cheadle admitted that he had not necessarily seen the deceased bodies when he should have.
17. Dr B said that he did not have much interaction with Dr Cheadle after that July 2015 meeting, before Dr Cheadle retired in December 2015 (precipitated by the investigation). He was not altered to any concerns regarding Dr Cheadle's clinical practice in between these times. He highlighted to the Tribunal that Dr Cheadle was in his view a good and competent clinician.

### The Tribunal's Approach

18. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Cheadle does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities. Given this, the Tribunal must ask itself whether it is more likely than not that the events occurred.
19. The Tribunal bore in mind the advice of the Legally Qualified Chair, who reminded the Tribunal of the principles set out in the case of *Ivey v Genting Casinos [2017] UKSC 67*. The Legally Qualified Chair also invited the Tribunal to consider the case of *R v Lawrence [2015] EWHC 586 (Admin)*, which sets out that, where dishonesty or a particularly serious offence is alleged the decision makers must be aware of the need for cogent evidence.

20. During the course of discussions the Legally Qualified Chair also reminded the Tribunal of the case of GMC v Kefala [2020] EWHC 2480 (Admin) where it was said that there was no need for a Tribunal to identify a benefit or motive for the making of any false statements.
21. The legally qualified chair also reminded the Tribunal of Dr Cheadle's good character. It was advised that good character of itself is not a defence to the Allegation, however, in general terms it can be counted in a practitioner's favour in two ways. The Tribunal may decide that good character evidence supports a practitioner's credibility so it may be taken into account when deciding whether to believe his evidence. This is often referred to as the 'credibility limb'. Good character evidence may also mean that the practitioner is less likely to have done as alleged in the Allegation; this is often referred to as the 'propensity limb'.

### The Tribunal's Analysis of the Evidence and Findings

22. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

#### Paragraph One

On more than one occasion between 18 November 2010 and 12 July 2015, as set out in schedule 1, you:

- a. signed the declaration on a Cremation 5 form when you had not viewed the body of the deceased; **Found proved**

23. The Tribunal noted that, in a number of places in the written evidence provided, Dr Cheadle accepted that during the period concerned he signed the declaration on a Cremation 5 form when he had not viewed the body of the deceased. For example, in Dr B's witness statement Dr B recalls:

'I recall Dr Cheadle immediately stating that yes, there would have been instances where he signed the forms but did not view the bodies. He did not challenge or dispute the findings of the sample review. When I asked him why this was the case, he said that he would often be too busy.'

At the time of this interaction, Dr B was Medical Director at the Trust.

24. Similarly, in the transcript of Dr Cheadle's 31 March 2016 interview with Ms C and Mr D of MIAA, Ms C put it to Dr Cheadle that there were around 500 'samples' of Cremation 5

forms where Dr Cheadle had signed the cremation form but had not signed into the mortuary. Ms C asked Dr Cheadle if he would like her to go through any of these samples with him, and he responded:

‘I accept that you have got no reason to tell anything other than the truth’.

Later on in the interview, Ms C asked Dr Cheadle:

‘... you confirmed to [Dr B] that you had not been viewing the deceased bodies and at that time there was no mitigating factors what did you mean by that, at that time you spoke to him’

... and Dr Cheadle replied:

‘Well I probably meant that you can’t, it’s indefensible’.

25. In an email dated 13 October 2019 to the GMC, Dr Cheadle similarly appeared to accept the Allegation, adding that his actions were widespread practice at Stepping Hill/ throughout the NHS:

d All doctors and I mean all doctors (myself included) therefore filled in and signed the forms in the office (having made appropriate enquiries of the notes and the involved doctors and nurses to satisfy themselves the stated cause of death was accurate) prior to seeing the body

e To see the body involved a **subsequent** visit to the mortuary...

g Any conclusions the decision makers arrive at re my fitness to practice arising this conviction should also should fully apply to all doctors completing Cremation forms at Stepping Hill Hospital prior to December 2015. I suspect the vast majority are still practicing.

h The judge commented that she suspected this practice was widespread throughout the NHS. It is my recollection that she requested the prosecution formulate a way of communicating that this practice was procedurally illegal to all doctors across the NHS.’

26. Finally, the Tribunal bore in mind that Dr Cheadle pleaded guilty at Manchester Crown Court to Making a False Representation on Cremation forms with a view to procuring the burning of human remains.



27. Dr Cheadle has therefore admitted this allegation on a number of occasions – he has admitted it to his Medical Director, to the fraud office at MIAA, to the GMC in an email, and during his court case. Accordingly, the Tribunal found this paragraph of the Allegation proved.

- b. accepted payment from the funeral director of the deceased for your completion of the Cremation 5 form; **Found Proved**

28. The Tribunal noted the evidence provided in the form of copies of cheques received by Dr Cheadle from various undertakers and the evidence received from ten firms of undertakers who made payment to Dr Cheadle for the completion of cremation 5 forms.

29. The Tribunal read a statement from Mr E, the Director of Finance at the Trust, that following investigation it had been established that Dr Cheadle had signed 545 Part 2 cremation forms over the period concerned and there was only evidence that he had signed in at the mortuary on 57 occasions to view the bodies involved, leaving 485 occasions where Dr Cheadle's signature appeared on the form, but not on the mortuary records. Payment for signing the form was made directly from the Funeral Director to Dr Cheadle. This was in addition to his salary received from the Trust.

30. The Tribunal noted the evidence from the Funeral Directors of the payments made to Dr Cheadle for signing the Part 2 forms. By way of example the Tribunal noted the witness statement dated 2 October 2017 from Mr F of GW Turners Funeral Directors in Stockport. Mr F confirmed that GW Turners had carried out the funerals of 20 of the deceased patients in question, and added:

'I can confirm that Dr Brian CHEADLE was the part 2 doctor for the 20 patients listed and I produce as evidence a spreadsheet, exhibit JH/1 detailing the date of the payment made the amount of the payment and the relevant cheque number. However, there are 4 occasions where the cheque information is not available, as it has not been recorded within our records although I can confirm the payments would have been made to the doctors stated. This information has been taken from records held by the Funeral Directors.'

31. In the document JH/1 Mr F listed 20 payments made from GW Turners to Dr Cheadle dating from May 2011 to January 2015.

32. Accordingly, based on the copies of the cheques received by Dr Cheadle, the evidence of Mr F and the other nine funeral directors, as well as the Finance Director for the Trust, the Tribunal found this paragraph of the Allegation proved.

c. kept the payment you received. **Found Proved**

33. The Tribunal had regard to the transcript of Dr Cheadle's 31 March 2016 interview with MIAA. Here, Ms C discussed with Dr Cheadle the possible requirement for him to repay the money for the occasions that he had not attended at the mortuary, and she estimated the repayment figure to be around £40,000. Dr Cheadle responded:

'I might be able to raise the money by re-mortgaging my house or something like that, one of the good things, a few good things that came out of this is my lump sum allowed me to pay off my mortgage'.

34. On the basis of this response, the Tribunal inferred that Dr Cheadle had kept the payment received.

35. Bearing the above in mind, the Tribunal found this paragraph of the Allegation proved.

36. The Tribunal noted from the judge's sentencing remarks in 2018, that Dr Cheadle was not ordered to pay a victim surcharge as part of his criminal proceedings.

### Paragraph Two

When you signed a Cremation 5 form declaration in relation to the deceased, as set out in schedule 1, you knew:

a. you had not viewed the body of the deceased; **Found Proved**

37. As with paragraph 1(a) of the Allegation, the Tribunal again had regard to Dr Cheadle's guilty plea at Manchester Crown Court, the comments made by Dr Cheadle in his 13 October 2019 email to the GMC (as set out above), as well as to Dr B's witness statement, where he set out:

'I recall Dr Cheadle immediately stating that yes, there would have been instances where he signed the forms but did not view the bodies...'

Dr B continued:

'I had a copy of the Part 2 cremation form with me at the meeting of the 27 July 2015 and specifically drew Dr Cheadle's attention to the following two paragraphs:

- a. question 6, part 2 *'Please state the date and time you saw the body of the deceased and the examination that you made of the body;*
- b. part 3 - the 'Statement of Truth' which confirms that you are *'aware it is an offence to wilfully make a false statement with a view to procuring the cremation of any human remains.*

*Dr Cheadle was very apologetic during the meeting and admitted straight away that there were occasions where he had signed the Part 2 cremation form but not viewed the body at the mortuary.'*

38. In addition, the Tribunal noted that in Dr Cheadle's March 2016 interview with MIAA he similarly admitted this charge, describing the completed forms confirming he had viewed the bodies and attended the mortuary as 'a false statement'. Bearing all of the above in mind, the Tribunal found this paragraph of the Allegation proved.

- b. it was a requirement for you to see the body of the deceased before signing the declaration. **Found proved.**

39. In considering whether Dr Cheadle knew that it was a requirement for him to see the body of the deceased before signing the declaration, the Tribunal began by having regard to the wording of the declaration itself. This wording, as provided by Dr B, sets out:

*'Please state the date and time you saw the body of the deceased and the examination that you made of the body'*

The doctor is then required to complete a Statement of Truth, which sets out:

*'It is an offence to wilfully make a false statement with a view to procuring the cremation of any human remains'*

40. The Tribunal noted that this wording is explicit, and is in the past tense, making it clear that seeing the body was a pre-requirement to signing the form. The form further makes clear that it is an offence to wilfully make a false statement.

41. The Tribunal accepted that it did appear to be normal practice at Stepping Hill for doctors to sign the form before seeing the body, however this did not change the requirement of the declaration as signed by Dr Cheadle.
42. The Tribunal further noted that, in his March 2016 interview with MIAA, Dr Cheadle accepted that by signing the forms without seeing the bodies he was providing a ‘false statement’. Accordingly, bearing the above in mind, the Tribunal found this paragraph of the Allegation proved.

### Paragraph Three

Your actions as described at paragraph 1 were dishonest by reason of paragraph 2.

**Found proved in its entirety**

#### *Paragraph 1(a)*

43. When assessing whether Dr Cheadle’s actions in signing the declaration when he had not viewed the body of the deceased were dishonest, the Tribunal had regard to the test set out in the case of *Ivey v Genting Casinos [2017] UKSC6* (‘Ivey’). Ivey sets out that, when assessing dishonesty, the Tribunal must first subjectively ascertain the actual state of the individual’s knowledge or belief as to the facts. Having established this, the Tribunal must next decide whether that individual’s conduct was dishonest by the standards of ordinary decent people. The Tribunal noted that there was no requirement that the doctor must appreciate that what they have done is, by those standards, dishonest
44. Applying the first stage of Ivey, the Tribunal determined that Dr Cheadle knew that he should not be signing the forms before viewing the bodies of the deceased. In his first meeting with Dr B, Dr Cheadle admitted this and apologised for his actions. He additionally admitted this in the interview with MIAA, where he was asked specifically by the investigator Ms C whether he had acted dishonestly:

‘Ms C- And following on from completing that form there is substantial evidence to suggest that, that actually wasn’t the case, do you believe that you have acted dishonestly.

BC-Clearly the evidence there is that yes I have yes.’

45. He also set out that he understood the reason for, and importance of, the form, telling Ms C:

‘... if the family of the deceased want to have a funeral in the form of a cremation then obviously the body is disposed of in an irrevocable and unexaminable way, subsequently there are certain heavy metals and things that may remain in the ashes if they are poison with those, but there is no way of subsequently interrogating the deceased clarifying what was the mode of death, so you have what is called a cremation certificate which to my understanding consists of three parts, part 1 is filled in normally by a member of the team that was managing the individual prior to death or if it was to occur out in the community, it might be the individuals GP, who was primarily dealing with them, the part that I got involved in was part 2 which was an independent look at that set of circumstances. To see if the circumstances were stated on in part 1 were consistent with the findings on examination on blood tests things like that, x-rays that the cause of death seemed to be an appropriate cause of death consistent with the findings of the individual in their life...’

46. The Tribunal accepted that it was the custom and practice, at the time, for doctors at Stepping Hill to sign the form before viewing the body at the mortuary. The general office, where the cremation forms were held, and where the forms were not to be removed from, was around 320 metres from the mortuary.
47. The Tribunal noted that once the Part 2 forms were signed by Dr Cheadle, this allowed the family to proceed with the cremation, meaning that the body was no longer available for inspection.
48. The Tribunal next considered whether an ordinary decent person would consider Dr Cheadle’s actions to be dishonest. The Tribunal noted the conclusions of the preliminary investigation, which concluded that, despite the flawed hospital system, it was only Dr Cheadle who was not subsequently viewing the bodies. Further, the Tribunal noted the uncontested evidence of the 485 occasions where Dr Cheadle signed the declarations without his name appearing in the mortuary records.
49. Given the numbers involved, the Tribunal did not find Dr Cheadle’s explanation that he was ‘bleeped’ away or that he was too busy to attend to be a plausible or credible reason for him not visiting the mortuary on so many occasions. The Tribunal considered that a reasonable and well-informed member of the public would similarly find Dr Cheadle’s explanation to be implausible, given the vast number of occasions on which this occurred, that this occurred over an extended period and Dr Cheadle had voluntarily taken on this additional work. The Tribunal determined that such a person would find Dr Cheadle’s actions to be dishonest. And there was no requirement that Dr Cheadle had to appreciate at the time that what he was doing was dishonest. Accordingly, it found this paragraph of the Allegation proved in relation to 1(a).

*Paragraph 1(b)*

50. In assessing whether Dr Cheadle’s conduct in accepting payment from the funeral director of the deceased for completion of the Cremation 5 forms was dishonest, the Tribunal again applied the test set out in Ivey. In relation to the first limb, the Tribunal was satisfied that Dr Cheadle did carry out other aspects of clinical work required for declaration purposes, such as viewing records and speaking to the deceased’s clinician. It further accepts that Dr Cheadle was following what appeared to be customary practice at Stepping Hill in terms of signing the declaration before viewing the body. However, Dr Cheadle consistently did not view the body after signing the form but still accepted payment for work he had not fully carried out. The Tribunal was therefore satisfied that Dr Cheadle knew that he had signed a false declaration in that he had not viewed the body before signing the form, and that he nonetheless accepted payment for it.
51. In relation to the second limb, the Tribunal determined that an ordinary decent person would consider this to be dishonest and would have expected Dr Cheadle to have carried out all of the work he had claimed to have done by signing the declaration. Accordingly, the Tribunal found Dr Cheadle’s actions in accepting payment to be dishonest, and it found this paragraph of the Allegation proved.

*Paragraph 1(c)*

52. As a matter of fact, the Tribunal has already found proved that Dr Cheadle kept the payments received despite knowing that he had signed a false declaration. Dr Cheadle knew that he had not done the entirety of what was required for the purposes of payment, yet he both accepted and kept the payments anyway.
53. The Tribunal considered that Dr Cheadle had consistently failed to view the bodies over a period of four and half years. He kept volunteering his services and accepting payment despite knowing he was not viewing the bodies as required. The Tribunal considered that an ordinary and decent member of the public would consider such conduct to be dishonest. It noted the judge’s decision in 2018 that Dr Cheadle should not be ordered to pay a victim surcharge. The Tribunal considered his actions in keeping the payments to be dishonest and it found this paragraph of the allegation proved.
54. The Tribunal did note that Dr Cheadle appeared genuinely shocked when he was informed of the number of forms involved by MIAA, and that he accepted the figures fully and did not attempt to go behind the numbers involved in any way. The Tribunal noted

that having had this information brought to light, Dr Cheadle took steps to recognise how seriously things had gone wrong and soon after retired himself from practice.

#### Paragraph Four

On 2 October 2018 at Manchester Crown Court you were made the subject of an order for conditional discharge for a period of 12 months in respect of making a false representation on Cremation forms with a view to procuring the burning of human remains. **Found proved**

55. The Tribunal had regard to the certificate of conviction, signed by an officer of the court and dated 25 March 2019, confirming Dr Cheadle's conviction for 'Make a false representation with view to procuring the burning of human remains'.

56. The Tribunal further had regard to Rule 34(3) of the Rules, which sets out:

'Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom... shall be conclusive evidence of the offence committed.'

57. Accordingly, having had regard to the signed certificate of conviction, the Tribunal found paragraph four of the Allegation proved.

#### The Tribunal's Overall Determination on the Facts

58. The Tribunal has determined the facts as follows:

##### Paragraph One

On more than one occasion between 18 November 2010 and 12 July 2015, as set out in schedule 1, you:

- a. signed the declaration on a Cremation 5 form when you had not viewed the body of the deceased; **Found proved**
- b. accepted payment from the funeral director of the deceased for your completion of the Cremation 5 form; **Found proved**
- c. kept the payment you received. **Found proved**

### Paragraph Two

When you signed a Cremation 5 form declaration in relation to the deceased, as set out in schedule 1, you knew:

- a. you had not viewed the body of the deceased;  
**Found proved**
- b. it was a requirement for you to see the body of the deceased before signing the declaration. **Found proved**

### Paragraph Three

Your actions as described at paragraph 1 were dishonest by reason of paragraph 2. **Found proved**

### Paragraph Four

On 2 October 2018 at Manchester Crown Court you were made the subject of an order for conditional discharge for a period of 12 months in respect of making a false representation on Cremation forms with a view to procuring the burning of human remains. **Found proved**

## Determination on Impairment - 26/11/2020

1. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Cheadle's fitness to practise is impaired by reason of misconduct.

### The Evidence

2. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary.

### Submissions

3. On behalf of the GMC, Ms Goring submitted that Dr Cheadle's fitness to practise is currently impaired by reason of misconduct.
4. In relation to the question of misconduct, Ms Goring referred the Tribunal to the guidance contained in the case of *Roylance v GMC (No 2) [2000] 1 AC AC311 ('Roylance')*, which provides that:



*‘Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by references to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word ‘professional’ which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word ‘serious’....’*

5. Ms Goring submitted that Dr Cheadle’s dishonesty and his subsequent conviction amount to serious misconduct. She submitted that the misconduct was serious because the dishonesty displayed was persistent and sustained, the cremation forms were completed without Dr Cheadle viewing the bodies and this occurred 485 times and continued over a five-year period. Ms Goring added that the dishonesty is particularly serious because Dr Cheadle’s actions were premeditated.
6. Ms Goring reminded the Tribunal of its finding that Dr Cheadle’s account of being too busy, was implausible. She submitted that the work was voluntary and that it follows that if Dr Cheadle did not have enough time, he could have and should have stopped taking on this additional work.
7. Ms Goring submitted that public confidence in the profession would be undermined if a finding of impairment was not made in this case, given the levels of dishonesty and the subsequent criminal conviction.
8. Ms Goring submitted that dishonesty clearly constitutes a breach of a fundamental tenet of the profession. She reminded the Tribunal that openness and integrity are listed as amongst the fundamental duties of a doctor in Good Medical Practice (GMP). In particular, Ms Goring submitted that Dr Cheadle had breached paragraphs 65 and 71 of GMP which provide that:

65 You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession.

71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

a You must take reasonable steps to check the information is correct.

b You must not deliberately leave out relevant information.

9. Ms Goring also invited the Tribunal to consider Dr Cheadle’s level of insight and attitude and whether there is any evidence of remediation. In so doing, she referred to the questions set out in *Cohen v GMC [2008] EWHC 581 (Admin)*, namely: is the conduct remediable? Has it been remediated and is there a risk of repetition?
10. Ms Goring submitted that it was relevant that Dr Cheadle has not engaged in person in these proceedings nor admitted to the Allegation. She accepted, however, that he did show some remorse to Dr B in their first meeting and this was also reflected in his subsequent interview with the MIAA. Nonetheless, Ms Goring submitted that Dr Cheadle has shown no insight into his behaviour and this is demonstrated in his correspondence with the GMC. In regard to remediation, she submitted that Dr Cheadle’s behaviour has clearly not been remediated and that there is no evidence of any repayment of the money taken from the families of the deceased.
11. Ms Goring submitted that given Dr Cheadle’s lack of insight and remediation, his misconduct is likely to be repeated in the future.
12. She submitted that in all the circumstances, a finding of impairment is necessary to mark Dr Cheadle’s behaviour as being unacceptable and to uphold standards in the medical profession and to maintain public confidence in the profession.

#### The Relevant Legal Principles

13. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal’s judgement alone.
14. In approaching the decision, the Tribunal was mindful of the two stage process to be adopted: first whether the facts as found proved amounted to misconduct, and then whether the finding of that misconduct, which was serious, could lead to a finding of impairment.
15. The Tribunal must determine whether Dr Cheadle’s fitness to practise is impaired today, taking into account his 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.
16. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the

High Court in the case of *Council for Healthcare Regulatory Excellence v NMC and Grant* [2011] EWHC 927. In particular the Tribunal considered whether its findings of fact show that Dr Cheadle's fitness to practise is impaired in the sense that he:

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or
- b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or
- c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or
- d. has in the past acted dishonestly and/or liable to act dishonestly in the future.

17. The legally qualified chair also referred the Tribunal to the case of the GMC v Nwachuku [2017] EWHC 2085 and in particular the following paragraphs which she advised provided a helpful summary of how to approach the question of impairment in a dishonesty case.

‘45. Dishonesty encompasses a very wide range of different facts and circumstances. Any instance of it is likely to impair a professional person's fitness to practice: *R (Hassan) v General Optical Council* [2013] EWHC 1887 per Leggatt J at paragraph [39].

46. Dishonesty constitutes a breach of a fundamental tenet of the profession of medicine: *PSA v GMC & Igwilo* [2016] EWHC 524. A finding of dishonesty lies at the top end in the spectrum of gravity of misconduct: *Patel v GMC Privy Council Appeal No.48 of 2002*.

47. A finding of impairment does not necessarily follow upon a finding of dishonesty. If misconduct is established, the tribunal must consider as a separate and discrete exercise whether the practitioner's fitness to practise has been impaired: *PSA v GMC and Uppal* [2015] EWHC 1304 at paragraph [27].

48. However, it will be an unusual case where dishonesty is not found to impair fitness to practise: *PSA v Health and Care Professions Council & Ghaffar* [2014] EWHC 2723 per Carr J at paragraphs [45] and [46].

49. The attitude of a practitioner to the allegations made and any admissions of responsibility for the misconduct will be taken into account as relevant factors in determining whether or not fitness to practise has been impaired: *Nicholas-Pillai v GMC* [2009] EWHC 1048 per Mitting J at paragraph [18].

50. The overarching concern is the public interest in protecting the public and maintaining confidence in the practitioner and medical profession when considering whether the misconduct in question impairs fitness to practise: *Yeong v GMC* [2009] EWHC 1923 per Sales J at paragraphs [50] and [51]; *Nicholas-Pillai* (above) at paragraph 27:

“In cases of actual proven dishonesty, the balance ordinarily can be expected to fall down on the side of maintaining public confidence in the profession by a severe sanction against the practitioner concerned. Indeed, that sanction will often and perfectly properly be the sanction of erasure, even in the case of a one-off instance of dishonesty.”

18. The legally qualified chair also reminded the Tribunal of the cases of the *PSA v GMC* and *Uppal* [2015] EWHC 1304 and the *PSA v GMC* and *Hilton* [2019] EWHC 1638, both of which are cases where tribunals had taken the view that there were exceptional circumstances as to why a finding of dishonesty did not lead to a finding of impairment.

#### The Tribunal’s Determination on Impairment

##### Misconduct

19. The Tribunal first considered whether the facts found proved amounted to misconduct. The Tribunal concluded that they did, and that Dr Cheadle’s misconduct was serious. Dr Cheadle had completed in the region of 485 cremation forms and accepted payment from the deceaseds’ families, over a five-year period, knowing that he had not seen the bodies, which was part of the work he signed each declaration to say was complete. He received around £40,000, on top of his Trust salary, via the undertakers, for signing these forms. The Tribunal understood the amount of work that Dr Cheadle had undertaken in completing other aspects of the cremation forms and that there had been no improper cremations. As Ms Recorder Presland said *“I accept that all the other questions that you asked and the investigations that you undertook to make sure there was no foul play, essentially this is a post Shipman process, were undertaken correctly, so there are no concerns that therefore any bodies were burnt that should [not] have been burnt”*.
20. In terms of his professional duty, Dr Cheadle understood the purpose of his involvement as a medical practitioner of at least five years’ standing was to provide an independent assessment as the circumstances surrounding death, which according to the requirements, required him to view the body.
21. Further, the Tribunal noted Dr Cheadle’s conviction at Manchester Crown Court on 2 October 2018.

22. The Tribunal also had regard to paragraphs 65 and 71 of GMP, as referred to by Ms Goring in her submissions. The Tribunal determined that Dr Cheadle's conduct fell seriously short of the standards expected of him as a doctor as outlined in these paragraphs of GMP.
23. The Tribunal was of the view that Dr Cheadle failed to justify the trust that patients and the public put in the profession and that he failed to be honest and trustworthy. The Tribunal found that his dishonesty was not a single isolated incident over an otherwise unblemished career, but was persistent and sustained over a five-year period with a financial element, albeit that he did some of the work for which payment was made.

### Impairment

24. The Tribunal, having found that the facts found proved amounted to serious misconduct, went on to consider whether, as a result of that finding, Dr Cheadle's fitness to practise is currently impaired.
25. In considering the question of current impairment, the Tribunal had regard to the four questions laid out in *Grant* as referred to above. The Tribunal considered that paragraphs b-d of *Grant* are engaged in this case, in that Dr Cheadle's misconduct had brought the medical profession into disrepute, he breached a fundamental tenet of the medical profession and he acted dishonestly.
26. The Tribunal next considered whether Dr Cheadle's misconduct was capable of remediation, had been remediated and the likelihood of any risk of repetition. The Tribunal bore in mind that, as stated in *Yeong v GMC* [2009] EWHC 1923, in cases other than those involving clinical errors or incompetence, the efforts made by the practitioner to demonstrate remediation may be of far less significance.
27. The Tribunal noted that Dr Cheadle did make an immediate admission to Dr B at his meeting with him in July 2015 about his failure to view the bodies before signing the cremation forms. Further it took into account that Dr B told the Tribunal that Dr Cheadle was an honest person, and when there was an issue, he conceded it.
28. The Tribunal also noted that Dr Cheadle appeared to fully accept his wrongdoing in the interview with the MIAA on 31 March 2016. The Tribunal found that at that time,

Dr Cheadle showed considerable remorse and insight into the extent of his failings and acknowledged he had acted dishonestly.

29. Dr Cheadle admitted in that interview, that his actions in not viewing the deceased bodies were 'indefensible'. In addition, when discussing the money Dr Cheadle had received for signing the forms and the financial element involved, Dr Cheadle acknowledged that, that was certainly a point to be considered.
30. The MIAA investigator acknowledged that there were other parts to filling in the form that Dr Cheadle had completed, but asked whether Dr Cheadle would be prepared to pay back the money to the families, if that was considered appropriate. He said that he may be able to re-mortgage his house to do so.
31. Dr Cheadle was further asked in interview whether he had an intention to deceive. He responded that *'...I would not like to think of myself as somebody who would deliberately go out and do this, this was never my intention. I mean it has happened and the evidence is overwhelming'*.
32. Further in interview Dr Cheadle, in demonstrating his remorse, said:  
*'Only that I am sincerely sorry and this I am seeing myself as somebody that I don't recognise now, I don't know what you think if you have ever had this thought but I use to think to myself you know if everybody was like me we wouldn't need the police but clearly we perhaps do, I don't know'*.
33. The Tribunal noted Dr Cheadle pleaded guilty to the matter before Manchester Crown Court.
34. Moreover, the Tribunal took into account that in Dr Cheadle's Rule 7 response, he alluded to various reasons for his retirement stemming from this incident including, XXX, which the Tribunal thought showed some insight.
35. However, the Tribunal was of the view that Dr Cheadle does not appear in his more recent exchanges with the GMC to have fully appreciated the significance of what he has done, nor recognised how his actions were different to the actions of the other doctors who were signing cremation forms at the time, but who did subsequently go on to view the body. Further, Dr Cheadle's lack of engagement in these proceedings meant that the GMC was put to proof, rather than him accepting some or all of the Allegation found proven.

36. The Tribunal considered that Dr Cheadle’s insight has not developed fully at this time. In email correspondence on 13 October 2019, his submissions to the GMC Allegation were:

*‘I signed the Cremation 5 form I had not seen the body. This was a direct result of hospital custom and practice.....*

*d. All doctors and I mean all doctors (myself included) therefore filled in and signed the forms in the office (having made appropriate enquiries of the notes and the involved doctors and nurses to satisfy themselves the stated cause of death was accurate) prior to seeing the body.*

*e To see the body involved a **subsequent** visit to the mortuary.*

*f It follows therefore that all doctors, who signed these forms at Stepping Hill, were doing so strictly illegally bearing in mind the tense contained in the declaration (I have **seen** the body). I was given a 12 month conditional discharge simply based on the fact that I should have “taken responsibility for my signature” and thus should have challenged this procedure knowing that the wording (I have seen the body) was incorrect for the circumstances.*

*g Any conclusions the decision makers arrive at re my fitness to practice arising this conviction should also should fully apply to all doctors completing Cremation forms at Stepping Hill Hospital prior to December 2015. I suspect the vast majority are still practising...’*

37. Dr Cheadle went on to say that he subsequently attended an interview under caution with the NHS fraud officer without any representation as he did not believe he needed any as: *‘I knew I had done nothing wrong.’*

38. In his recent email correspondence with the GMC on 29 October 2020, he commented that he ‘did not see the value of this procedure’ and that he retired in December 2015 and had no intention of practicing again. The Tribunal considered the following extract from his email to be evidence of his current lack of insight:

*“My actions were exactly the same as every other medical practitioner at that time. This was due to hospital procedure at the time that has since been altered to avoid/prevent this.*

*If there is any sanction brought against me regarding this, I expect it to be applied against all other doctors signing cremation papers at Stepping Hill at that time. Indeed if it is felt that sanctions are appropriate I would expect the GMC to look for similar practices throughout its area of jurisdiction as I suspect they are widespread (as did the judge as recorded in her summation of the case)."*

39. Accordingly, the Tribunal determined that in 2015 and 2016 Dr Cheadle had shown insight and therefore at this time remediation might have been possible. At the Crown Court in 2018 he pleaded guilty to the charge of making a false representation. However, the emails to the GMC (quoted above) indicated to the Tribunal that, in the amount of time it has taken to bring these proceedings, what insight he had has been substantially lost. The Tribunal could understand the frustration that Dr Cheadle may have felt concerning the delay, but thought that the shift in his position might also indicate a lack of understanding of the different functions of the Crown Court (which has a statutory duty to punish) to the MPTS (which has a statutory duty to uphold the GMC's overarching objective). This was encapsulated by the Court of Appeal in the case of *Bawa-Garba v GMC* [2018] EWCA Civ 1879 where it upheld the submission by Fenella Morris QC that 'the decisions of the Crown Court and the MPT are taken by different bodies, with different functions, addressing different questions and at different times'.
40. Dr Cheadle has chosen not to engage with these proceedings and has not provided any evidence of remediation other than he retired himself. The Tribunal determined that currently Dr Cheadle shows little insight, that remediation under these circumstances would be difficult to achieve and that therefore there is a risk of repetition.
41. The Tribunal determined that in order to promote and maintain proper professional standards of conduct for members of the profession and to promote and maintain public confidence in the medical profession the only conclusion that it can properly reach is that Dr Cheadle's fitness to practice is currently impaired by reason of his misconduct.

#### Determination on Sanction - 27/11/2020

1. Having determined that Dr Cheadle's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

#### The Evidence



2. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

### Submissions

3. On behalf of the GMC, Ms Goring submitted that the appropriate sanction in Dr Cheadle's case is one of erasure.
4. At the outset of her submissions, Ms Goring reminded the Tribunal of the purpose of sanctions as outlined in the Sanctions Guidance (SG) (November 2020 edition), in particular paragraph 14. She stated that the main reason for imposing a sanction is to protect the public and she reiterated the overarching objective. She also invited the Tribunal to consider paragraph 17 of the SG which states that, in relation to maintaining public confidence in the profession:

*'Patients must be able to trust doctors with their lives and health, so doctors must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession... Although the tribunal should make sure the sanction it imposes is appropriate and proportionate, the reputation of the profession as a whole is more important than the interests of any individual doctor.'*

5. Ms Goring reminded the Tribunal that sanctions are not imposed to punish a doctor for past misconduct but to protect the public, however, it may be that the appropriate sanction has a punitive effect. Ms Goring then drew the Tribunal to the paragraphs of the SG under the heading 'Considering dishonesty'. In particular, she submitted that the following paragraphs of the SG were relevant, 120, 124, 125e and 128 (see below).
6. Ms Goring submitted that while the GMC does not suggest that Dr Cheadle's dishonesty was covered up, it was persistent and, on this basis, his behaviour falls squarely within paragraph 128 of the SG.
7. Ms Goring then referred the Tribunal to the paragraphs of the SG which advise when it may be appropriate to erase a doctor's name from the medical register. In particular, she submitted that the following paragraphs were applicable, 108 and 109a & d (see below).
8. Ms Goring submitted that there are no exceptional circumstances to justify the Tribunal taking no action in Dr Cheadle's case. In regard to a sanction of conditions, she submitted that this would not be appropriate in this case, given the seriousness and the type of

misconduct identified. She added that conditions would not send a sufficient message to the profession or the wider public that such behaviour is not to be tolerated by the regulator.

9. Ms Goring then addressed the Tribunal in relation to a sanction of suspension. She submitted this would not be appropriate given the persistent dishonesty in this case. She stated that the signing of the cremation forms without viewing the bodies occurred 485 times over a five-year period. She then directed the Tribunal to paragraph 97a of the SG.
10. Ms Goring submitted that due to the levels of dishonesty, coupled with the subsequent conviction before the criminal courts, Dr Cheadle's misconduct is fundamentally incompatible with continued registration, and therefore the only appropriate sanction is one of erasure.
11. Ms Goring also reminded the Tribunal of the aggravating and mitigating features. She submitted that the Tribunal may find the following to be aggravating features:
  - The dishonesty was persistent and sustained and the Tribunal may find it was premeditated given the amount of time it went on for;
  - There was a financial element to his behaviour and the £40,000 has not been repaid;
  - Dr Cheadle has very limited insight;
  - He has shown no remorse before the Tribunal, made no admissions before the Tribunal and has had limited engagement with this process;
  - He has submitted that he fails to see the point of these proceedings and the decline in his insight.
12. In regard to mitigating factors, Ms Goring submitted that the Tribunal may find the following factors to be mitigating:
  - Dr Cheadle admitted the allegations straightaway to Dr B in their first meeting;
  - He admitted wrongdoing in the formal interview conducted by Ms C as part of the NHS anti-fraud investigation;
  - He pleaded guilty at the Crown Court in the criminal proceedings;
  - There has been a delay in bringing matters before the Tribunal through no fault of Dr Cheadle;
  - There have been no issues in regard to his clinical practice before this incident and he had an unblemished clinical career for about 25-30 years;
  - This is the first time he has been before his regulator;

- He retired in part due to this incident, which the Tribunal may feel does show some insight.

13. Ms Goring submitted that, taking the case and the guidance in the round, the case falls squarely within the part of the guidance which indicates that erasure is appropriate.

### The Tribunal's Approach

14. The decision as to the appropriate sanction to impose, if any, is a matter for the Tribunal exercising its own judgement.

15. In reaching its decision, the Tribunal has taken account of the SG and of the overarching objective. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Cheadle's interests with the public interest. The Tribunal also bore in mind that the purpose of sanctions is not to punish a doctor but to protect patients and the wider public interest, although the sanction may have a punitive effect.

16. The Tribunal has already given detailed determinations on facts and impairment and has taken those matters into account during its deliberations on sanction.

### The Tribunal's Determination on Sanction

#### Aggravating and Mitigating Factors

17. The Tribunal first considered the aggravating and mitigating factors in Dr Cheadle's case. It considered the following to be aggravating factors:

- Dr Cheadle's dishonesty was persistent and sustained and his actions ultimately led to a criminal conviction and a conditional discharge;
- There was a financial element to his dishonesty. Whilst he did complete much of the work he was required to do, which was to certify the cause of death married up with the medical records, he did not go on to see the bodies. In so doing, he did not complete the work he declared he had done on the form, but continued to receive payment as if he had;
- Dr Cheadle currently has limited insight and there has been a decline in his insight over time;
- Dr Cheadle has shown limited engagement with this process and, as such, has effectively forfeited an opportunity to demonstrate remorse. In determining this, the

Tribunal had regard to the principle outlined in the case of Pickering v NMC [2010] EWHC 1898 (Admin) that:

*“A nurse who has acted dishonestly, who does not appear before the Panel to demonstrate remorse, a realisation that the conduct criticised was dishonest, and an undertaking that there will be no repetition effectively forfeits the small chance of persuading the Panel to adopt a more lenient outcome and to suspend for a period rather than direct erasure.”*

18. The Tribunal considered the following to be mitigating factors in this case:

- Dr Cheadle admitted early on to Dr B his wrongdoing, admitted it during the MIAA investigation and pleaded guilty at the Crown Court;
- Dr B, who was Dr Cheadle’s Medical Director and Responsible Officer, told the Tribunal in evidence that Dr Cheadle was an honest person and when there was an issue, he conceded it;
- Whilst Dr Cheadle has not repaid the money he received through signing the cremation forms, the Tribunal has seen no evidence that he was asked to repay it. Further he did complete much of the work he was required to do. The Tribunal noted that Dr Cheadle did suggest he would be willing to repay the monies if required to do so, by re-mortgaging his house;
- Prior to this, Dr Cheadle has had a long and unblemished career exceeding 25 years;
- Dr Cheadle has not been before his regulator before and retired in part due to this incident. There was no repetition of his misconduct in the time prior to his retirement and there has been a considerable lapse of time since the events. The delay in bringing these proceedings has been through no fault of Dr Cheadle;
- The arrangements in place at Stepping Hospital at the time, resulted in the custom and practice of doctors not viewing bodies before signing the cremation forms. This system was acknowledged subsequently to be flawed and changed thereafter.

#### No action

19. In coming to its decision as to the appropriate sanction, the Tribunal first considered whether to conclude the case by taking no action. The Tribunal reminded itself that there should be exceptional circumstances to justify taking no action where a finding of impairment has been made.

20. The Tribunal considered that there were no exceptional circumstances to justify taking no action in this case. It determined that given the serious nature of the Tribunal’s findings

on impairment, it would be neither sufficient, proportionate nor in the public interest, to conclude this case by taking no action.

### Conditions

21. The Tribunal then considered whether it would be sufficient to impose conditions on Dr Cheadle's registration. The Tribunal bore in mind that any order of conditions would need to be appropriate, proportionate, workable and measurable.
22. Given the serious nature of the Tribunal's findings in relation to dishonesty, the Tribunal considered that an order of conditions would not send out an appropriate message to members of the public and the profession.

### Suspension

23. The Tribunal then went on to consider whether imposing a period of suspension on Dr Cheadle's registration would be appropriate and proportionate. In so doing, it had regard to paragraphs 92 and 93 of the SG which provide that:

*'92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*

*93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions...'*

24. The Tribunal went on to consider the factors listed in the SG which, being present, would indicate suspension may be appropriate. It noted the following paragraphs:

*'97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

*a A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.*

*e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.*

*g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.'*

25. As previously determined, the Tribunal has found that Dr Cheadle's dishonesty was persistent and sustained over a five-year period. Further, he has limited insight now into his misconduct. Taking this into account, the Tribunal could not be satisfied that there is no risk of him repeating his behaviour. Given the guidance laid out in the SG, the Tribunal was not satisfied that a period of suspension was appropriate in the circumstances of this case. It considered that a period of suspension would not be sufficient to maintain public confidence in the profession, and promote and maintain proper professional standards and conduct for members of the profession.

### Erasure

26. In arriving at the decision that erasure is the only appropriate and proportionate sanction to uphold the overarching objective, the Tribunal had particular regard to the following paragraphs of the SG:

*'108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.*

*109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).*

*a A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.*

*b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*

...

*h Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128).*

...

*j Persistent lack of insight into the seriousness of their actions or the consequences.'*

27. The Tribunal was satisfied that there was a serious departure from the principles set out in GMP, namely paragraph 65 and 71 as already found. The Tribunal also considered that Dr Cheadle, in signing the cremation form without seeing the bodies, displayed a reckless disregard for the principles set out in GMP with regard to the accurate signing of documents. Whilst there is no evidence Dr Cheadle sought to cover up his dishonesty, the dishonesty was persistent and sustained over a five-year period. In regard to Dr Cheadle's insight, the Tribunal was concerned that it has declined over time.
28. The Tribunal also had regard to the paragraphs of the SG under the heading 'Considering dishonesty'. Specifically, the Tribunal considered the following paragraphs to be relevant:

*'120 Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession.*

*124 Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession... Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.*

*125 Examples of dishonesty in professional practice could include:*

*e failing to take reasonable steps to make sure that statements made in formal documents are accurate.*

*128 Dishonesty, if persistent and/or covered up, is likely to result in erasure.'*

29. The Tribunal also bore in mind that as a result of his actions he received a criminal conviction and conditional discharge. In considering this, the Tribunal had regard to paragraph 117 of the SG which provides that:

*'117 However, the tribunal should bear in mind that the sentence or sanction previously imposed is not necessarily a definitive guide to the seriousness of the offence. There may have been personal circumstances that led the court or regulatory body to be lenient. For example, the court may have expressed an expectation that the regulatory body would erase the doctor. Similarly, the range of sanctions and how they are applied may vary significantly amongst other regulatory bodies.'*

30. At this point, the Tribunal was also reminded of Ms Recorder Presland's comments:

*'It is a shame that it has had to come to this in terms of the impact it has had on your career and your life, although obviously there is a responsibility that all clinicians have when signing these documents, and it is a serious examination that you are making...'*

31. The Tribunal also noted an email from Dr Cheadle dated 27 November 2019, *'I have retired from practice for four years and have no intention of returning my accreditation has lapsed and I am no longer a member of the GMC'*.
32. The Tribunal has considered all the possible sanctions and determined that erasure is the only appropriate and proportionate sanction to promote and maintain public confidence in the medical profession, and to uphold proper professional standards and conduct for the members of the profession
33. The Tribunal determined to direct that Dr Cheadle's name be erased from the Medical Register.

#### **Determination on Immediate Order - 27/11/2020**

1. Having determined to direct that Dr Cheadle's name be erased from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

#### **Submissions**



2. On behalf of the GMC, Ms Goring, who made her submissions in regard to an immediate order at the end of her submissions on sanction, submitted that an immediate order was not necessary given that Dr Cheadle has retired and is no longer practicing.

#### The Tribunal's Determination

3. In reaching its decision, the Tribunal has taken into account the submissions made by Ms Goring and paragraphs 172 -178 of the SG which provide guidance on when an immediate order might be appropriate.
4. The Tribunal has borne in mind that it may impose an immediate order where it is satisfied that it is necessary for the protection of members of the public or otherwise in the public interest or is in the best interests of the practitioner.
5. The Tribunal determined that, given that Dr Cheadle retired nearly five years ago and no longer has a licence to practise, there is no risk to patient safety. An immediate order is not necessary in this case to uphold the overarching objective.
6. This means that Dr Cheadle's registration will be erased from the Medical Register 28 days from when notice of this decision is deemed to have been served upon him, unless he lodges an appeal. If Dr Cheadle does lodge an appeal, the direction of erasure cannot come into effect until the outcome of any appeal is known.

**Confirmed**

**Date** 27 November 2020

Mrs Kim Parsons, Chair

**Schedule 1**

Patient	Patient Name	Date of Death	Funeral Director	Fee Paid
<b>NOVEMBER 2010 – JULY 2015</b>				
1.	XXX	XXX	Ellams	73.5
2.	XXX	XXX	Alcocks	73.5
3.	XXX	XXX	Ball	73.5
4.	XXX	XXX	Brierleys	73.5
5.	XXX	XXX	Turners	73.5
6.	XXX	XXX	Lloyds	73.5
7.	XXX	XXX	Brierleys	73.5
8.	XXX	XXX	Tydeswell	73.5
9.	XXX	XXX	Massey	73.5
10.	XXX	XXX	Mann	73.5
11.	XXX	XXX	Dewys	73.5
12.	XXX	XXX	Reddish Ind	73.5
13.	XXX	XXX	Brierleys	73.5
14.	XXX	XXX	Slack	73.5
15.	XXX	XXX	Brierleys	73.5
16.	XXX	XXX	Brierleys	73.5
17.	XXX	XXX	Kenneth Dewey	73.5
18.	XXX	XXX	Middletons	73.5
19.	XXX	XXX	Massey	73.5
20.	XXX	XXX	Brierleys	73.5
21.	XXX	XXX	Co-Op	73.5
22.	XXX	XXX	Sharples	73.5
23.	XXX	XXX	Co-Op	73.5
24.	XXX	XXX	Peace Funerals	73.5
25.	XXX	XXX	Allcocks	73.5
26.	XXX	XXX	Co-Op	73.5
27.	XXX	XXX	Alcocks	73.5
28.	XXX	XXX	Brierleys	73.5
29.	XXX	XXX	Tydeswell	73.5
30.	XXX	XXX	Connellys	73.5
31.	XXX	XXX	Unsworth	73.5
32.	XXX	XXX	Shaws	73.5
33.	XXX	XXX	Brierleys	73.5
34.	XXX	XXX	Ellams	73.5
35.	XXX	XXX	Brierleys	73.5
36.	XXX	XXX	Bradleys	73.5
37.	XXX	XXX	Mann	73.5
38.	XXX	XXX	Co-op	73.5
39.	XXX	XXX	Hills	73.5
40.	XXX	XXX	Hill	73.5
41.	XXX	XXX	Ball	73.5
42.	XXX	XXX	Middletons	73.5
43.	XXX	XXX	Connellys	73.5
44.	XXX	XXX	Alcocks	73.5

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45.	XXX	XXX	Sharples	73.5
46.	XXX	XXX	Co-op	73.5
47.	XXX	XXX	Co-op	73.5
48.	XXX	XXX	Co-op	73.5
49.	XXX	XXX	Turners	73.5
50.	XXX	XXX	Tydeswell	73.5
51.	XXX	XXX	Allcocks	73.5
52.	XXX	XXX	Revells	73.5
53.	XXX	XXX	Hill	73.5
54.	XXX	XXX	Hill	73.5
55.	XXX	XXX	Hill	73.5
56.	XXX	XXX	Brierleys	73.5
57.	XXX	XXX	Ball	73.5
58.	XXX	XXX	Ball	73.5
59.	XXX	XXX	Connellys	73.5
60.	XXX	XXX	Co-Op	73.5
61.	XXX	XXX	Lloyds	73.5
62.	XXX	XXX	Massey	73.5
63.	XXX	XXX	Allcocks	73.5
64.	XXX	XXX	Mann	73.5
65.	XXX	XXX	Kenny	73.5
66.	XXX	XXX	Mann	73.5
67.	XXX	XXX	Ball	73.5
68.	XXX	XXX	N/A	73.5
69.	XXX	XXX	Rhodes	73.5
70.	XXX	XXX	Brierleys	73.5
71.	XXX	XXX	Ball	73.5
72.	XXX	XXX	Ellams	73.5
73.	XXX	XXX	Unsworth	73.5
74.	XXX	XXX	Hill	73.5
75.	XXX	XXX	Out of England	73.5
76.	XXX	XXX	Mann	73.5
77.	XXX	XXX	Turners	73.5
78.	XXX	XXX	Co-Op	73.5
79.	XXX	XXX	Co-Op	73.5
80.	XXX	XXX	Unsworth	73.5
81.	XXX	XXX	Brierleys	73.5
82.	XXX	XXX	Co-Op	73.5
83.	XXX	XXX	Brierleys	73.5
84.	XXX	XXX	Aden Galint	73.5
85.	XXX	XXX	Brierleys	73.5
86.	XXX	XXX	Percivals	73.5
87.	XXX	XXX	Connollys	73.5
88.	XXX	XXX	Kenny	73.5
89.	XXX	XXX	Mann	73.5
90.	XXX	XXX	Lloyds	73.5
91.	XXX	XXX	Ball	73.5
92.	XXX	XXX	Co-Op	73.5

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93.	XXX	XXX	Co-Op	73.5
94.	XXX	XXX	Lloyds	73.5
95.	XXX	XXX	Mann	73.5
96.	XXX	XXX	Brierleys	73.5
97.	XXX	XXX	Co-Op	73.5
98.	XXX	XXX	Unsworth	73.5
99.	XXX	XXX	Ball	73.5
100.	XXX	XXX	Kenny	73.5
101.	XXX	XXX	Co-Op	73.5
102.	XXX	XXX	Unsworth	73.5
103.	XXX	XXX	Tideswell	73.5
104.	XXX	XXX	Ball	73.5
105.	XXX	XXX	Brierleys	73.5
106.	XXX	XXX	Unsworth	73.5
107.	XXX	XXX	Brierleys	73.5
108.	XXX	XXX	Tideswell	73.5
109.	XXX	XXX	Mann	73.5
110.	XXX	XXX	David Smith	73.5
111.	XXX	XXX	Turners	73.5
112.	XXX	XXX	Turners	73.5
113.	XXX	XXX	Hills	73.5
114.	XXX	XXX	Mellor & Smith	73.5
115.	XXX	XXX	Brierleys	73.5
116.	XXX	XXX	Mann	73.5
117.	XXX	XXX	Connellys	73.5
118.	XXX	XXX	Brierleys	73.5
119.	XXX	XXX	Reddish Ind	73.5
120.	XXX	XXX	Bradleys	73.5
121.	XXX	XXX	Sharples	73.5
122.	XXX	XXX	Mann	73.5
123.	XXX	XXX	Ellams	73.5
124.	XXX	XXX	Unsworth	73.5
125.	XXX	XXX	Brierleys	73.5
126.	XXX	XXX	Ball	73.5
127.	XXX	XXX	Kenny	73.5
128.	XXX	XXX	Lloyds	73.5
129.	XXX	XXX	Co-op	73.5
130.	XXX	XXX	Hill	73.5
131.	XXX	XXX	Mann	73.5
132.	XXX	XXX	Lloyds	73.5
133.	XXX	XXX	Lloyds	73.5
134.	XXX	XXX	Unsworth	73.5
135.	XXX	XXX	Bradley	73.5
136.	XXX	XXX	Mann	73.5
137.	XXX	XXX	Birkett	73.5
138.	XXX	XXX	Tydeswell	73.5
139.	XXX	XXX	Rhodes	73.5
140.	XXX	XXX	Mellor & Smith	73.5

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141.	XXX	XXX	Sharples	73.5
142.	XXX	XXX	Co-op	73.5
143.	XXX	XXX	Brierleys	73.5
144.	XXX	XXX	Unsworth	73.5
145.	XXX	XXX	Bradleys	73.5
146.	XXX	XXX	Shaws	73.5
147.	XXX	XXX	Lloyds	73.5
148.	XXX	XXX	Connolly	73.5
149.	XXX	XXX	Alcocks	73.5
150.	XXX	XXX	Ian Clarke	73.5
151.	XXX	XXX	Kanes	73.5
152.	XXX	XXX	Tydeswell	73.5
153.	XXX	XXX	Sharples	73.5
154.	XXX	XXX	Rhodes	73.5
155.	XXX	XXX	Sharples	73.5
156.	XXX	XXX	Allcocks	73.5
157.	XXX	XXX	Mann	76
158.	XXX	XXX	Loftus	76
159.	XXX	XXX	Co-Op	76
160.	XXX	XXX	Connolly	76
161.	XXX	XXX	Ball	76
162.	XXX	XXX	Middletons	76
163.	XXX	XXX	Twyfords	76
164.	XXX	XXX	Owen Baker	76
165.	XXX	XXX	Brookes	76
166.	XXX	XXX	Brierleys	76
167.	XXX	XXX	Shaws	76
168.	XXX	XXX	Shaws	76
169.	XXX	XXX	Alcocks	76
170.	XXX	XXX	Alcocks	76
171.	XXX	XXX	Hill	76
172.	XXX	XXX	Co-Op	76
173.	XXX	XXX	Middletons	76
174.	XXX	XXX	Reddish Ind	76
175.	XXX	XXX	Fairhursts	76
176.	XXX	XXX	Middletons	76
177.	XXX	XXX	Lloyds	76
178.	XXX	XXX	Shaws	76
179.	XXX	XXX	Connolly	76
180.	XXX	XXX	Lloyds	76
181.	XXX	XXX	Turners	76
182.	XXX	XXX	Brierleys	76
183.	XXX	XXX	Co-Op	76
184.	XXX	XXX	Hill	76
185.	XXX	XXX	Ball	76
186.	XXX	XXX	Lloyds	76
187.	XXX	XXX	Sharples	76
188.	XXX	XXX	Brierleys	76

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189.	XXX	XXX	Co-Op	76
190.	XXX	XXX	Robbs	76
191.	XXX	XXX	Brierleys	76
192.	XXX	XXX	Ball	76
193.	XXX	XXX	Brierleys	76
194.	XXX	XXX	Anne Blythe	76
195.	XXX	XXX	Ellams	76
196.	XXX	XXX	Turners	76
197.	XXX	XXX	Co-op	76
198.	XXX	XXX	Co-op	76
199.	XXX	XXX	Co-op	76
200.	XXX	XXX	Ellams	76
201.	XXX	XXX	Turners	76
202.	XXX	XXX	Kane	76
203.	XXX	XXX	Allcocks	76
204.	XXX	XXX	Kane	76
205.	XXX	XXX	Co-op	76
206.	XXX	XXX	Crem Direct	76
207.	XXX	XXX	Tydewell	76
208.	XXX	XXX	Wild & Brierley	76
209.	XXX	XXX	Co-op	76
210.	XXX	XXX	Crem Direct	76
211.	XXX	XXX	Revels	76
212.	XXX	XXX	Connollys	76
213.	XXX	XXX	Mann	76
214.	XXX	XXX	Brierleys	76
215.	XXX	XXX	Mann	76
216.	XXX	XXX	Tydewell	76
217.	XXX	XXX	Sharples	76
218.	XXX	XXX	Hill	76
219.	XXX	XXX	Brierleys	76
220.	XXX	XXX	Turners	76
221.	XXX	XXX	Brierleys	76
222.	XXX	XXX	Hill	76
223.	XXX	XXX	Brierleys	76
224.	XXX	XXX	Middletons	76
225.	XXX	XXX	Brierleys	76
226.	XXX	XXX	Brierleys	76
227.	XXX	XXX	Sharples	76
228.	XXX	XXX	Turners	76
229.	XXX	XXX	East of England	76
230.	XXX	XXX	Percivals	76
231.	XXX	XXX	Brierleys	76
232.	XXX	XXX	Hills	76
233.	XXX	XXX	Unsworth	76
234.	XXX	XXX	Rhodes	76
235.	XXX	XXX	Whittaker & Wood	76
236.	XXX	XXX	Lloyds	76

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237.	XXX	XXX	Unsworth	76
238.	XXX	XXX	Brierleys	76
239.	XXX	XXX	Mann	76
240.	XXX	XXX	Tideswell	76
241.	XXX	XXX	Mann	76
242.	XXX	XXX	Sharples	76
243.	XXX	XXX	Tideswell	76
244.	XXX	XXX	Turners	76
245.	XXX	XXX	Co-Op	76
246.	XXX	XXX	Hills	76
247.	XXX	XXX	Co-Op	76
248.	XXX	XXX	Ball	76
249.	XXX	XXX	Wellands	76
250.	XXX	XXX	Brierleys	76
251.	XXX	XXX	Alcock	76
252.	XXX	XXX	Thompsons	76
253.	XXX	XXX	Sharples	76
254.	XXX	XXX	Sharples	76
255.	XXX	XXX	Ball	76
256.	XXX	XXX	Alcocks	76
257.	XXX	XXX	Mann	76
258.	XXX	XXX	Co-Op	76
259.	XXX	XXX	Hills	76
260.	XXX	XXX	Lloyds	76
261.	XXX	XXX	Co-op	76
262.	XXX	XXX	Alcocks	76
263.	XXX	XXX	Mann	76
264.	XXX	XXX	Brierleys	76
265.	XXX	XXX	Ball	76
266.	XXX	XXX	Ball	76
267.	XXX	XXX	Hills	76
268.	XXX	XXX	Ellams	76
269.	XXX	XXX	Co-Op	76
270.	XXX	XXX	Sharples	76
271.	XXX	XXX	Bradley	76
272.	XXX	XXX	Rhodes	76
273.	XXX	XXX	Reddish Ind	78.5
274.	XXX	XXX	Robbs	78.5
275.	XXX	XXX	Williams	78.5
276.	XXX	XXX	Alcocks	78.5
277.	XXX	XXX	Brierleys	78.5
278.	XXX	XXX	Alcock	78.5
279.	XXX	XXX	Brierleys	78.5
280.	XXX	XXX	Crem Direct	78.5
281.	XXX	XXX	Turners	78.5
282.	XXX	XXX	Lloyds	78.5
283.	XXX	XXX	Mellor & Smith	78.5
284.	XXX	XXX	Sharples	78.5

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285.	XXX	XXX	Slack	78.5
286.	XXX	XXX	Mann	78.5
287.	XXX	XXX	Mann	78.5
288.	XXX	XXX	Sharples	78.5
289.	XXX	XXX	Unsworth	78.5
290.	XXX	XXX	Ball	78.5
291.	XXX	XXX	Alcock	78.5
292.	XXX	XXX	Kennedys	78.5
293.	XXX	XXX	Bradleys-Clayton	78.5
294.	XXX	XXX	Mann	78.5
295.	XXX	XXX	Ball	78.5
296.	XXX	XXX	Robbs	78.5
297.	XXX	XXX	Co-Op	78.5
298.	XXX	XXX	Co-Op	78.5
299.	XXX	XXX	Fairprice Funerals	78.5
300.	XXX	XXX	Cheshire FS	78.5
301.	XXX	XXX	Co-Op	78.5
302.	XXX	XXX	Turners	78.5
303.	XXX	XXX	Co-Op	78.5
304.	XXX	XXX	Massey	78.5
305.	XXX	XXX	Tidewell	78.5
306.	XXX	XXX	Mann	78.5
307.	XXX	XXX	Mann	78.5
308.	XXX	XXX	Brierleys	78.5
309.	XXX	XXX	Fairhurst	78.5
310.	XXX	XXX	Turners	78.5
311.	XXX	XXX	Bradleys	80
312.	XXX	XXX	Brierleys	80
313.	XXX	XXX	Ball	80
314.	XXX	XXX	Unsworth	80
315.	XXX	XXX	Thomas Bragg	80
316.	XXX	XXX	Middletons	80
317.	XXX	XXX	Brierleys	80
318.	XXX	XXX	Unsworth	80
319.	XXX	XXX	Alcock	80
320.	XXX	XXX	Sharples	80
321.	XXX	XXX	Shaws	80
322.	XXX	XXX	Co-Op	80
323.	XXX	XXX	Alcock	80
324.	XXX	XXX	Connellys	80
325.	XXX	XXX	Mann	80
326.	XXX	XXX	Brierleys	80
327.	XXX	XXX	Sharples	80
328.	XXX	XXX	Co-Op	80
329.	XXX	XXX	Connolly	80
330.	XXX	XXX	Fairprice	80
331.	XXX	XXX	Slack	80
332.	XXX	XXX	Fairhurst	80



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333.	XXX	XXX	Brierleys	80
334.	XXX	XXX	Connolly	80
335.	XXX	XXX	Sharples	80
336.	XXX	XXX	Robbs	80
337.	XXX	XXX	Unsworth	80
338.	XXX	XXX	Co-Op	80
339.	XXX	XXX	Pepperdine	80
340.	XXX	XXX	Turners	80
341.	XXX	XXX	Connolly	80
342.	XXX	XXX	Brierleys	80
343.	XXX	XXX	Brocklehurst	80
344.	XXX	XXX	Alcock	80
345.	XXX	XXX	Connolly	80
346.	XXX	XXX	Sharples	80
347.	XXX	XXX	Lloyds	80
348.	XXX	XXX	Brierleys	80
349.	XXX	XXX	Alcock	80
350.	XXX	XXX	Alcock	80
351.	XXX	XXX	Dodgeson	80
352.	XXX	XXX	Robbs	80
353.	XXX	XXX	Fairprice	80
354.	XXX	XXX	Griffiths & Booth	80
355.	XXX	XXX	Lloyds	80
356.	XXX	XXX	Lloyds	80
357.	XXX	XXX	Co-Op	80
358.	XXX	XXX	Unsworth	80
359.	XXX	XXX	James Bradley	80
360.	XXX	XXX	Ball	80
361.	XXX	XXX	Burial	80
362.	XXX	XXX	Brierleys	80
363.	XXX	XXX	Kane	80
364.	XXX	XXX	Burial	80
365.	XXX	XXX	Reddish Ind	80
366.	XXX	XXX	Jason O'Brions	80
367.	XXX	XXX	Mann	80
368.	XXX	XXX	Co-Op	80
369.	XXX	XXX	Sharples	80
370.	XXX	XXX	Moss	80
371.	XXX	XXX	Rhodes	80
372.	XXX	XXX	Co-Op	80
373.	XXX	XXX	Burial Mann	80
374.	XXX	XXX	Connolly	80
375.	XXX	XXX	Alcock	80
376.	XXX	XXX	Reddish Ind	80
377.	XXX	XXX	Unsworth	80
378.	XXX	XXX	Co-Op	80
379.	XXX	XXX	Lloyds	80
380.	XXX	XXX	Metcalfs	80

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381.	XXX	XXX	Lloyds	80
382.	XXX	XXX	Co-Op	80
383.	XXX	XXX	Mann	80
384.	XXX	XXX	Turners	80
385.	XXX	XXX	Fairprice	80
386.	XXX	XXX	Brierleys	80
387.	XXX	XXX	Sharples	80
388.	XXX	XXX	Sharples	80
389.	XXX	XXX	Connolly	80
390.	XXX	XXX	Mann	80
391.	XXX	XXX	Lloyds	80
392.	XXX	XXX	Gateways	80
393.	XXX	XXX	Turners	80
394.	XXX	XXX	Middletons	80
395.	XXX	XXX	Unsworth	80
396.	XXX	XXX	Brierleys	80
397.	XXX	XXX	Turners	80
398.	XXX	XXX	Shaws	80
399.	XXX	XXX	Sharples	80
400.	XXX	XXX	Crem Direct	80
401.	XXX	XXX	Eairprice	80
402.	XXX	XXX	Brierleys	80
403.	XXX	XXX	Brierleys	80
404.	XXX	XXX	Hugh	80
405.	XXX	XXX	Mann	80
406.	XXX	XXX	Fairprice	80
407.	XXX	XXX	Co-op	80
408.	XXX	XXX	Robinson & Jordan	80
409.	XXX	XXX	Brierleys	80
410.	XXX	XXX	Hooley & Watson	80
411.	XXX	XXX	Co-op	80
412.	XXX	XXX	Allcocks	80
413.	XXX	XXX	Mulligans	80
414.	XXX	XXX	Co-op	80
415.	XXX	XXX	Shaws	80
416.	XXX	XXX	Brierleys	80
417.	XXX	XXX	Turner	80
418.	XXX	XXX	Brierleys	80
419.	XXX	XXX	Bradley	80
420.	XXX	XXX	Fairprice	80
421.	XXX	XXX	Co-op	80
422.	XXX	XXX	Astleys	80
423.	XXX	XXX	Unsworth	80
424.	XXX	XXX	Middletons	80
425.	XXX	XXX	Sharples	80
426.	XXX	XXX	Turners	80
427.	XXX	XXX	Ball	80
428.	XXX	XXX	Shaws	80

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429.	XXX	XXX	Co-Op Stockport	80
430.	XXX	XXX	Mann	80
431.	XXX	XXX	Co-Op	80
432.	XXX	XXX	Malcolm Shaws	80
433.	XXX	XXX	Sharples Bramhall	80
434.	XXX	XXX	Co-Op	80
435.	XXX	XXX	Brierleys	80
436.	XXX	XXX	Sharples	80
437.	XXX	XXX	Ellams	80
438.	XXX	XXX	Tollitts	80
439.	XXX	XXX	McKennedy	80
440.	XXX	XXX	Connolly	80
441.	XXX	XXX	G. Balls	80
442.	XXX	XXX	Andersons	80
443.	XXX	XXX	Middletons	80
444.	XXX	XXX	Sharples	80
445.	XXX	XXX	Brierleys	80
446.	XXX	XXX	Shaples Marple	80
447.	XXX	XXX	Green Funeral Co.	80
448.	XXX	XXX	Sharples	80
449.	XXX	XXX	Shaws	80
450.	XXX	XXX	Co-Op	80
451.	XXX	XXX	Sharples	80
452.	XXX	XXX	Mulligans	80
453.	XXX	XXX	Sharples Poynton	82
454.	XXX	XXX	I. Mann	82
455.	XXX	XXX	Alcocks	82
456.	XXX	XXX	G. Hill	82
457.	XXX	XXX	Brierleys	82
458.	XXX	XXX	Sharples	82
459.	XXX	XXX	Sharples Bramhall	82
460.	XXX	XXX	Middletons	82
461.	XXX	XXX	Co-Op	82
462.	XXX	XXX	Allcocks	82
463.	XXX	XXX	Lloyd	82
464.	XXX	XXX	Co-Op	82
465.	XXX	XXX	Mann	82
466.	XXX	XXX	Brierleys	82
467.	XXX	XXX	Slack	82
468.	XXX	XXX	Sharples	82
469.	XXX	XXX	Unsworth	82
470.	XXX	XXX	Rhodes	82
471.	XXX	XXX	Connolly	82
472.	XXX	XXX	Kenny's	82
473.	XXX	XXX	Hills	82
474.	XXX	XXX	Lloyd	82
475.	XXX	XXX	Sharples Bredbury	82
476.	XXX	XXX	Hough	82

477.	XXX	XXX	Co-Op Highlane	82
478.	XXX	XXX	Sharples Bredbury	82
479.	XXX	XXX	Sharples Marple	82
480.	XXX	XXX	Mann	82
481.	XXX	XXX	Brierleys	82
482.	XXX	XXX	Lillian Hough	82
483.	XXX	XXX	Percivals	82
484.	XXX	XXX	Ball	82
485.	XXX	XXX	Sharples Marple	82

## ANNEXA – 23/11/2020

### Service and Proceeding in Absence

1. Dr Cheadle is neither present nor legally represented at this hearing. In deciding whether it was appropriate to proceed in his absence, the Tribunal considered the submissions made by Ms Georgina Goring, Counsel, on behalf of the GMC.

#### Service

2. Ms Goring referred the Tribunal to the Service Bundle from the GMC. This included a screen shot of Dr Cheadle’s confirmed registered address and email. The bundle also contained a Certificate of Service dated 25 September 2020, confirming that the GMC Information Cover Letter and the Hearing Bundle were sent via first class post to Dr Cheadle’s registered address and were signed for with the name ‘Cheadle’.

3. The Service Bundle also included a copy of the GMC’s Notice of Hearing letter which had been sent via email to Dr Cheadle on 1 October 2020 at 10:16. Ms Goring referred the Tribunal to Dr Cheadle’s response to the MPTS, dated 29 October 2020, in which he stated:

‘I confirm I will not be attending (not least as I will be on vacation in Portugal). I really do fail to see the value of this procedure. I retired on 15/12/15 and have no intention to practice again.’

4. The Tribunal was therefore satisfied based on the evidence before it that service of these proceedings had been affected in accordance with the Rules.

### Proceeding in Absence

5. Having been satisfied that the Notice of Hearing has been properly served, the Tribunal went on to consider whether to exercise its discretion under Rule 31 of the Rules to proceed with the hearing in Dr Cheadle's absence.

6. Ms Goring referred the Tribunal to the relevant case law and went through the factors which the Tribunal must bear in mind when exercising its discretion to proceed in the absence of the registrant, as set out in the cases of *R v Jones [2003] AC 1, HL*.

7. Ms Goring submitted that Dr Cheadle is fully aware of the hearing and has made no attempt to request an adjournment. Ms Goring submitted that it was in the public interest that this case should be heard. She submitted that whilst fairness to the doctor is a prime consideration when considering whether to proceed in the absence of the registrant, fairness to the GMC should also be considered. Accordingly, Ms Goring invited the Tribunal to proceed in Dr Cheadle's absence pursuant to Rule 31.

### **The Tribunal's decision**

8. The Tribunal has borne in mind that its discretion should be exercised with the utmost care and caution. It also considered the need to balance Dr Cheadle's interests with the overarching statutory objective.

9. The Tribunal was satisfied that all reasonable efforts had been made to serve Dr Cheadle with notice of the hearing.

10. The Tribunal accepted Ms Goring's submissions. The Tribunal has received no request for an adjournment from Dr Cheadle to enable him to attend on a later date and there is no reason to believe that granting an adjournment would result in Dr Cheadle's future attendance.

11. The Tribunal took account of the potential disadvantage to Dr Cheadle in not attending the hearing but weighed that against the wider public interest. It found that no purpose would be served by an adjournment because there was no reason to believe that Dr Cheadle would attend if the hearing were adjourned or that he provide additional evidence given that he did not see the value of this procedure. The Tribunal concluded that it was fair and just, as well as being in the public interest, in proceeding to hear this case without further delay.

12. In accordance with Rule 31, the Tribunal determined that it was appropriate to proceed with the hearing in Dr Cheadle's absence.