

## PUBLIC RECORD

Dates: 12/10/2020 - 14/10/2020 & 01/03/2021 - 09/03/2021

Medical Practitioner's name: Dr Gene GOODKID  
GMC reference number: 7382987  
Primary medical qualification: Doctor - Medic 2012 Universitatea din Oradea

**Type of case**

Restoration following administrative erasure

**Summary of outcome**

Restoration application refused. No further applications allowed from 6 months after tribunal's decision.

**Tribunal:**

|                          |   |
|--------------------------|---|
| Legally Qualified Chair  | Mr David McLean   |
| Lay Tribunal Member:     | Mrs Barbara Larkin  |
| Medical Tribunal Member: | Dr Nigel Langford   |
| Tribunal Clerk:          | Miss Emma Saunders<br>(12/10/2020 - 14/10/2020)<br>Miss Keely Crabtree<br>(01/03/2021 – 09/03/2021) |

**Attendance and Representation:**

|  |                             |
|--|-----------------------------|
| Medical Practitioner:                  | Present and not represented |
| Medical Practitioner's Representative: | N/A                         |
| GMC Representative:                    | Ms Georgina Goring, Counsel |

## Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly in private.

## 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 Restoration - 09/03/2021

1. This Tribunal has convened to consider Dr Goodkid's application for his name to be restored to the Medical Register in accordance with Section 32 of the Medical Act 1983 (as amended), The General Medical Council (Restoration following Administrative Erasure) Regulations Order of Council 2004, and Rule 24 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004 as amended ('the Rules'). This is Dr Goodkid's first application for restoration.
2. The hearing commenced on 12 October 2020 and the Tribunal started to hear from a witness, who then became unavailable to continue her evidence. The hearing adjourned on 14 October 2020. Full details of the progress made in October 2020 can be found at Annex A.

## Hearing in Private

3. This determination will be read in private as it contains information that is confidential, namely where it relates to XXX. This is in accordance with Rule 41 of the Rules. However, as this case concerns Dr Goodkid's restoration and alleged misconduct, a redacted version will be published following the conclusion of this hearing, with those matters relating to XXX removed.

## Background

4. Dr Goodkid undertook a Diploma in Nursing in 1986 at the Bugando School of Nursing in Mwanza, Tanzania, and then worked in a number of hospitals. He came to the United Kingdom in 1994. Dr Goodkid undertook a pre-University course at the Tresham College in 2001, before completing a degree course in the Science of Human Biology at the University of Kettering, Northampton, in 2004. He later undertook a bachelor's degree in medicine at the Oradea University in Romania, starting in 2007 and graduating in 2012, before completing his internship in 2013.

5. In 2013 Dr Goodkid moved back to the UK and registered with the GMC on 21 June 2013. He was unable to get a job and returned to Africa in 2014. Dr Goodkid was employed by the Ministry of Health in Zanzibar working as a lecturer at Zanzibar State University before starting work at Mnazi Mmoja Hospital, receiving his ZMC registration in March 2014. Dr Goodkid continued to work at the hospital until 3 October 2018, leaving Zanzibar on 4 October 2018.
6. Dr Goodkid's name was erased from the Medical Register for administrative reasons on 2 September 2014, following non-payment of his GMC Annual Retention Fee. Dr Goodkid has no previous regulatory findings against him in the UK.
7. Dr Goodkid made an application for restoration to the GMC on 19 February 2019. This followed an abortive application for restoration in late 2018. He attached a number of documents to his application including a Certificate of Good Standing from the Zanzibar Medical Council ('the ZMC') dated 27 December 2018 and a Medical Services Statement in Form UD8f dated 20 November 2018. A further Form UD8f dated 26 February 2019 was subsequently provided. Dr Goodkid completed his application indicating that he had been registered with the ZMC from 31 March 2014 to 31 December 2018 and that no disciplinary proceedings had been taken or were in progress against him.
8. In his application, Dr Goodkid stated that he had been registered with the Medical Council of Tanganyika from 31 March 2014 to 31 December 2018. He stated that he worked as a Registrar at Mnazi Mmoja Hospital in Zanzibar between 10 February 2014 and 3 October 2018. His statements about his work were supported by the Forms UD8f referred to above, which were provided by Dr N, Head of Department at the Mnazi Mmoja Hospital. As part of the Form UD8f Dr N indicated that he was unaware of any proceedings, act or omission on the part of Dr Goodkid which might render him liable to be referred to the General Council in relation to his conduct, health or performance.
9. Dr Goodkid also answered 'no' to the following question: 'Are you aware of any proceedings, act or omission on your part which might render you liable to be referred to the GMC for investigation or consideration of your fitness to practise?'
10. As a result of Dr Goodkid's application for restoration, routine enquiries made by the GMC identified concerns about Dr Goodkid's Certificate of Good Standing and his fitness to practise.
11. The GMC ascertained that while in Zanzibar on 24 December 2016, and into the early hours of 25 December 2016, Dr Goodkid was involved in an incident, captured on video and uploaded to social media, in which it was alleged that he had XXX. Dr Goodkid was arrested and charged with offences under the Penal Act 2004, and detained for two months. On 17 May 2018, Dr Goodkid was acquitted of the criminal charges in the Criminal Court for the District of Zanzibar.

12. In the course of its investigations, Dr D, Registrar of the ZMC, stated that Dr Goodkid had been registered with the ZMC on 31 March 2014, but that following his arrest, his registration had been suspended on 29 December 2016. His suspension related to a breach of the ZMC Code of Conduct. At no stage was a copy of the ZMC code of conduct provided to the Tribunal. Dr D stated that Dr Goodkid's registration had not been renewed since then.

13. The GMC alleges that Dr Goodkid knew at the time of submitting the restoration application that his licence to practise medicine had been suspended by the ZMC on 29 December 2016, and that that suspension followed an alleged breach of the ZMC's code of conduct. Further, it is alleged that the ZMC had not issued the Certificate of Good Standing dated 27 December 2018. The GMC alleges that Dr Goodkid's actions were dishonest and that his fitness to practise is impaired by reason of his misconduct.

14. The concerns were contained within a 'notice of allegation' document, as follows:

1. On 19 February 2019 you submitted an application for restoration to the Medical Register of the General Medical Council ('the Application'), in which you:

a. stated that you:

i. held registration as a doctor with registration number P/MD/0065 between 31 March 2014 and 31 December 2018 whilst working in Zanzibar;

**Admitted and found proved**

ii. worked as a Registrar at Mnazi Mmoja Hospital in Zanzibar between 10 February 2014 and 3 October 2018;

**Admitted and found proved**

iii. were unaware of any proceedings, act or omission on your part which might render you liable to be referred to the General Medical Council for investigation or consideration of your fitness to practise;

**Admitted and found proved**

b. included a certificate of good standing dated 27 December 2018 ('the CGS') purportedly issued by the Zanzibar Medical Council ('the ZMC') asserting that no disciplinary proceedings had been taken or were in progress against you.

**Admitted and found proved**

2. You knew at the time of submitting the Application that:

a. your licence to practise medicine had been suspended by the ZMC on 29 December 2016;

**To be determined**

b. that the suspension followed an alleged breach of the ZMC's code of conduct;  
**To be determined**

c. the ZMC had not issued the CGS.  
**To be determined**

3. Your actions as described at:

a. paragraph 1ai were dishonest by reason of paragraph 2a;  
**To be determined**

b. paragraph 1aii were dishonest by reason of paragraph 2a;  
**To be determined**

c. paragraph 1aiii were dishonest by reason of paragraphs 2a and 2b;  
**To be determined**

d. paragraph 1b were dishonest by reason of paragraph 2c.  
**To be determined**

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct.

**To be determined**

15. At the outset of these proceedings, Dr Goodkid admitted paragraph 1 of the Allegation, as set out above. The Tribunal acknowledged the admissions made by Dr Goodkid and announced these as admitted and found proved.

### **The Outcome of Applications Made during the hearing**

16. On 12 October 2020, the Tribunal granted the GMC's application, made pursuant to Rule 34(1) of the Rules, for the admission of a supplementary bundle of evidence. Dr Goodkid stated that he had no objection to its admission and Ms Goring submitted it would be fair and relevant to admit the evidence. The Tribunal determined that the documents were both fair and relevant and should be admitted.

17. On 12 October 2020, the Tribunal granted the GMC's application, made pursuant to Rule 34(13) of the Rules, for a GMC witness to give evidence by telephone link. The Tribunal heard that the witness resided in Zanzibar and that a requirement for her to travel to the hearing centre in Manchester was disproportionate. Dr Goodkid did not object to the witness giving evidence by telephone. The Tribunal determined that it was proportionate for the GMC witness to give evidence by telephone, albeit that she must have sight of the relevant documentation in order for her to give evidence and answer the questions put to her.

18. Of its own volition the Tribunal raised the question of adjournment of the proceedings on 13 October 2020. After hearing submissions from the parties, the Tribunal determined to adjourn the hearing part heard on 14 October 2020. The Tribunal directed for the case to be referred for a pre-hearing meeting with a MPTS Case Manager to take place before the hearing reconvened on 1 March 2021. The Tribunal's full decision on the application is included at Annex A.

### The Evidence

19. The Tribunal received limited evidence on behalf of the GMC from Dr D by telephone link and by audio-only video link on 12 October 2020.

20. The Tribunal also received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Ms A, Head of Licensing and Revalidation at the GMC. Her witness statement was dated 25 October 2019 and supplementary statement dated 1 February 2021.
- Mr B, Legal Adviser in the GMC's Legal Team. His witness statement was dated 8 September 2020, his supplementary statement was dated 9 February 2021, and his third statement was dated 25 February 2021.
- Mr C, Paralegal at the GMC. His witness statement was dated 8 October 2020 and supplementary statement dated 15 January 2021.

21. Dr Goodkid provided his own witness statement by email dated 27 September 2020 and also gave oral evidence at the hearing.

### Documentary Evidence

22. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included, but was not limited, to:

- Dr Goodkid's application for restoration dated 19 February 2019;
- Certificate of Good Standing from the ZMC dated 27 December 2018 in respect of Dr Goodkid, provided to the GMC by Dr Goodkid in support of his restoration application;
- Correspondence between the GMC and the ZMC and the Medical Council of Tanganyika;
- Correspondence between the GMC and Dr Goodkid regarding enquiries as a result of the restoration application and documentation provided;
- Court documents, with translation to English, as provided by Dr Goodkid;
- Documentation provided by Dr D to the GMC regarding the ZMC;
- Letter from the ZMC to Dr Goodkid issuing a temporary suspension dated 29 December 2016, with translation (incorrectly dated 29 December 2018);

- Letter from the ZMC to Dr Goodkid asking him to attend a Medical Council session (with translation) dated 16 July 2018;
- Letter from the ZMC to Dr Goodkid with decision of the Council (with translation) dated 12 November 2018;
- XXX;
- Certificate of Good Standing Ref: ZMC /GS/012/2018 (Dr E);
- Statement of Mr M; and
- Charge sheet issued from the Office of The Director of Public Prosecutions Zanzibar dated March 2017.

### Evidence of Dr D

23. Dr D provided a Witness Statement. Though undated, it appeared that the Witness Statement had been provided under cover of an e-mail dated 10 September 2020. In her Witness Statement Dr D explained that she is the Registrar of the ZMC. She set out some of the background. She explained that Dr Goodkid had been registered with the ZMC on 31 March 2014, but that he had been suspended on 19 December 2016 (which, in the circumstances was clearly a reference to 29 December 2016), and that he remained suspended. She said that the ZMC had not issued the Certificate of Good Standing.

24. Dr D also gave oral evidence to the Tribunal. In examination-in-chief she was asked to confirm that the date of the letter setting out the suspension was 29 December 2016 (rather than 19 December 2016 or 29 December 2018). In cross-examination she explained that it was her secretary's job to pass any letter to Dr Goodkid. The suspension related to the video of Dr Goodkid XXX. She said that there was no permanent suspension on Dr Goodkid's licence. She said that, after XXX, the investigation into Dr Goodkid was finished but that he was to XXX for six months and then expected to re-register. She said she did not give the Certificate of Good Standing to Dr Goodkid.

25. Given the time difference, cross-examination stopped at about 15:36 hrs on 12 October. Subsequently Dr D refused to attend to answer further questions. Accordingly, Dr Goodkid did not have a chance to ask all of his questions in cross-examination and the Tribunal was also deprived of the chance to ask questions of her.

### Evidence of Dr Goodkid

26. Dr Goodkid qualified in 2012 before moving to the United Kingdom in 2013 where his name was added to the register on 23 June. He was unable to secure a job and left for Africa, eventually arriving in Zanzibar. He initially worked as a lecturer at Zanzibar State University before working in the obstetrics and gynaecology at Mnazi Mmoja Hospital being added to the ZMC register there on 31 March 2014.

27. On 24 December 2016 he was out drinking with others when, in the early hours of Christmas Day, he was filmed XXX. The clip was uploaded to social media and he was arrested

on Boxing Day. On 27 December 2016 the ZMC received a letter complaining about Dr Goodkid's conduct and the Tribunal had sight of a letter dated 29 December purportedly suspending his license. Dr Goodkid said he did not see the letters dated 27 or 29 December 2016 as he was detained in prison. Following a number of appearances in court, he was granted bail on about 7 March 2017.

28. Following his release, he returned to work more or less immediately. He continued to work while the criminal proceedings continued. He was acquitted of the criminal charges on 17 May 2018. He continued to work at the hospital. He accepted that he received the letter dated 16 July 2018 following a telephone call asking him to collect it. That letter called him to a meeting on 19 July 2018. He could not remember if notes were taken at the meeting. He said that the first time he had seen these notes was when they were produced by the GMC in these proceedings and he commented in evidence that the notes produced were inaccurate in certain respects.

29. He accepted that he was told to attend XXX on 24 July 2018. He said that the first time he had seen the report was when he was sent it in the course of these proceedings. He did not accept that all of the comments noted in the report were accurate. He explained that, after XXX, he formed the view that he needed to leave Zanzibar. He finished work on 3 October 2018, left Zanzibar on 4 October, and arrived in the UK on 5 October 2018.

30. Thereafter, he made an application for restoration to the GMC register. He asked Dr N, Head of Department at the Mnazi Mmoja Hospital, to provide a Medical Services Statement. Dr N did so but there were difficulties uploading it because it did not come from an official address recognised by the GMC.

31. He also required a Certificate of Good Standing. Dr Goodkid explained that he did not have the contact details for the ZMC so he asked his friend, Mr F, to obtain the Certificate for him, which he did. Dr Goodkid said that if he had had to obtain it himself he would not have gone to Dr D, as it was not necessary to go to her to obtain a Certificate. Had the ZMC refused to issue a Certificate then he would have advised the GMC of that fact. As it was, Mr F obtained the Certificate and e-mailed it to Dr Goodkid's friend.

32. By the time Dr Goodkid obtained these documents, his original application for restoration had lapsed and he had to complete a second application. He could not remember whether the February 2019 application was the first or second application, but it seems clear that there was some form of application in late 2018 and so the February 2019 application must have been the second application. Following his application he attended for an identity check. The GMC asked for the original Medical Services Certificate and Certificate of Good Standing. Dr Goodkid asked Dr N and Mr F respectively to provide the originals. It appeared that the GMC received the original Form UD8f but it is unclear whether it ever received the original Certificate of Good Standing.

33. The GMC alleged that Dr Goodkid's application was dishonest in certain respects. This included an assertion by the GMC that he had selected the Medical Council of Tanganyika

rather than the ZMC as the appropriate regulator in order to avoid scrutiny of his actions. Dr Goodkid explained in evidence that ZMC was not mentioned on the drop-down menu on the application form, and that having spoken to the GMC, he selected the medical counsel of Tanganyika. The GMC accepted that Dr Goodkid was correct on that point and that the allegation of dishonesty ought not to have been made about that matter.

### **Credibility and Reliability**

34. The quality of the telephone line was poor, but even allowing for that, the Tribunal was of the view that Dr D was an unsatisfactory witness. Her Witness Statement was brief and did not mention important matters relating to the Certificate of Good Standing. In oral evidence, it was clear that there is a degree of animosity between Dr D and Dr Goodkid. Dr D refused to complete her evidence, meaning that her evidence was not fully tested. In particular, the Tribunal did not have an opportunity to ask important questions about the Certificate of Good Standing and the process for obtaining it. The Tribunal would also have wished to ask further questions about the investigation and Dr D's comment that it had finished. In the circumstances, the Tribunal was unable to make any sensible assessment about the veracity of Dr D's evidence. In any event, the fact that her evidence was untested in relation to material matters meant that the Tribunal was not prepared to place any reliance on it.

35. The Tribunal felt that Dr Goodkid was attempting to tell the truth. It felt able to place reliance on his evidence generally. He was subjected to a thorough cross-examination. His story remained consistent in its essential elements. He accepted that his behaviour on Christmas Eve and Christmas morning of 2016 was not acceptable. He also made appropriate concessions when he felt he had made a mistake.

36. Though his story remained consistent in its essential elements, he did change his evidence on a matter of detail on a couple of occasions. For example, for much of the hearing he maintained that only 4 people had attended the meeting on 19 July 2018 but in questions from the Tribunal he then accepted that there had been 5. In addition, in questions from the Tribunal he mentioned for the first time that the Certificate of Good Standing had been routed through not only Mr F but also a Mr G. The latter point, in particular, caused a little concern for the Tribunal. However, overall the Tribunal felt he was a credible and reliable witness.

### **Submissions on the Facts**

#### Submissions on behalf of the GMC

37. Ms Goring helpfully provided the Tribunal with written and oral submissions.

38. Ms Goring stated that Dr Goodkid has been dishonest in his restoration application and has submitted false documentation to support this application. Ms Goring submitted that Dr Goodkid knew he was suspended by the ZMC and that this suspension followed a breach

of the ZMC's code of conduct. She stated that Dr Goodkid has made an admission that he knew there was an investigation into the video clip by the ZMC. Further, that he knew that investigation was ongoing when he left Zanzibar in October 2018.

39. Ms Goring stated that it was a matter of common sense that any doctor would know that being remanded into state detention for a period of 2 months would likely be investigated by their regulator as it clearly brings the profession into disrepute. Furthermore, the ZMC sent a letter to Dr Goodkid at the Hospital regarding his suspension.

40. Ms Goring submitted that the GMC points to the following documentary evidence which establishes that Dr Goodkid knew he was suspended following a breach of the code of conduct:

a. Dr Goodkid was invited to a ZMC meeting on 16 July 2018, which he confirmed in his evidence he received.

b. Dr Goodkid attended the meeting, he gave evidence about his medical career and the video clip. The notes from the meeting recorded that Dr Goodkid was *anxious to go to the Director General to be reinstated and given a chance to volunteer, but so far he has not been reinstated.*

c. He invited the Medical Board to grant him a good standing letter.

d. XXX.

e. It is no coincidence that a matter of months after this meeting Dr Goodkid returns to the UK and applies to be restored to the GMC's register.

41. Ms Goring submitted that it was clear to Dr Goodkid that he was under investigation by the ZMC by virtue of the correspondence he received and the meetings he attended and therefore he was dishonest when he answered 'no' on his restoration application.

42. Ms Goring submitted that the GMC rely upon the evidence of Dr D. Ms Goring stated that Dr D confirmed in her oral evidence that her witness statement and the exhibits were true and accurate under oath. Ms Goring stated that it is accepted that Dr Goodkid was unable to fully cross examine Dr D and therefore her evidence should be given the appropriate weighting by the Tribunal. However, it is submitted that the strength of Dr D's evidence is supported by the documentary evidence before the Tribunal. Furthermore, it is accepted that Dr D did not speak to the emails that are exhibited by Mr C and Mr B, however, the GMC submits that these documents speak for themselves and are sufficient for these purposes read in conjunction with her witness statement.

43. Ms Goring stated that the GMC rely on Dr D's evidence that the ZMC did not issue the Certificate of Good Standing to Dr Goodkid. Ms Goring submitted that Dr Goodkid has

falsified the Certificate of Good Standing. Furthermore, the GMC need only prove that Dr Goodkid knew that the ZMC had not issued the CGS to him.

44. In regard to the allegation of dishonesty, Ms Goring referred the Tribunal to the test in *Ivey v Genting Casino (UK) Ltd t/a Crockfords [2017] UKSC 67*:

*i) Was what the defendant did dishonest by the ordinary standards of reasonable and honest people*

*ii) And, must the defendant themselves have realised that what they were doing would be regarded as dishonest by those standards*

She stated that both of the limbs of this test are satisfied by virtue of the evidence placed before the Tribunal and Dr Goodkid's own account.

45. Ms Goring submitted that based on the evidence, on the balance of probabilities, allegations 2 and 3 can properly be found proved.

#### Submissions from Dr Goodkid

46. Dr Goodkid made his submissions in response to the GMC's written submissions.

47. Dr Goodkid submitted that it was not true that he had been dishonest in his restoration application and that he had not submitted false documents to support this application. He stated that he was not aware that he was suspended by the ZMC and had not been aware that that he had breached the ZMC code of conduct.

48. Dr Goodkid reminded the Tribunal that the GMC has failed to provide it or him with the ZMC code of conduct or detail what code he has breached. Dr Goodkid stated that Dr D had 'run away' from giving her evidence when asked about the video clip and had not been in contact again with the GMC for the past 6 months. He submitted that if the clip was a problem, then this had been resolved by a magistrate, who had acquitted him, confirmation of which he had provided to the GMC. Dr Goodkid stated that there existed animosity between him and Dr D.

49. Dr Goodkid stated that when looking into at the incident that took place in December 2016, the allegation/charge sheet should be referred to and not social media or newspaper reports. He accepted that the incident was something that would likely be investigated by a regulator.

50. Dr Goodkid submitted that the GMC have only relied upon Dr D's version of events and her personal interests. Further, that there is no evidence that any doctors or medical boards have sat down and ever discussed him.

51. Dr Goodkid stated that he had attended a meeting in regard to the incident/clip. However, in his view, this meeting was not a medical board meeting and was instead a ‘faith meeting’ as this was the main topic of discussion. Further, his clinical practice has never been discussed, nor have any issues been raised.

52. Dr Goodkid submitted that if there is/was an investigation, he is unaware of it or its outcome. Further, if there is still an ongoing investigation then it has been ongoing for nearly 5 years with no solution. He said he would like to know the outcome of the investigation.

53. Insofar as the Certificate of Good Standing was concerned, Dr Goodkid said that he thought there was a high chance that Dr D might issue two certificates on the same day. He accepted that the two references were the same but said that he did not know anything about the reference and that that was a matter for the ZMC. He said he had never seen Dr E’s certificate before it was provided to him in the course of these proceedings but he pointed to errors in it.

54. Dr Goodkid stated that his issues with the ZMC come down to the social stigma in Zanzibar, XXX.

### **The Tribunal’s Approach**

55. 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 concerns raised. Dr Goodkid does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it is more likely than not that the events occurred.

56. The Tribunal reminded itself that it may draw reasonable inferences from the evidence but that it may not indulge in speculation. The Tribunal carefully considered what weight to give to the various pieces of hearsay evidence in this case. The Tribunal was mindful that Dr D’s evidence had not been fully tested and probed in cross-examination or by questions from the Tribunal and that that should be considered when deciding what weight to attach to her evidence.

### **The Tribunal’s Analysis of the Evidence and Findings**

57. 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. The Tribunal’s findings in relation to the non-controversial aspects of the evidence are, in part, set out in the background above.

#### Allegation 2(a)

58. The GMC alleged that Dr Goodkid knew, at the time of submitting his restoration application on 19 February 2019, that his licence to practise medicine had been suspended by the ZMC on 29 December 2016.
59. Dr Goodkid was involved in an incident, which started late on Christmas Eve 2016 and which ran into the early hours of Christmas Day. He was detained on Boxing Day and charged with offences under the Penal Act 2004.
60. On 27 December 2016, Dr P, Chairman of the Medical Committee of the Patriotic Doctors of Zanzibar, wrote to the ZMC Registrar about “proper action being taken about Dr [Goodkid]” and requesting that XXX. It is unlikely that Dr Goodkid saw this letter but it is likely that he was aware that his colleagues were unhappy about his behaviour.
61. The first important letter, for the purposes of this allegation, is the letter dated 29 December 2016, written by Dr D and Dr H. The translation bore the date 29 December 2018 but that appears to have been an error. This letter states that the Council of Doctors had held a regular session on 29 December 2016 at which they had considered the complaint filed against Dr Goodkid. The letter went on to say that the complaint had been considered in detail and a decision reached to suspend Dr Goodkid’s registration for a period of three months.
62. In her witness statement, Dr D said:
- ‘Dr [Goodkid’s] registration with the Zanzibar Medical Council was temporarily suspended on 19 December 2016 (sic) whilst he was being investigated for breach of code of conduct. Dr [Goodkid] was arrested for being drunk and swearing at members of the community.*
- The Zanzibar Medical Council wrote to Dr [Goodkid] whilst he was in prison to inform him that he had been suspended.*
- Dr [Goodkid’s] registration with the Zanzibar Medical Council is still suspended and will be suspended until XXX.’*
63. Dr Goodkid was in detention at the time this letter was written. In his evidence he maintained that he did not receive the letter. Dr Goodkid was granted bail on or about 7 March 2017 and returned to work shortly thereafter. There is nothing in the evidence to counter Dr Goodkid’s assertion that he returned to work at that time, and his evidence is supported by the documents provided by Dr N. The Tribunal notes that it has not seen the paper-trail leading to the documents provided by Dr N, but the GMC indicated that it had no positive submission to make about what Dr Goodkid did after he was released. The Tribunal concluded that he returned to work and that he worked as a doctor.
64. There is little evidence about what happened in the criminal process after March 2017. Dr Goodkid gave evidence to the effect that he was acquitted on 17 May 2018, and

that was supported by documentary evidence. Dr Goodkid maintained that he continued to work between March 2017 and May 2018. As with the earlier period, there is nothing in the evidence to counter Dr Goodkid’s assertion that he continued to work. The Tribunal concluded that he continued to work during this period.

65. On 25 June 2018 Dr D wrote to five people asking each of them to accept appointment as a member of an investigation committee to deal with allegations relating to Dr Goodkid, with a view to investigating whether his actions “violated medical ethics” and XXX. It appears from other evidence that four of the five people accepted the appointment. It appears that a fifth person was appointed separately.

66. On Monday 16 July 2018 a Dr I wrote a letter notifying Dr Goodkid that he was required to attend a meeting on “Thursday”, meaning Thursday 19 July 2018. The letter recorded that Dr I was the Registrar of the ZMC. It is unclear whether he or she had replaced Dr D or worked alongside her. Dr Goodkid accepted that he saw this letter. He explained that he was contacted by telephone and asked to collect the letter, which he did. The letter made no reference to his licence to practise medicine having been suspended.

67. Dr Goodkid attended the meeting on 19 July. It appears that the meeting was attended by four of the recipients of the 25 June letter, with one of the doctors (a Dr J) being replaced by another person (Mr K).

68. The Tribunal was provided with a document purporting to be notes of the meeting. The notes were sent to the GMC by Dr D (who did not attend the meeting), exhibited in a Witness Statement provided by Mr C, an employee of the GMC, but not otherwise spoken to by any witness. Indeed, the attendees at the meeting appear to consider themselves bound by confidentiality from giving evidence about what transpired. The GMC relied on certain parts of the notes – in particular the reference to a “good standing letter” – as demonstrating that Dr Goodkid was aware that his licence to practise medicine was suspended. For his part, Dr Goodkid maintained that the notes did not accurately reflect the discussion and that he had not seen these notes until they were produced in these proceedings.

69. Following the meeting on 19 July 2018, Dr Goodkid was asked to attend XXX on 24 July 2018. In his evidence Dr Goodkid referred to a “faith meeting” on a number of occasions. When reviewing the notes of the evidence, it was slightly unclear whether the reference to a “faith meeting” was a reference to the first meeting or the second meeting. But, whichever is correct, Dr Goodkid viewed the whole procedure as being more about his religion than his clinical practice.

70. Whether he intended to refer to the meeting on 19 July or 24 July as a “faith meeting”, there is no Witness Statement or documentary evidence explaining how he came to be invited to XXX on 24 July. Dr Goodkid explained in evidence that at the meeting on 19 July 2018 he was told that he was to XXX. He subsequently received a telephone call asking him to attend XXX on 24 July 2018. The Tribunal accepts his evidence.

71. Dr Goodkid attended XXX on 24 July 2018. A report was subsequently produced but Dr Goodkid did not see it until it was produced in these proceedings. As with the notes of the 19 July meeting, the report XXX was sent to the GMC by Dr D (who did not attend XXX), exhibited in a Witness Statement provided by Mr C, an employee of the GMC, but not otherwise spoken to by any witness.

72. As with the notes of the earlier meeting, the GMC relied on certain parts of the report as demonstrating that Dr Goodkid was aware that his licence to practise medicine was suspended. For his part, Dr Goodkid again maintained that the notes did not accurately reflect the discussion. For the same reasons as before, the Tribunal is not prepared to hold that the statements recorded in the report are an accurate record of what Dr Goodkid said.

73. Dr Goodkid continued to work after XXX until he left Zanzibar on 3 October 2018. Aside from a letter dated 12 November 2018 there was no follow-up correspondence from the meeting held on 24 July 2018. Other evidence suggests that Dr Goodkid continued to work during the period before and after this meeting. In the absence of evidence from any witness, or other verifiably accurate supporting documentation, the Tribunal is not prepared to hold that the statements recorded in the notes of either meeting are a wholly accurate record of what Dr Goodkid.

74. The first follow up from the XXX report appears to have been the letter dated 12 November 2018 referred to above. That was a letter from Dr H to Dr Goodkid in which Dr H requested Dr Goodkid to attend XXX and indicated that a decision would be taken in six months after receipt of the report. Dr Goodkid did not see this letter until it was produced by the GMC in these proceedings as he had left Zanzibar on 4 October 2018.

75. Dr Goodkid was clearly aware that some form of inquiry was underway when he left Zanzibar. It is difficult to be sure about the nature of that inquiry because, in her evidence, Dr D said something to the effect that the investigation was finished and that Dr Goodkid was “supposed to XXX and then to re-register “. The Tribunal agreed with the GMC that Dr Goodkid ought to have been aware that there would be some sort of investigation into the events on 24 and 25 December 2016. However, it does not follow that his registration would necessarily be suspended. There is nothing in the evidence to show that, at any time, Dr Goodkid knew that his licence to practise medicine had been suspended. The evidence suggests that he was working throughout this whole period.

76. Accordingly, allegation 2(a) is found not proved.

#### Allegation 2(b)

77. The GMC alleged that Dr Goodkid knew, at the time of submitting his restoration application on 19 February 2019, that the suspension followed an alleged breach of the ZMC’s code of conduct. This allegation depends on a finding that Dr Goodkid was aware of the suspension. Accordingly, since the Tribunal has found that he was not aware that his

licence to practise medicine had been suspended by the ZMC, it follows this this allegation is not proved.

Allegation 2 (c)

78. The GMC alleged that Dr Goodkid knew, at the time of submitting his restoration application on 19 February 2019, that the ZMC had not issued the Certificate of Good Standing.

79. The Tribunal heard evidence that on 27 December 2018 the ZMC had issued a Certificate of Good Standing to a Dr E. Dr L's Certificate of Good Standing bore the reference "ZMC/GS/012/2018". It set out her registration number (P/MD/0205) and her licence number (A/MD/0185). Notwithstanding the fact that Dr L appears to be female, the Certificate refers to her in the masculine twice. The Certificate purports to be signed by Dr D and is stamped with a ZMC stamp.

80. In making his application for restoration, Dr Goodkid provided a Certificate of Good Standing. The Certificate of Good Standing he provided was also dated 27 December 2018. It bore the same reference as Dr L's Certificate. However, it contained Dr Goodkid's registration number (P/MD/0065) and licence number (A/MD/0022). It stated that he was not subject to disciplinary proceedings. It contained spelling errors not contained in Dr L's Certificate. It purported to be signed by Dr D. It, too, was stamped with a ZMC stamp. There appeared to be subtle differences between the Certificates but the Tribunal did not have any expert evidence to assist it.

81. The GMC's case appeared to be that Dr Goodkid had requested a Mr M to obtain a Certificate of Good Standing from the ZMC for him, that Dr M then asked Dr L to obtain a certificate from the ZMC, which she sent to Dr M via WhatsApp, and which he then sent to Dr Goodkid. This version of events is supported by an e-mail from Dr D dated 5 October 2020, but was not mentioned by her in her earlier Witness Statement or in her later oral evidence.

82. Dr Goodkid, for his part, maintained that he requested a Mr F to obtain the Certificate of Good Standing for him (Dr Goodkid), that Mr F did that and sent it to a Mr G, who forwarded it to Dr Goodkid. He uploaded the soft copy as part of his restoration application. Dr Goodkid said he had not retained copies of these emails.

83. Following the identity check, the GMC asked for sight of the original Certificate. Dr Goodkid explained that he arranged for Mr F to forward the original via DHL. He denied knowing either Dr L or Dr M. It appears that a version of the Certificate was received by the GMC on 16 April 2019. In her Witness Statement, A explained that it was received by post. It is unclear whether it was an original. On 16 May 2019, following inquiries, the GMC received an e-mail from Dr D stating that the ZMC had not issued the Certificate of Good Standing to Dr Goodkid.

84. The Tribunal had sight of electronic copies of the Certificates of Good Standing. It was not clear whether the images were images of the originals or copies. Despite adjourning the case, the Tribunal heard no further evidence from Dr D or anyone else from ZMC or from Dr L or from Dr M about these matters. Nor was any expert evidence provided in support of the allegation. The Tribunal was asked to place weight on the “to whom it may concern” letter purportedly from Dr M. In the absence of evidence from him, or other verifiably accurate documents supporting its authenticity, the Tribunal was not prepared to place any weight on that letter.

85. The Tribunal accepts that there are certain aspects of the Certificate of Good Standing bearing Dr Goodkid’s name that give rise to questions. Those questions go beyond even those identified by Ms Goring in her written submissions. However, in the absence of evidence from someone to explain the process for obtaining a Certificate of Good Standing, including the referencing system, or an expert commenting on the reliability of the Certificate, the Tribunal finds it impossible to reach any conclusions – even on the balance of probabilities – as to the authenticity of the Certificate of Good Standing. In short, the state of the evidence is such that the Tribunal is being asked to speculate. It is not prepared to do that.

86. Accordingly, allegation 2(c) is found not proved.

### Allegation 3

87. Allegation 3 could only be proved to any extent if allegation 2 was proved, at least in part. Since allegation 2 has been found not proved, it follows that allegation 3 is also not proved.

88. The Tribunal was mindful of comments in cases such as *Professional Standards for Health and Social Care v. Nursing and Midwifery Council and Jozi* [2015] EWHC 764 (Admin) that it plays a more proactive role than a judge presiding over a criminal trial in making sure that the case is properly presented and that the relevant evidence is placed before it. Accordingly, it gave consideration as to whether it should give the GMC an opportunity to carry out further investigations and acquire relevant evidence.

89. The purpose of the adjournment in October was, in part, to enable the GMC to carry out further investigations and to consider the terms of the charges. That afforded the GMC an opportunity to consider the evidence in support of the allegations and, if appropriate, to consider whether any other basis of impairment might be made out. The GMC made extensive efforts to speak to witnesses in Zanzibar without success. It appears that there is no realistic prospect of further information becoming available. Moreover, it would be unfair to Dr Goodkid to adjourn again at this stage.

90. The Tribunal has determined the facts as follows:

1. On 19 February 2019 you submitted an application for restoration to the Medical Register of the General Medical Council ('the Application'), in which you:
  - a. stated that you:
    - i. held registration as a doctor with registration number P/MD/0065 between 31 March 2014 and 31 December 2018 whilst working in Zanzibar;  
**Admitted and found proved**
    - ii. worked as a Registrar at Mnazi Mmoja Hospital in Zanzibar between 10 February 2014 and 3 October 2018;  
**Admitted and found proved**
    - iii. were unaware of any proceedings, act or omission on your part which might render you liable to be referred to the General Medical Council for investigation or consideration of your fitness to practise;  
**Admitted and found proved**
  - b. included a certificate of good standing dated 27 December 2018 ('the CGS') purportedly issued by the Zanzibar Medical Council ('the ZMC') asserting that no disciplinary proceedings had been taken or were in progress against you.  
**Admitted and found proved**
2. You knew at the time of submitting the Application that:
  - a. your licence to practise medicine had been suspended by the ZMC on 29 December 2016;  
**Not proved**
  - b. that the suspension followed an alleged breach of the ZMC's code of conduct;  
**Not proved**
  - c. the ZMC had not issued the CGS.  
**Not proved**
3. Your actions as described at:
  - a. paragraph 1ai were dishonest by reason of paragraph 2a;  
**Not proved**
  - b. paragraph 1aii were dishonest by reason of paragraph 2a;  
**Not proved**
  - c. paragraph 1aiii were dishonest by reason of paragraphs 2a and 2b;

**Not proved**

d. paragraph 1b were dishonest by reason of paragraph 2c.

**Not proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct.

**To be determined**

91. Having made its decision on the facts, the Tribunal verbally confirmed its findings and, following a break for parties to seek instruction, invited submissions on current impairment and Dr Goodkid's application for restoration.

### **Submissions on Impairment and Restoration**

#### Submissions on behalf of the GMC

92. Ms Goring stated that in light of the Tribunal's findings, the GMC have no submissions to make on impairment.

93. Ms Goring explained that the GMC is neutral on the matter of restoration. She referred the Tribunal to '*Guidance for Medical Practitioners Tribunals on restoration following voluntary or administrative erasure*'. Ms Goring reminded the Tribunal of the factors it would need to consider in determining whether to grant Dr Goodkid's application for restoration to the Medical Register and set out the test for restoration, which is whether the doctor is fit to practise unrestricted having regard to the GMC's overarching objective. Ms Goring referred to paragraphs A4, B1, B43, B45, and B51-B53

94. In answer to questions from the Tribunal, she submitted that: the decisions about impairment and restoration were matters for the Tribunal's judgement; the Tribunal could consider whether it was satisfied that the certificate of good standing was authentic; and the Tribunal can fix any period in which the doctor can make a further application for restoration.

#### Submissions from Dr Goodkid

95. Dr Goodkid stated that he had worked as a doctor in obstetrics and gynaecology in Zanzibar from 2014 to 2018.

96. Dr Goodkid stated that in November 2020 he had attended two continuous professional development courses (CPD): *Acute and General Medicine Conference* in November 2020 and *Virtual IMG Careers conference* in December 2020. Dr Goodkid confirmed that this is the only CPD he has undertaken in over two years and that he had not sought to secure any clinical placement in this time. However, he has registered for future courses and reads Lawrence Impey's textbook on *Obstetrics and Gynaecology* every day. Dr Goodkid stated that he has investigated the possibility of undertaking a specialist training

course in the Ukraine which is recognised by the GMC and was going to apply to undertake his PhD.

97. The Tribunal asked Dr Goodkid a number of questions. In answer he said that in the period between 2014 and 2018 he had been working in obstetrics and gynaecology at Mnazi Mmoja Hospital. He said that he would try to obtain a reference from Dr N. Dr Goodkid confirmed the two courses he had attended were predominantly aimed at career progression with limited clinical content. His clinical CPD relied on having read a chapter a night of Lawrence Impey's textbook on *Obstetrics and Gynaecology*. However, he also plans to become an associate of the Royal College of Obstetrics and Gynaecology; to enrol in a specialist course in the Ukraine and to undertake a PhD (his previous research had been undertaken in the final year of his medical degree in 2012).

### The Tribunal's Approach

98. Throughout its consideration of Dr Goodkid's application for restoration, the Tribunal was guided by the approach laid out in the Guidance. The Guidance sets out at B1 that the test for the Tribunal to apply when considering restoration is:

*Having considered all the relevant information presented, is the doctor fit to practise having regard to each of the three elements of the overarching objective?*

99. Having determined the facts, the Tribunal went on to consider whether Dr Goodkid's fitness to practise is currently impaired by reason of misconduct, and whether or not his restoration ought to be granted.

100. In considering impairment, the Tribunal must first consider whether Dr Goodkid's actions constitute serious misconduct and then whether Dr Goodkid's fitness to practise is currently impaired. The Tribunal reminded itself that, in considering impairment, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgment alone.

101. The Tribunal must determine whether Dr Goodkid'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.

102. In considering restoration, the Tribunal reminded itself it should step back and balance its findings against whether restoration meets the overarching objective, carefully considering each of the three elements and acting in a way which:

- protects, promotes and maintains the health, safety, and well-being of the public;
- promotes and maintains public confidence in the profession; and
- promotes and maintains proper professional standards and conduct for members of the profession.

103. In considering these matters, the Tribunal again took account of all the evidence before it, both oral and documentary. It has also considered the submissions made by Ms Goring on behalf of the GMC and those made by Dr Goodkid.

## The Tribunal's Decision

### Misconduct and Impairment

104. The Tribunal considered Dr Goodkid's admissions and the factual circumstances of this case. It reminded itself that while it had already found allegation 2 and 3 not proved, it was still required to determine whether the following amounted to misconduct that was serious:

- Dr Goodkid held registration as a doctor with registration number P/MD/0065 between 31 March 2014 and 31 December 2018 whilst working in Zanzibar;
- Dr Goodkid worked as a Registrar at Mnazi Mmoja Hospital in Zanzibar between 10 February 2014 and 3 October 2018;
- Dr Goodkid was unaware of any proceedings, act or omission on his part which might render him liable to be referred to the General Medical Council for investigation or consideration of his fitness to practise;
- Dr Goodkid included a certificate of good standing dated 27 December 2018 ('the CGS') purportedly issued by the Zanzibar Medical Council ('the ZMC') asserting that no disciplinary proceedings had been taken or were in progress against him.

105. The Tribunal concluded that the facts found admitted and proved were of a factual nature. In the absence of any identified breach of the GMP, the Tribunal is satisfied that the matters found proved against Dr Goodkid do not fall short of the standard expected of him let alone so far short of that standard as to amount to misconduct.

106. As such, the Tribunal concluded that Dr Goodkid's conduct did not amount to misconduct. The Tribunal has therefore concluded that Dr Goodkid's fitness to practise is not currently impaired by reason of misconduct.

### Restoration

107. Having determined that his fitness to practise is not impaired, the Tribunal went on to consider whether Dr Goodkid's application for restoration ought to be granted. The test for the Tribunal to apply when considering restoration following administrative erasure is whether, having considered all the relevant information presented, the doctor is fit to practise having regard to each of the three elements of the overarching objective. In most cases, as paragraph B8 of the *'Guidance for Medical Practitioners Tribunals on restoration following voluntary or administrative erasure'* suggests that if allegations are found to be not proved it is likely to be appropriate to grant restoration.

108. The Tribunal considered that the fact that it had found Dr Goodkid’s fitness to practise not to be currently impaired meant that it was not appropriate to consider paragraphs B9 to B50 of the Guidance in terms because they deal with doctors whose conduct has been found to amount to misconduct and whose fitness to practise has been found to be impaired. However, the Tribunal did carefully balance its findings against whether restoring Dr Goodkid to the Medical Register will meet the overarching objective, by considering each limb in turn.

Protect, promote and maintain the health, safety, and well-being of the public

109. The Tribunal began by considering the evidence that his medical knowledge and skills had been kept up to date such that he could be restored to the Medical Register and be free to practise without restriction.

110. The Tribunal noted that Dr Goodkid has not had any clinical contact with patients for nearly two and a half years. It accepted that Dr Goodkid had been working in Zanzibar for the period 10 February 2014 to 3 October 2018. However, the Tribunal has not been provided with sufficient details of the work Dr Goodkid undertook, and it has not been provided with any official references. While the Tribunal was in camera, Dr Goodkid provided a reference from Dr N. While helpful, it still lacked the detail required.

111. The Tribunal acknowledged the two courses Dr Goodkid had attended in November and December 2020. However, it was clear that those courses did not have significant clinical content. While the Tribunal acknowledged the difficulties that Dr Goodkid must have faced in identifying courses in the last year, it would have expected Dr Goodkid to have completed more extensive CPD over the period he has been out of clinical practice. The Tribunal thought that Dr Goodkid could have provided details such as other courses attended, online learning, and reflections relating to clinical articles of interest. In addition, the Tribunal noted that Dr Goodkid had taken few steps to familiarise himself with the NHS such as searching for or undertaking clinical attachments.

112. The Tribunal was of the view that the evidence before it is insufficient for it to be satisfied that Dr Goodkid has taken sufficient steps to keep his medical knowledge up to date. While the decision at this stage is a matter for the Tribunal’s judgment, it is incumbent upon Dr Goodkid to provide it with sufficient information so that it can be satisfied that he has kept his medical knowledge and skills up to date.

113. The Tribunal was concerned that a doctor who had been away from practice for two-and-a-half years posed a potential risk of harm to patients. The Tribunal has no doubt that Dr Goodkid has been reading about his subject, however, he has not been able to keep his practical experience up to date. In those circumstances, it was not satisfied that Dr Goodkid had provided sufficient information to satisfy it that the risk had been sufficiently mitigated.

Promote and maintain public confidence in the profession

114. The Tribunal considered that an ordinary and well informed member of the public would have considerable sympathy for Dr Goodkid. Such a person may well have considered the event in December 2016 as an unfortunate incident and he or she would have sympathy for him in light of what he had been through in these proceedings.

115. However, the Tribunal was of the view that an ordinary and well informed member of the public would be concerned by the lack of documentary evidence demonstrating that Dr Goodkid had kept his theoretical and practical knowledge up to date in the last two-and-a-half years. In those circumstances, the Tribunal thought that such a person would be concerned to learn that Dr Goodkid had been allowed to return to unrestricted practice in these circumstances.

Promote and maintain professional standards and conduct

116. The Tribunal considered that many of the same considerations discussed in relation to the first two limbs of the overarching objective apply equally to the need to promote and maintain professional standards and conduct. In particular, the Tribunal was concerned that there was a lack of documentary evidence demonstrating that Dr Goodkid had kept his theoretical and practical knowledge up to date in the last two-and-a-half years.

117. The Tribunal also considered that, from time to time, Dr Goodkid displayed a narrow view of the concept of fitness to practise rather than focusing on the whole of a doctor's conduct and not merely clinical issues.

118. In those circumstances, the Tribunal was not satisfied that the test set out in the *'Guidance for Medical Practitioners Tribunals on restoration following voluntary or administrative erasure'* had been met in the unusual circumstances of this case. It accordingly decided to refuse Dr Goodkid's application to be restored to the Medical Register.

119. Regulation 4(9) of the General Medical Council (Restoration following Administrative Erasure) Regulations Order of Council 2004 provides that, where a Tribunal decides to reject a restoration application, then the doctor may not make a further restoration application until the expiry of a period of 12 months from the date of the Tribunal's decision or such other period as the Tribunal may specify.

120. The incident which led to Dr Goodkid's problems in Zanzibar was unusual. The GMC has failed to prove the allegation against Dr Goodkid. As the Tribunal has already noted, in most cases, as paragraph B8 of the *'Guidance for Medical Practitioners Tribunals on restoration following voluntary or administrative erasure'* suggests, that would lead to the restoration application being granted. Unfortunately, in this case Dr Goodkid has not been able to demonstrate that the test for restoration has been met.

121. Given those unusual circumstances, and in particular the fact that the Tribunal has refused the application because of a lack of evidence about Dr Goodkid's experience while working in Zanzibar and, more importantly, a lack of documentary evidence demonstrating

that Dr Goodkid had kept his theoretical and practical knowledge up to date in the last two-and-a-half years, it considered that a shorter time period should be fixed before Dr Goodkid can make a further application. The Tribunal considered that a period of 6 months might allow Dr Goodkid to gather the required information as well as to apply to get some practical experience.

122. Accordingly, the Tribunal decided that Dr Goodkid may make a further application for restoration after the expiry of 6 months from the date of this decision. As part of any application Dr Goodkid will have to provide the information required by Regulation 3 of the General Medical Council (Restoration following Administrative Erasure) Regulations Order of Council 2004. It will be a matter for Dr Goodkid to decide what information to include within his application but it may benefit from a detailed official reference from the Mnazi Mmoja Hospital (or the Ministry of Health), evidence of ongoing CPD, and recent practical experience.

123. That concludes this case.

**Confirmed**  
**Date** 09 March 2021

Mr David McLean, Chair

ANNEX A - 14/10/2020

### Consideration of adjournment

1. The hearing commenced on 12 October 2020 and started to hear witness evidence from Dr D, Registrar at the Zanzibar Medical Council (ZMC), by telephone link. There were some difficulties with the connection but these were resolved and the evidence continued via the audio on a Skype for Business connection.
2. Ms Goring had completed her examination in-chief of Dr D and Dr Goodkid had started, but not finished, his cross-examination of the witness on 12 October 2020. The Tribunal were aware that Dr D would not be available to give evidence on the morning of 13 October 2020 and that she would inform the GMC when she had finished her meetings.
3. On 13 October 2020 the Tribunal sought an update from Ms Goring as to Dr D's availability. Ms Goring stated that her instructing solicitor had tried to call Dr D after the hearing had adjourned for the day and sent her an email - no response was received. At 1.15pm on 13 October 2020 Ms Goring informed the Tribunal that her instructing solicitor had spoken to Dr D who stated that she was not available for the rest of the day and would not be available the following day (14 October 2020) as it was a national holiday in Zanzibar. Ms Goring stated that Dr D was very reluctant to give any further time to the Tribunal and that her view was that the time given for her evidence on 13 October 2020 was sufficient.
4. Ms Goring stated that the GMC took a neutral stance on whether the Tribunal is invited to proceed without receiving further evidence from Dr D. She submitted that it was a matter for the Tribunal dependent on whether it felt it could make a decision on the documents and oral evidence received to this point and whether there are factors the Tribunal wanted to explore with Dr D. The Tribunal referred to the supplementary hearing bundle of documentation that had been presented by a GMC staff member who had received documents from Dr D, rather than in the form of a witness statement and exhibits from Dr D herself.
5. Ms Goring stated that the GMC does not think that Dr D will be willing to engage but that she has said that she can obtain the details of a council member whom the GMC may be able to speak with. Ms Goring stated that it was not clear who the council member was but the GMC was assuming it may be a council member who sat on the disciplinary matters for the ZMC.
6. Of its own volition the Tribunal raised the question of adjournment of the proceedings. It had regard to Rule 29(2) of the Rules:

*“Where a hearing of which notice has been served on the practitioner in accordance with these Rules has commenced, the Committee or Tribunal considering the matter may, at any stage in their proceedings, whether of their own motion or upon the*

*application of a party to the proceedings, adjourn the hearing until such time and date as they think fit.”*

7. In addition to the issues with Dr D, the Tribunal was of the view that Dr Goodkid appears to have assumed that the GMC was satisfied with his documentation except for his certificate of good standing from Zanzibar and came to this hearing on the understanding that he would put his case across and if the allegation was not proved then he would be able to be restored. However, it became clear that the GMC position was that there were additional matters that Dr Goodkid would need to provide to the Tribunal.

8. The Tribunal referred Ms Goring to paragraph B8 of the ‘Guidance for medical practitioners tribunals on restoration following voluntary or administrative erasure’:

*“If the tribunal does not find the allegations proved, it is likely to be appropriate to grant restoration as there is no evidential basis on which to conclude the doctor’s fitness to practise is impaired. No consideration is subsequently needed of the factors set out below.”*

9. Ms Goring stated that the GMC’s position was that there was an allegation that it was seeking to prove and, irrespective of that, the onus is still on Dr Goodkid to show the necessary matters such that his name should be restored to the Medical Register, i.e. that he has kept his medical skills and knowledge up to date and that he has provided a certificate of good standing/references from any overseas work.

10. The Tribunal considered this point in its decision below.

### **Submissions on adjournment**

11. Ms Goring, Counsel on behalf of the GMC, submitted that the GMC agrees with the indication given by the Tribunal that this hearing should be adjourned. She submitted that there are serious allegations of dishonesty in this case and the GMC needs to be sure it can prove the allegations. Ms Goring submitted that the GMC needs to make sure it can exhaust all avenues in circumstances where Dr D is reluctant to give evidence. She stated that the GMC may possibly be able to obtain evidence from the ZMC council member that Dr D has referred to or there may be the possibility of compelling Dr D to give evidence. Ms Goring submitted that it would not be possible to complete these enquiries in the next few days. She submitted that the GMC agrees with the Tribunal’s indication about adjournment and that it would be in the public interest to do so.

12. Dr Goodkid stated that he was content to leave the question of adjournment to the Tribunal.

### **Tribunal’s Decision**

13. The Tribunal was mindful that there is clearly an issue regarding Dr Goodkid's certificate of good standing from the ZMC.

14. The Tribunal did not feel it could make a decision about the issue on the basis of the partial evidence it has heard so far. Of particular importance is the fact that Dr D has not spoken to any of the documents in the supplementary hearing bundle. The Tribunal did not consider that it would be fair to require Dr Goodkid to answer the Allegation on the basis of that partial evidence heard so far, particularly bearing in mind that Dr D was in the middle of cross-examination when she indicated that she was unwilling to give further evidence.

15. The Tribunal was of the view that, since there is clearly an issue to resolve in relation to the certificate, the public interest requires the allegation to be investigated properly. There may be ways to compel Dr D to assist, it is possible that she may change her mind about giving evidence, and it is also possible that another witness may be able to give relevant evidence. The Tribunal noted that there is a clear regulatory concern that needs to be investigated and determined, but that cannot be done in this hearing on the basis of the current information. The Tribunal determined that this was its primary reason as to why an adjournment is necessary at this stage.

16. The Tribunal was of the view that the secondary reason for adjournment relates to the onus that may or may not be on Dr Goodkid at this hearing. The Tribunal was told at the outset of this hearing that Dr Goodkid's name had been erased administratively from the Medical Register on 2 September 2014 for non-payment of his GMC annual retention fee. Accordingly, his application for restoration was made under The General Medical Council (Restoration following Administrative Erasure) Regulations Order of Council 2004 ("the 2004 Order"). When such an application is made, the Registrar may either restore the applicant's name, refer the application to the Case Examiners for consideration, or reject the application. The only circumstances in which the application can be referred to the Case Examiners are where either the application does not include the statement referred to in regulation 3(2)(g) of the 2004 Order or where the Registrar receives information which raises a concern that the applicant's fitness to practise may be impaired. In this case, the referral was apparently made because of a concern that Dr Goodkid's fitness to practise may be impaired.

17. If the matter is referred to the Case Examiners, then it can ultimately be referred to the MPTS to be heard by a tribunal. Where such a referral is made, it is usually the case that the Registrar is satisfied with the application other than in the particular respect requiring consideration. The Tribunal noted the position as at paragraph B8 of the guidance, as quoted above.

18. In the course of the hearing Ms Goring explained that the GMC's position is that paragraph B8 does not apply in Dr Goodkid's case, and that the onus is on him to persuade the Tribunal that he is suitable to be restored to the register. Despite asking for an explanation on several occasions, the Tribunal did not receive a clear answer as to why Dr Goodkid did not benefit from the terms of paragraph B8. The Tribunal expresses no view on that matter for the time being. The GMC should explain its position clearly in advance of

the reconvened hearing so that Dr Goodkid knows exactly what issue the GMC takes with his application, and exactly what the GMC says he needs to prove. If paragraph B8 applies, then determination of the allegation of impairment will, in effect, determine the restoration application. If the GMC is correct, then Dr Goodkid must, for example, provide satisfactory references from current and previous employers, and demonstrate, by reference to objective evidence, that he has kept his medical knowledge and skills up to date and that he is safe to resume unrestricted practice in the United Kingdom. An adjournment will allow him time to prepare that element of his case, and possibly also to find representation to enable him to do so.

19. In all the circumstances, the Tribunal determined, of its own volition, to adjourn part heard at this stage. It concluded that it would be fair and appropriate to do so. The Tribunal will agree dates to reconvene the hearing with the parties and the MPTS.

20. The Tribunal direct for this case to be referred for a pre-hearing meeting with an MPTS Case Manager in good time before the hearing reconvenes. In advance of the pre-hearing meeting, the GMC must explain its position with regard to the matters it says Dr Goodkid must prove. The GMC must also produce a full copy of Dr Goodkid's restoration application, including copies of all documents lodged by him in support of it. At the pre-hearing meeting, the following matters should be considered:

- The terms of the Allegation against Dr Goodkid and whether, for example, any amendment is required in light of the further investigations;
- Any further preparations required by the parties in relation to the Allegation, and in particular any further Witness Statements and evidence to be relied on by the GMC;
- The matters which Dr Goodkid needs to prove at the reconvened hearing;
- Any further preparations required by Dr Goodkid in relation to those matters;
- Whether parties are likely to be ready to proceed at the reconvened hearing; and
- Any other relevant matters.